North Central London Health and Care
Integrated Care System

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NHS

NCL PCN Neighbourhood Champions Peer Support Learning Session

15th January 2026 at 13:00 – 14:00

Team Joining Link

Agenda | Virtual NCL PCN Champions Peer Support Learning Session

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#	Title	Lead	Timing
1	**Welcome and Intro**	**Saloni Gaglani** - Clinical Director, Primary Care Nursing & AHPs, NCL Training Hub **Tara Mooney** - Head of Borough Operations and Partnerships (West-Barnet and Camden)	13:00-13:10
2	**ICB Data and Analytics update** • Overview of products available and in development • Case Finding Tool in development • Pop Segmentation	Siu Fong Leigh Parsons Colin Styles	13:10-13:45
3	**Training Hub Support** • Training Needs and TH support • Future sessions and capturing feedback	Mandy Claret - Programme Manager, NCL Training Hub (Barnet)	13:45-14:00

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NHS

ICB Data and Analytics Team Update

- Overview of products available for PCNs and in development
- Case Finding Tool in development
- Pop Segmentation

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NCL Population Segmentation

Colin Styles
PHM Analytics,
January 2026

NCL Model (currently being piloted)

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1 No known health issues

2 Early Signs

3 Single Illness

4 Lower Complexity

5 Higher Complexity

6 End of Life

RISK 'MULTIPLIERS'

'In crisis'
Homeless
High Deprivation
Environmental Factors (eg air pollution)
Social Services involvement
At future risk of adverse event (e.g. falls)*
"rising risk" / "risk of progression"
Patient activation

REPORTING DIMENSIONS

Gender, Age Band, Ethnicity
Borough, PCN, Ward, Neighbourhood
Condition, Complexity
Cost, Utilisation

Why segment our population?

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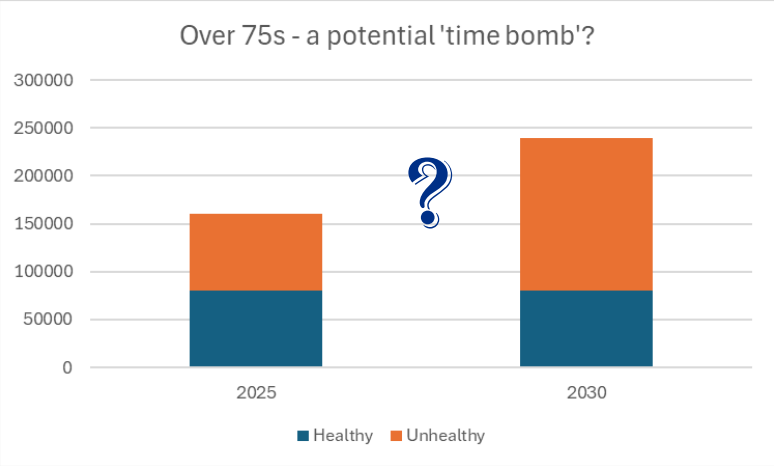
Enables a more focussed targeting of the population for multiple purposes and a common structure to think about characteristics across population groups.

For example, **economic forecasting:**

- We know our older population is growing
- But will they be less healthy?
- If so, ***where*** *and* ***why?***



Why segment our population?

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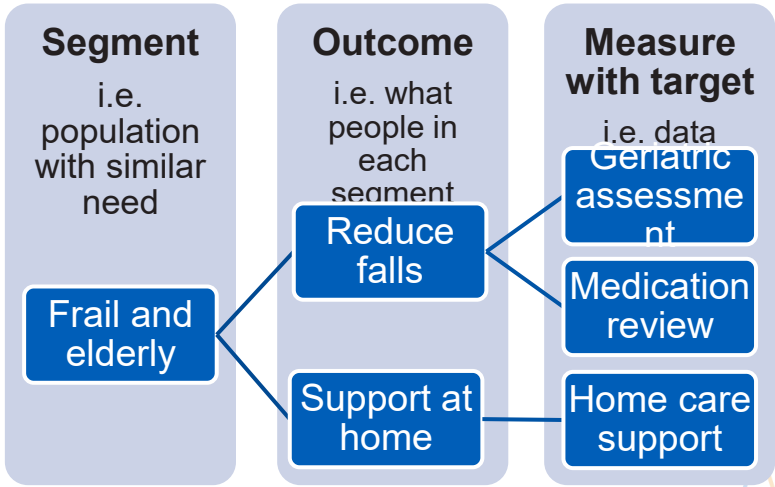
1. Targeting Services and Interventions
2. Outcomes Based Commissioning
3. Population Health Insights
4. Population-Based Payments



Fixed payment:
Based on expected future costs as demographics and care model changes

Variable payment:
Based on the uncertainty around expected future costs

Quality-based payment:
Based on explicitly agreed achievements
– eg reducing the rate at which people in the cohort develop a second condition.

What makes a good Pop Seg model?

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- Simple
- Not too many categories
- Aligned to business drivers
- Holistic
- Provides Insight
- Multidisciplinary
- Not discriminatory
- Supports our wider priorities
- Fits with our partners' views
- Static population
- No small bandings
- Aligns with Best practice
- Flexible/Dynamic
- Supports a comorbidities focus
- Includes wider determinants of health

NCL Model – Further Detail

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Design principle – ideally keep the segments as simple as possible so that they are easy to understand and use

1. No known health issues	2. Early Signs	3. Single illness	4. Lower complexity	5. Higher complexity	6. End of life
People who do not meet criteria of any other segment. N.B. this will be a heterogeneous group and include people that may have undiagnosed needs or unknown risk factors	• Frequent A&E attenders • Recent social care or community events • Primary care markers including high blood pressure, obese, or prediabetic, alongside lifestyle markers such as smoking, substance misuse, frailty, or housebound	This group includes anyone with a single long term condition. If also includes patients in contact with mental health services, as well as patients flagged as 'polypharmacy'*.	One Long Term Condition and Polypharmacy or 2-3 Long Term Conditions or Their LTC LCS Risk Group is Medium Risk	Two or more Long Term Conditions and Polypharmacy or Four or more Long Term Conditions or Their LTC LCS Risk Group is High Risk	Persons are counted in this group where they have a palliative care diagnosis (primary care or acute record) or late stage cancer (acute record).

*5 or more unique Polypharmacy prescriptions per month (excluding eg contraceptives, painkillers etc) over activity period

The model above is a proposal and open to further iteration based on stakeholder feedback

Strategic Application – Population Resource Use (reworking of GM model using NCL segments)

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Age	Healthy	Healthy 'At Risk'	Single Illness	Lower Complexity	Higher Complexity	End of Life	Total all Segments
	£172	£532	£904	£1,233	£2,526	£20,043	£738
18-44	£146	£489	£833	£1,081	£1,716	£100K+	£453
45-64	£197	£468	£816	£981	£1,997	£11,241	£662
65+	£379	£993	£1,206	£1,488	£2,970	£7,827	£1,769

Note: these costs* are based on initial primary care snapshots, which are known to be incomplete for some practices. As such total costs are not shown and average costs given are **indicative only**.

*Costs shown are annual acute costs (IP, OP and A&E) only. These are based on NHS Payment System *prices* which are not necessarily the same as true system costs.

Use Cases

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Four use cases were identified, with key findings shared with stakeholders, and feedback reviewed as part of the evaluation:

Identifying Inequalities: Show how the model can help identify and address inequalities – eg deep-dive cohorts with less healthy populations

Profiling Neighbourhoods: Detail what specific population characteristics does each new neighbourhood has, and how might this inform their healthcare

Support Shift Left: Understand how the profile of each population segment can be used to support the business case for a 'left shift' healthcare transformation away from hospital activity towards early intervention

Supporting Primary Care: Review how the Pop Seg groups, when considered alongside specific disease and risk groups, provide insight into the differing characteristics of each cohort, and inform the health care pathway for individual patients

Key stakeholder feedback

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Overall the tool and approach is liked; risk multiplier concept helpful – eg for triangulation, understanding deprivation

Some early insights gained (eg refocus priority groups for A&E?), although hampered by lack of primary care data (now available)

‘Holistic’, ‘comorbidities’ and ‘supports partnership working’ features were considered important, but not yet fully met with our model – is the model too medical currently?

Categories for review: Mental Health, End of Life (merge?), split Adult vs Child?

Top requested use case is Shift Left – also primary care triaging, area profiles, and service specific (eg CYP)

Work Programme for 2026

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1. Consolidate NCL and NWL models into single WNL model:

Both models have adopted similar approach in line with national best practice and differences are not huge:

Key questions for stakeholders:

- Separate child segments? Separate group for SEN children?
- Consolidate working and adult / older people (NWL model)?
- Mental health as distinct group? (but goes against ‘holistic’ approach)

2. Further develop and pilot use cases
3. Develop risk multipliers
4. Integrate into One London dashboards
5. Further develop segment definitions based on WNL stakeholder feedback.

Delivery - Population Health Dashboards (1)

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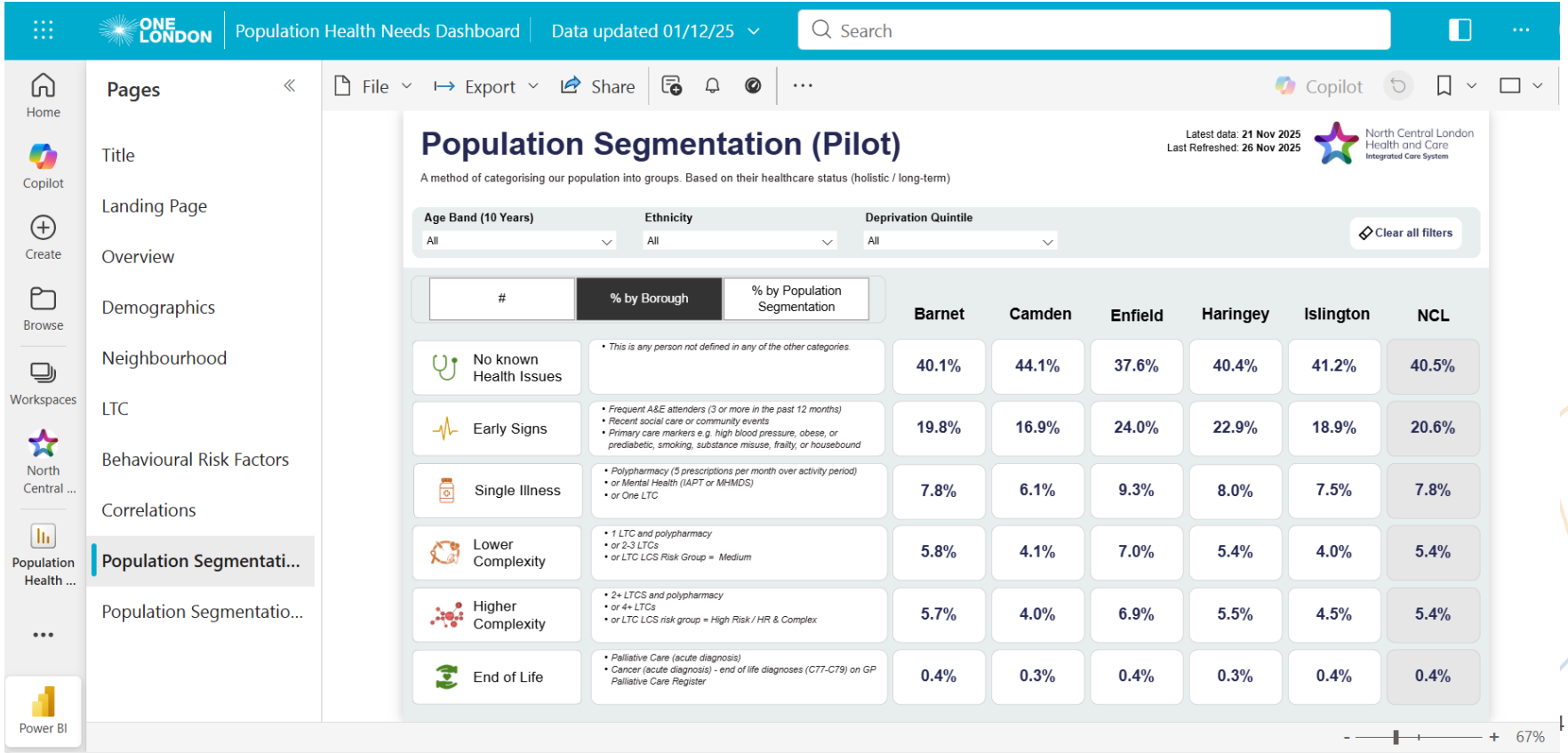

Delivery - Population Health Dashboards (2)

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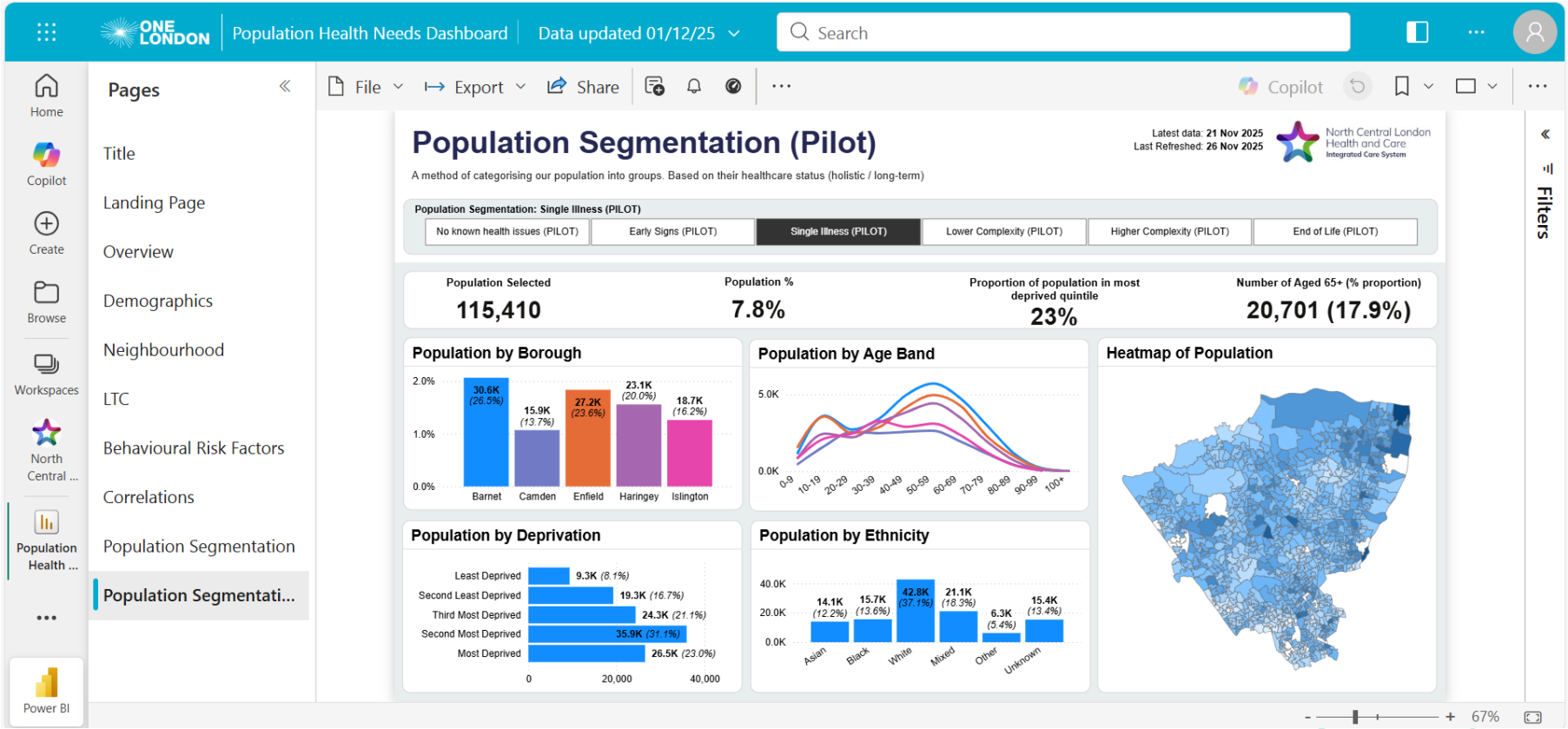

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Comparison by Neighbourhood

Non-‘Healthy’ persons by Neighbourhood – all ages

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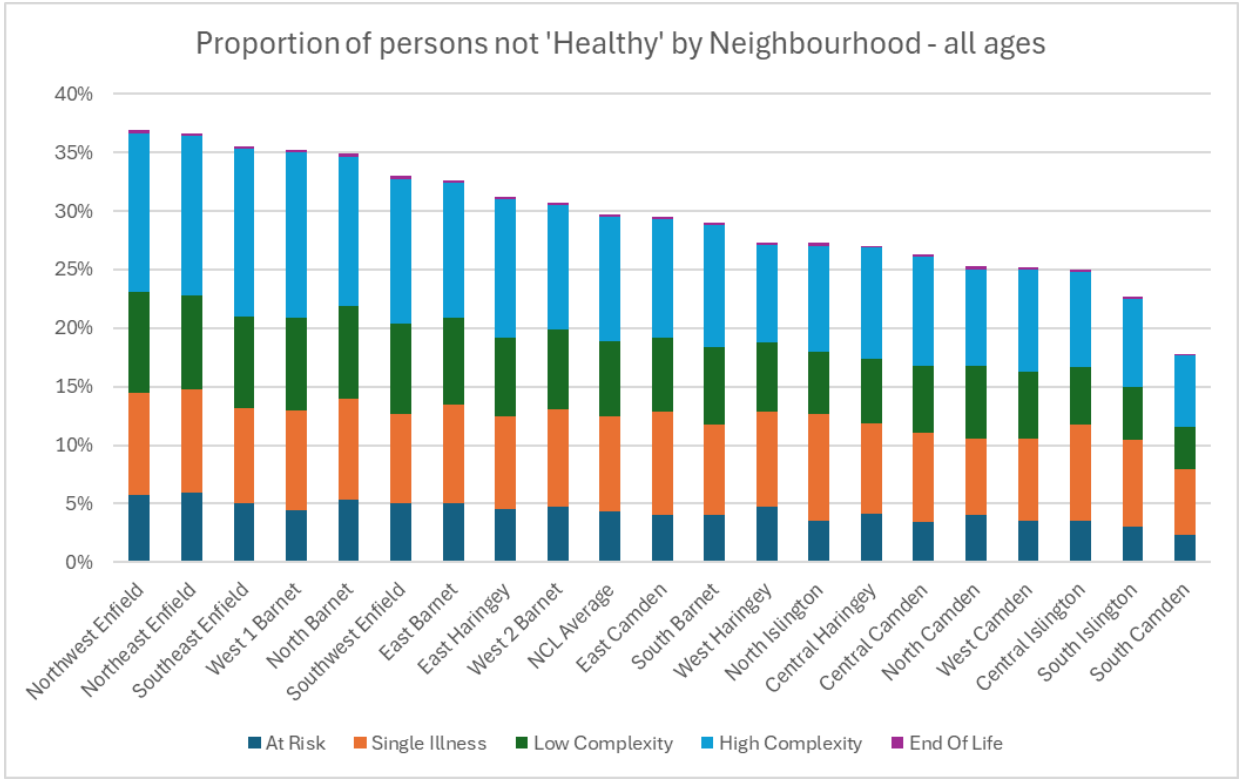

There is large variation in the proportion of residents who are in the non-Healthy Population Segments – Northwest Enfield having double the rate of South Camden.

As seen in the following charts, this is only partly due to different age structures, with variation also being seen within younger age groups…

Non-‘Healthy’ persons by Neighbourhood – 18-44

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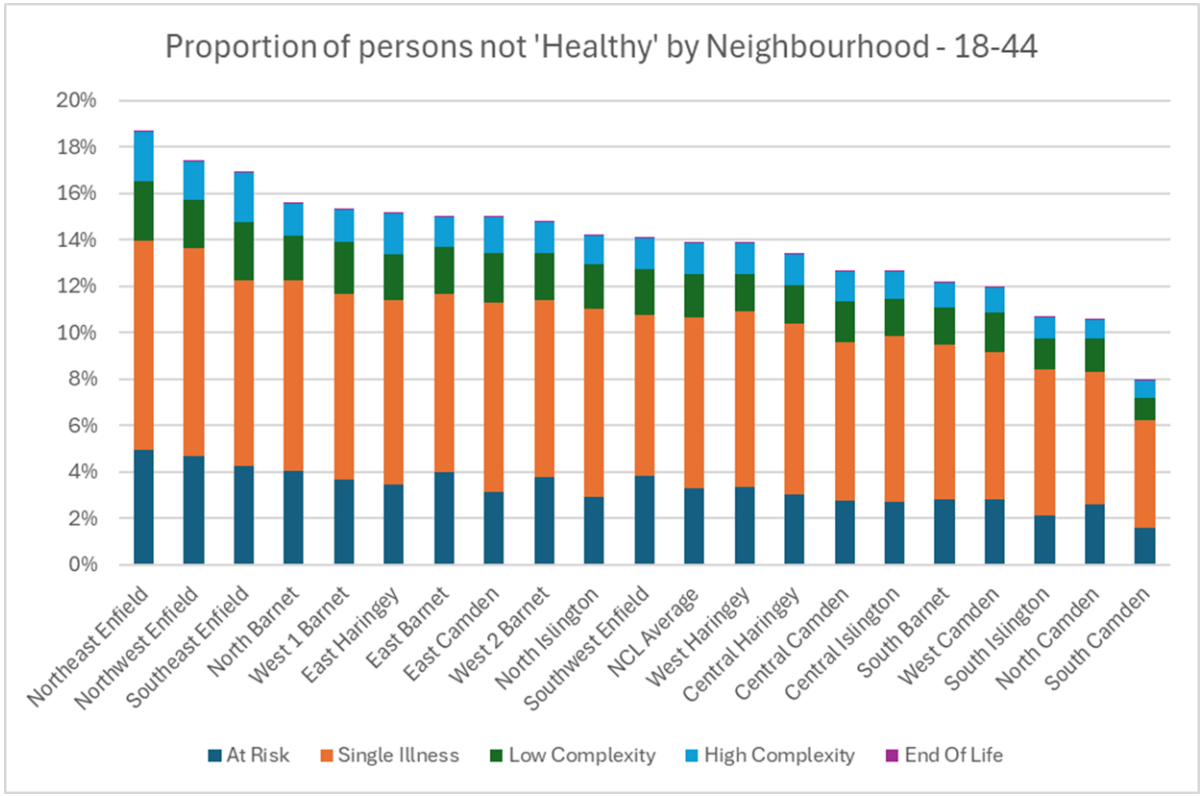

The 18-44 group similarly shows a wide discrepancy between neighbourhoods:

Three of the Enfield areas have higher rates (primarily ‘at risk’ and ‘single illness’).

In contrast, much of Islington and Camden has lower rates, most notably South Camden.

Non-‘Healthy’ persons by Neighbourhood – 45-64

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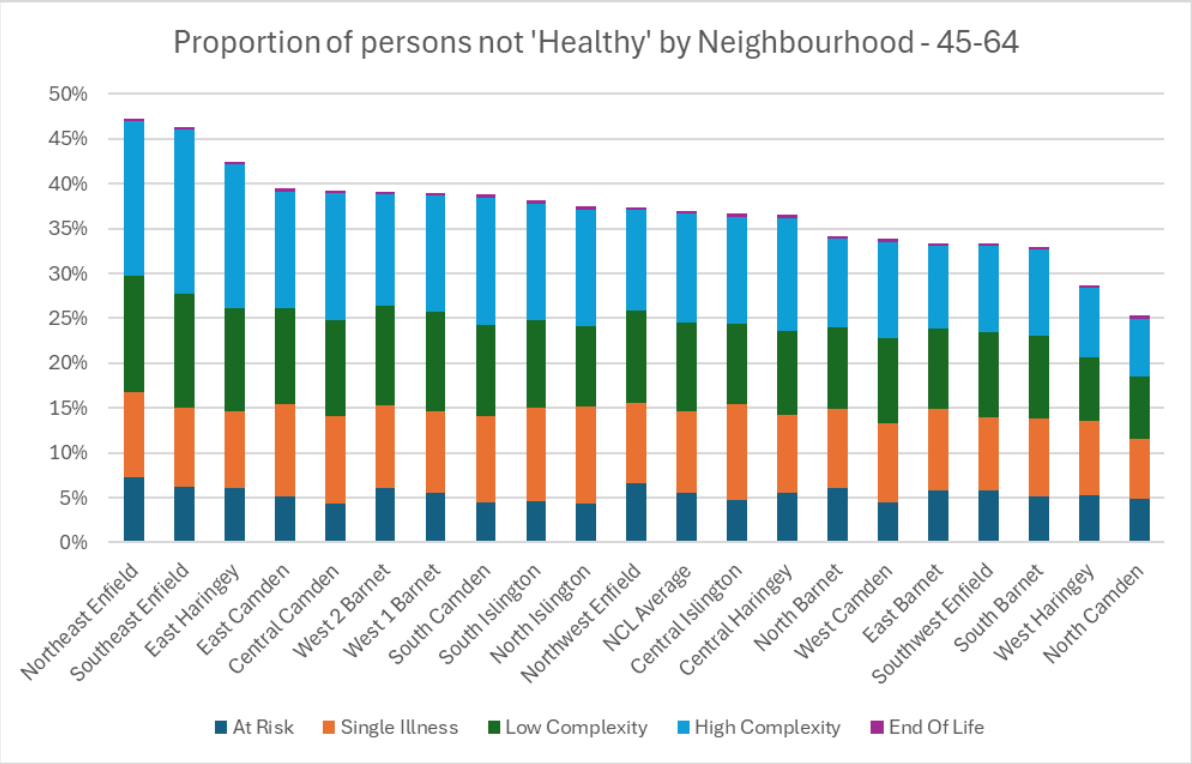

The 45-65 rates have slightly less variation, although Northeast and Southeast Enfield are notably above average, with West Haringey and North Camden notably below.

Non-‘Healthy’ persons by Neighbourhood – 65-74

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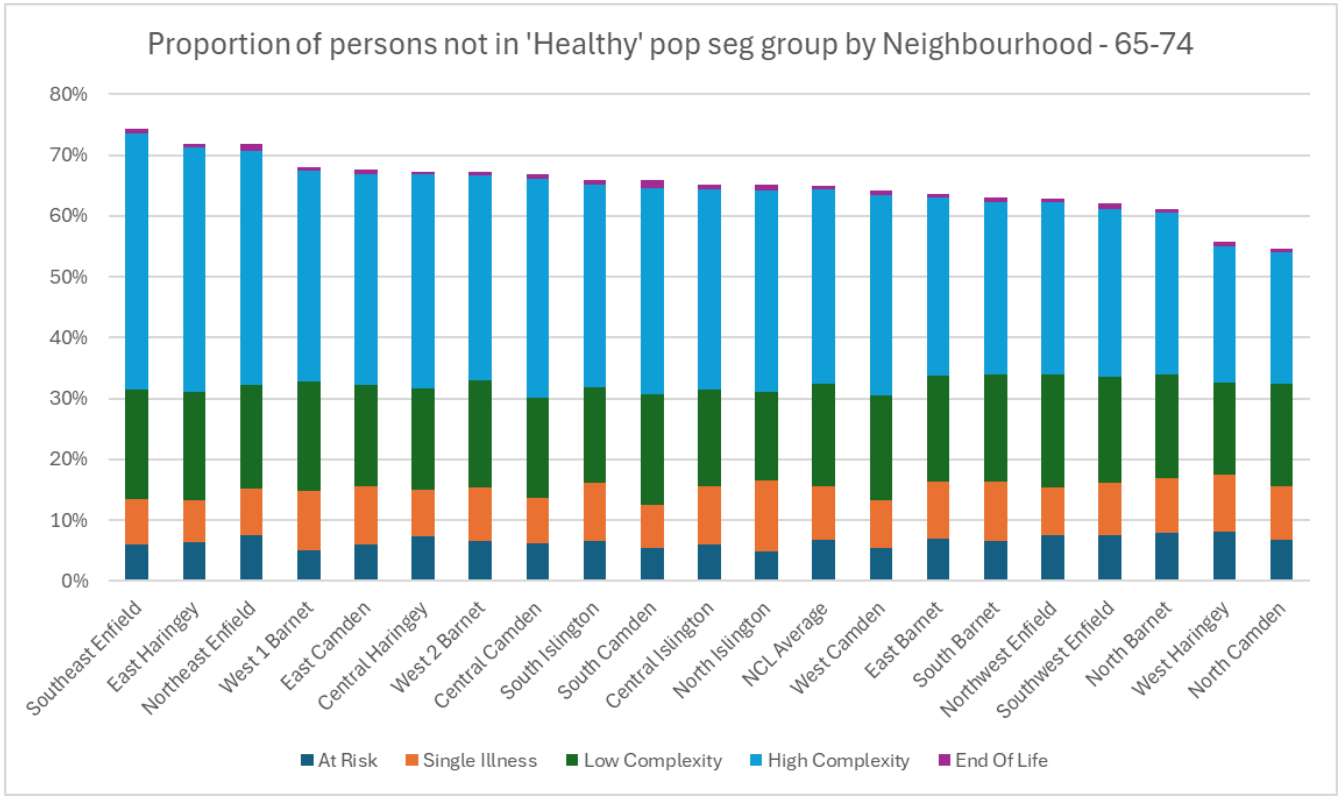

Variation reduces further between Neighbourhoods in the 65-75 age group

Non-‘Healthy’ persons by Neighbourhood – 75+

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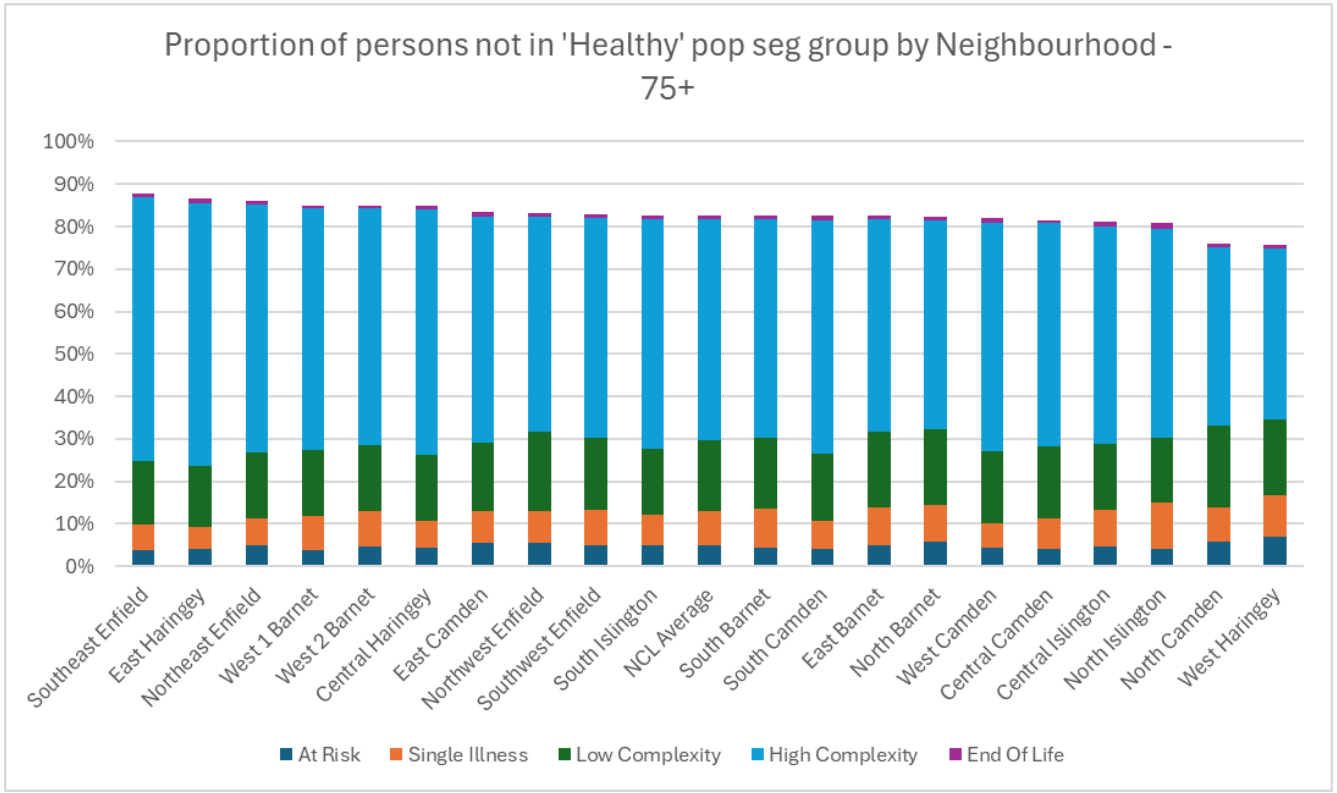

Similarly, the 75+ age group shows lower variation.

Acute Healthcare costs

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	Healthy	At Risk	Single Ill	Low Comp	High Comp	End Of Life	Average
North Barnet	£302	£971	£1,290	£1,082	£2,585	£12,853	£809
Northwest Enfield	£314	£881	£1,219	£1,014	£2,367	£12,804	£802
West 1 Barnet	£268	£878	£1,093	£957	£2,355	£11,679	£741
East Barnet	£270	£930	£1,259	£1,006	£2,494	£11,776	£729
Southwest Enfield	£275	£874	£1,220	£998	£2,252	£11,164	£710
Northeast Enfield	£275	£941	£1,045	£879	£2,016	£12,720	£700
East Camden	£234	£910	£1,154	£1,049	£2,590	£13,335	£667
West 2 Barnet	£243	£955	£1,198	£848	£2,358	£13,013	£650
Southeast Enfield	£248	£952	£1,042	£801	£1,767	£12,229	£637
South Barnet	£225	£839	£1,140	£963	£2,401	£10,491	£618
North Islington	£223	£933	£1,144	£997	£2,324	£14,288	£599
West Haringey	£252	£750	£1,019	£1,062	£2,258	£11,794	£582
East Haringey	£226	£915	£961	£794	£1,929	£11,597	£580
Central Camden	£191	£1,003	£1,180	£994	£2,386	£16,082	£575
Central Islington	£217	£965	£1,086	£1,074	£2,379	£14,190	£562
Central Haringey	£218	£893	£983	£980	£1,967	£12,128	£533
West Camden	£190	£833	£1,007	£744	£2,429	£13,588	£525
North Camden	£190	£736	£1,161	£832	£2,395	£11,215	£523
South Islington	£184	£922	£1,060	£1,120	£2,471	£12,861	£510
South Camden	£126	£971	£1,119	£1,136	£2,309	£16,163	£396
Average	**£234**	**£905**	**£1,119**	**£958**	**£2,259**	**£12,582**	**£625**

The average acute care costs for 24/25 in North Barnet were over double that of South Camden.

Large variations are also seen within some segments, notably the Healthy group which shows a similar pattern, as explored in the following slide…

Acute Healthcare costs – ‘Healthy’ population

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	18-44	45-64	65-74	75 plus	Average
Northwest Enfield	£306	£273	£465	£588	£314
North Barnet	£289	£251	£515	£624	£302
Southwest Enfield	£253	£252	£450	£602	£275
Northeast Enfield	£275	£254	£408	£310	£275
East Barnet	£253	£254	£428	£562	£270
West 1 Barnet	£260	£235	£437	£519	£268
West Haringey	£233	£223	£486	£551	£252
Southeast Enfield	£249	£222	£370	£404	£248
West 2 Barnet	£245	£204	£385	£487	£243
East Camden	£207	£248	£549	£698	£234
East Haringey	£221	£216	£377	£368	£226
South Barnet	£222	£192	£357	£466	£225
North Islington	£196	£261	£436	£556	£223
Central Haringey	£207	£215	£419	£393	£218
Central Islington	£193	£227	£578	£691	£217
Central Camden	£165	£223	£471	£563	£191
West Camden	£171	£187	£452	£707	£190
North Camden	£168	£172	£371	£507	£190
South Islington	£162	£236	£400	£568	£184
South Camden	£96	£260	£495	£601	£126
Grand Total	**£216**	**£231**	**£443**	**£545**	**£234**

Within the ‘Healthy’ population segment, NW and SW Enfield and N Barnet have higher than average acute costs across all age groups.

South Camden has very low costs for its younger adult population, possibly due to its student residents.

Adult Social Care Usage – age 65+

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	1.Healthy	2.At Risk	3.Sgl Ill	4.Low Cpx	5.Hgh Cpx	6.EO Life	TOTAL
Southeast Enfield	2.2%	2.1%	16.5%	6.8%	17.4%	24.4%	11.7%
Central Islington	1.9%	3.8%	15.1%	7.0%	20.2%	31.0%	11.7%
East Camden	1.9%	0.7%	16.2%	6.0%	19.2%	27.9%	11.5%
North Islington	2.2%	3.1%	15.8%	7.1%	18.3%	35.5%	11.4%
East Haringey	1.9%	2.5%	15.7%	5.0%	15.7%	32.7%	10.3%
Northeast Enfield	1.9%	2.2%	17.5%	6.1%	15.4%	19.6%	10.3%
Central Camden	1.2%	1.4%	16.3%	4.6%	17.4%	23.3%	10.1%
South Islington	1.6%	2.4%	9.6%	4.7%	16.7%	26.7%	9.4%
Southwest Enfield	1.7%	2.3%	13.1%	6.0%	16.3%	17.5%	9.4%
South Camden	1.2%	1.1%	15.0%	5.1%	15.6%	26.2%	9.3%
Northwest Enfield	1.7%	1.5%	12.2%	5.3%	16.2%	24.7%	9.1%
West Camden	1.0%	2.2%	10.0%	4.1%	16.3%	15.7%	8.8%
Central Haringey	1.5%	2.5%	9.8%	4.5%	14.4%	23.0%	8.5%
East Barnet	0.8%	1.3%	13.4%	5.2%	15.0%	19.1%	8.5%
South Barnet	1.0%	1.3%	11.9%	5.3%	14.4%	19.3%	8.3%
West 1 Barnet	0.9%	1.3%	9.2%	4.8%	13.1%	25.0%	8.0%
North Barnet	1.5%	2.0%	12.9%	4.9%	13.9%	15.4%	7.9%
West 2 Barnet	1.5%	1.2%	9.9%	4.1%	13.0%	9.6%	7.7%
West Haringey	0.8%	1.0%	7.9%	4.2%	12.8%	17.5%	5.9%
North Camden	0.9%	1.5%	8.7%	3.1%	11.1%	16.1%	5.4%
NCL Average	**1.4%**	**1.9%**	**12.8%**	**5.3%**	**15.6%**	**22.2%**	**9.1%**

The proportion of persons in contact with Adult Social Care varies greatly between Neighbourhoods, both overall and within population segments.

Southeast Enfield has over double the usage rate compared with the lowest areas, being markedly higher across all segments.

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Deep Dive - East Camden

East Camden vs NCL by Pop Seg Group

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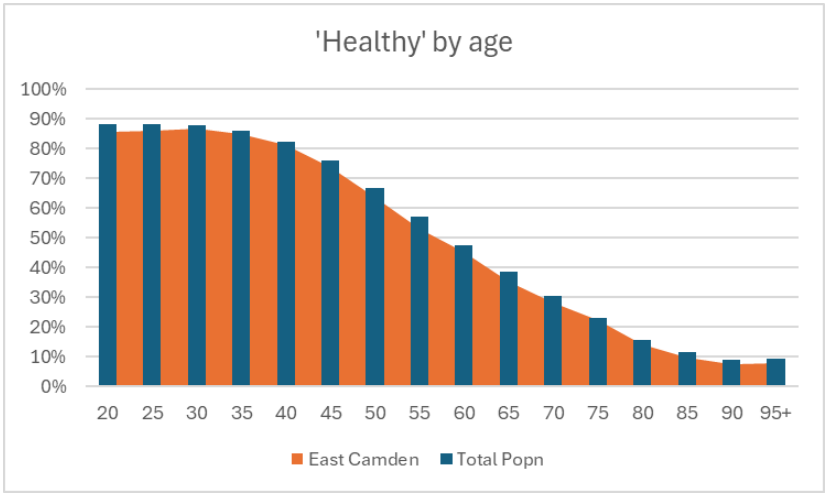

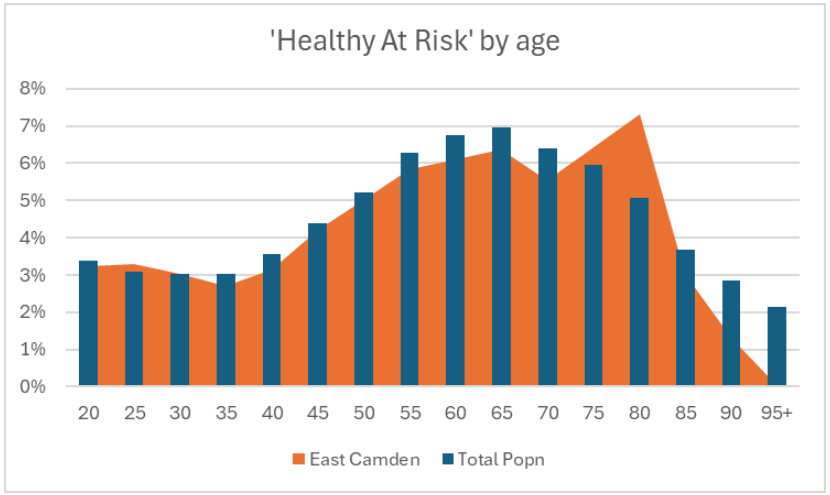

Overall, East Camden has a slightly lower rate of 'Healthy' patients that the NCL average.

The 'Healthy at risk' group is lower in East Camden in all but 75-84 age groups (*n=153*)

East Camden vs NCL by Pop Seg Group

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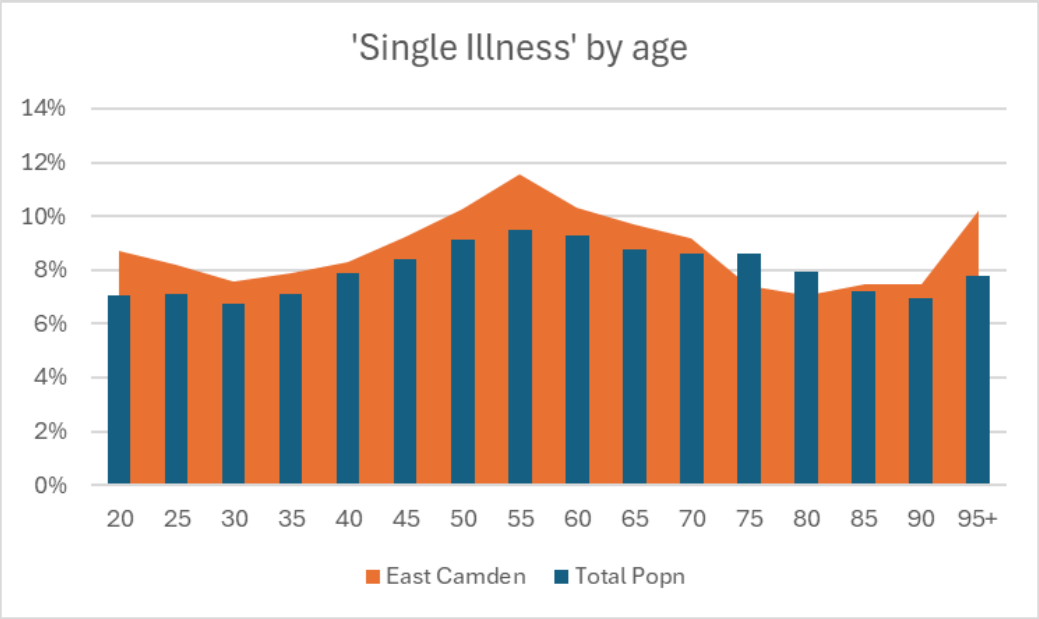

Camden has a higher rate of 'Single Illness' patients in all but the 75-84 age groups. This is most prominent in the 20-24 and 50-64 age groups

Single Illness by factor – age 45-64

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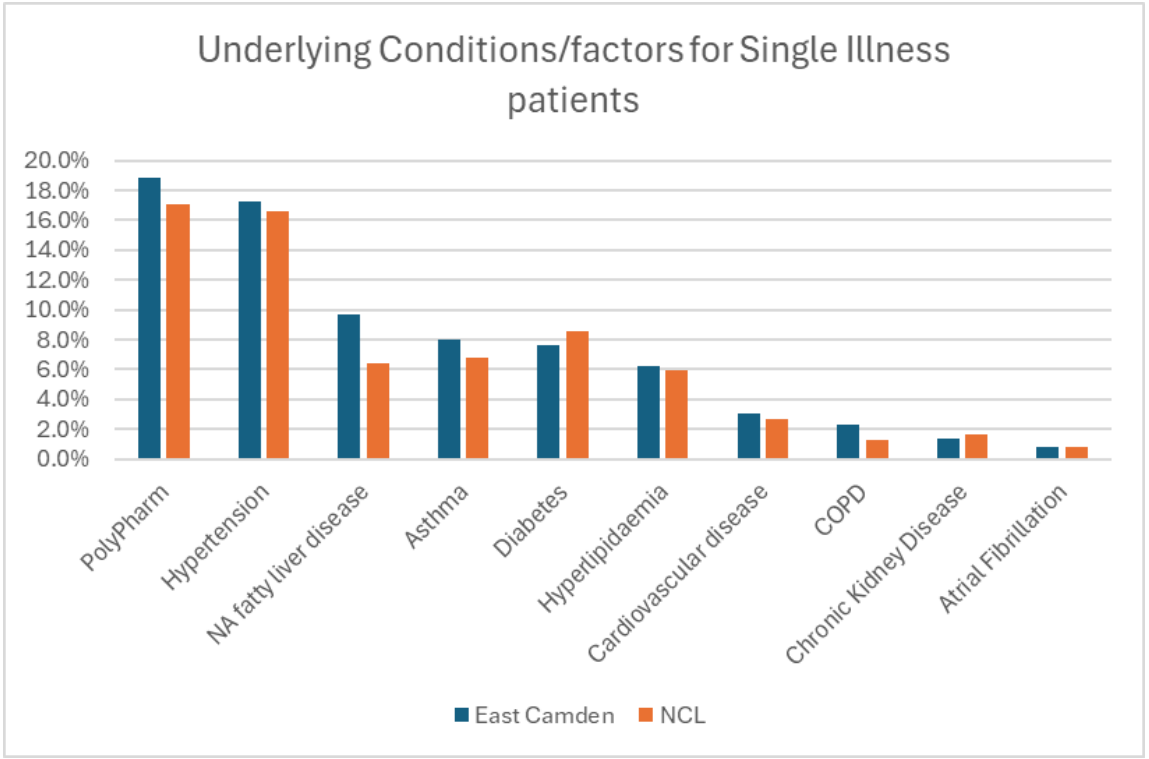

The rate of N/A fatty liver disease in the 45-64 age group is markedly higher than NCL average in the East Camden Single Illness population segment.

Asthma, Polypharmacy, Hypertension and COPD are also higher in this population.

East Camden vs NCL by Pop Seg Group

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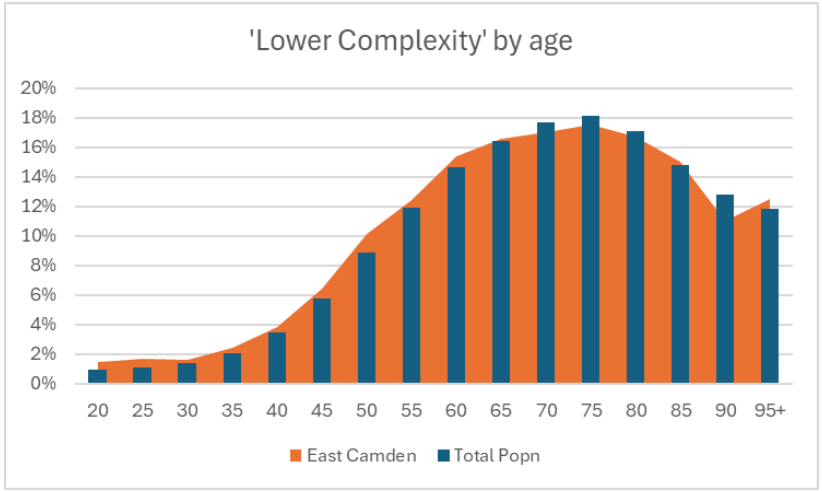

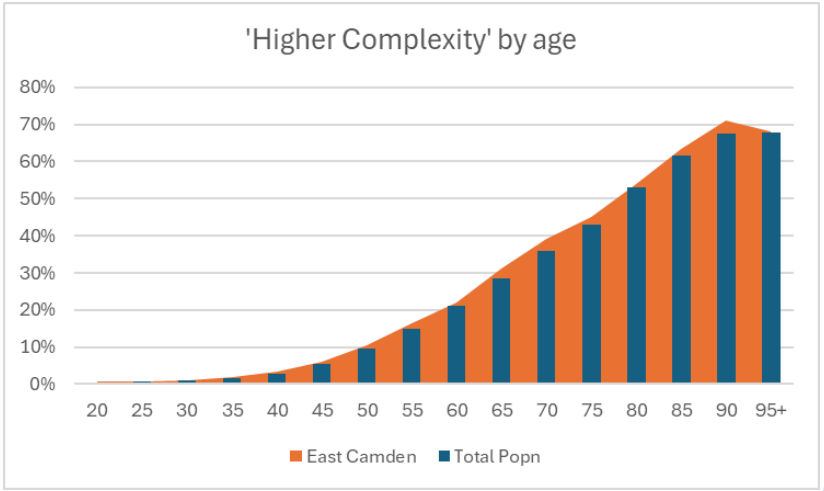

The distribution of lower and higher complexity patients by age within East Camden is similar to the overall NCL position.

East Camden vs NCL status

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	East Camden	NCL Average
No of Comorbidities	0.43	0.45
%age IAPT	2.8%	3.4%
%age PolyPharmacy	14.0%	14.0%
%Community Record (CSDS)	15.4%	17.4%
%Mental Health record (MHSDS)	2.6%	3.3%
%Adult Social Care	2.3%	2.6%
%In-patient activity	10.1%	10.6%
%A&E activity	19.4%	18.5%
%Out-patient activity	36.2%	38.9%
Income Deprivation	5.56	6.24
Employment Deprivation	4.63	5.68
Health Deprivation	3.07	3.72
Education Deprivation	3.26	2.83
Crime Deprivation	5.89	6.39
Housing Deprivation	7.32	4.92
Pollution Deprivation	6.27	7.00
Green Space Deprivation	4.59	5.18
Public Transport Deprivation	3.10	3.71
Food Desert Deprivation	2.82	2.63

East Camden residents generally have slightly lower activity levels than the NCL average.

Housing deprivation is much higher than elsewhere in both NCL and the country.

As per elsewhere in NCL, income, employment and pollution deprivation are also higher than the national average.

East Camden status by Pop Seg Group

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	Healthy	At Risk	Single Ill	Low Cmp	High Cmp	EOL	Average
No of Comorbidities	0.00	0.78	0.25	1.60	2.90	1.55	0.45
%age IAPT	0.0%	0.0%	30.0%	4.6%	4.3%	7.1%	3.4%
%age PolyPharmacy	0.0%	0.0%	36.2%	31.3%	86.1%	61.0%	14.0%
%Community Record (CSDS)	9.9%	21.8%	32.0%	30.6%	46.6%	51.1%	17.4%
%Mental Health record (MHSDS)	0.0%	0.0%	25.7%	4.3%	7.2%	8.5%	3.3%
%Adult Social Care	0.4%	0.7%	5.9%	3.9%	14.7%	17.7%	2.6%
%In-patient activity	5.0%	15.7%	19.1%	18.5%	33.2%	99.3%	10.6%
%A&E activity	11.5%	37.6%	33.0%	28.1%	40.4%	63.1%	18.5%
%Out-patient activity	25.7%	55.4%	65.0%	67.3%	82.6%	99.3%	38.9%
Income Deprivation	6.15	6.22	6.41	6.36	6.63	6.43	6.24
Employment Deprivation	5.59	5.66	5.87	5.84	6.09	5.93	5.68
Health Deprivation	3.63	3.69	3.93	3.84	4.13	4.09	3.72
Education Deprivation	2.70	2.86	3.05	3.06	3.35	3.07	2.83
Crime Deprivation	6.37	6.36	6.46	6.39	6.45	6.38	6.39
Housing Deprivation	4.92	4.87	4.93	4.86	4.95	4.95	4.92
Pollution Deprivation	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Green Space Deprivation	5.15	5.22	5.21	5.27	5.29	5.26	5.18
Public Transport Deprivation	3.75	3.74	3.64	3.59	3.55	3.73	3.71
Food Desert Deprivation	2.54	2.61	2.80	2.77	3.04	2.96	2.63

East Barnet – Healthy population

North Central London
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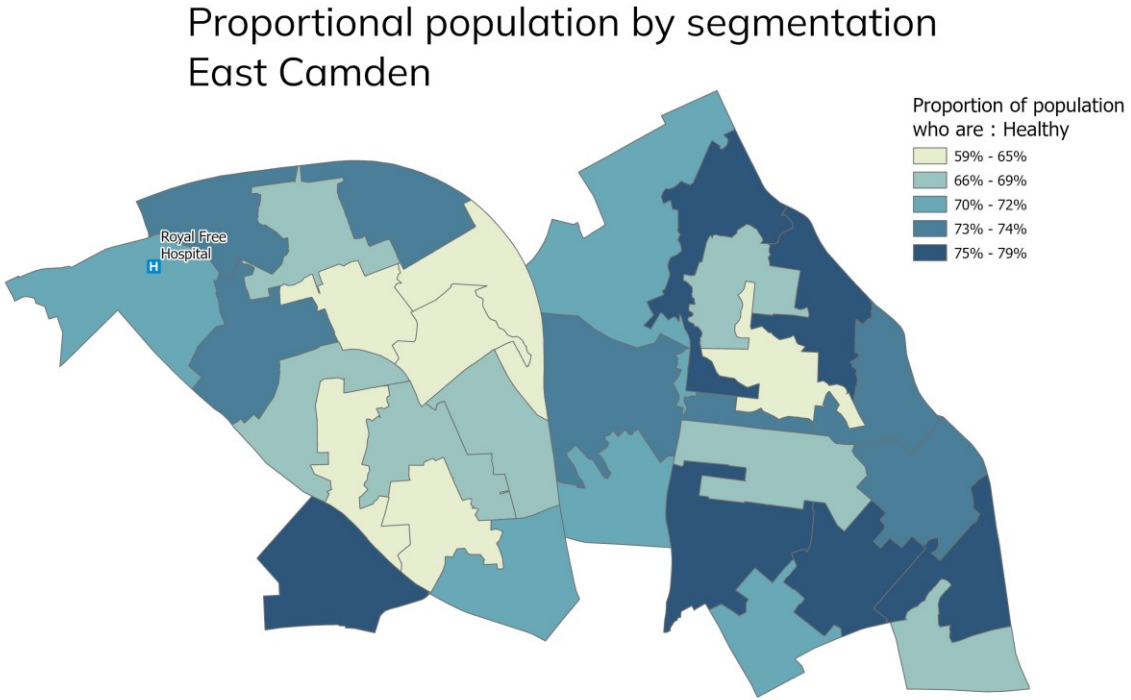
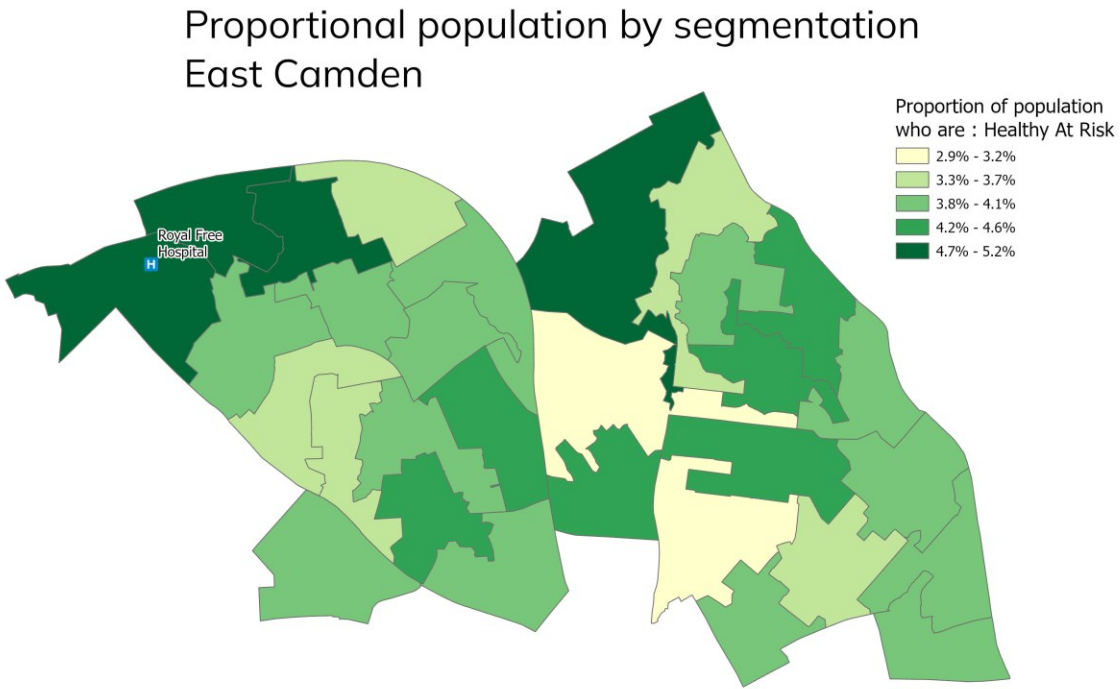


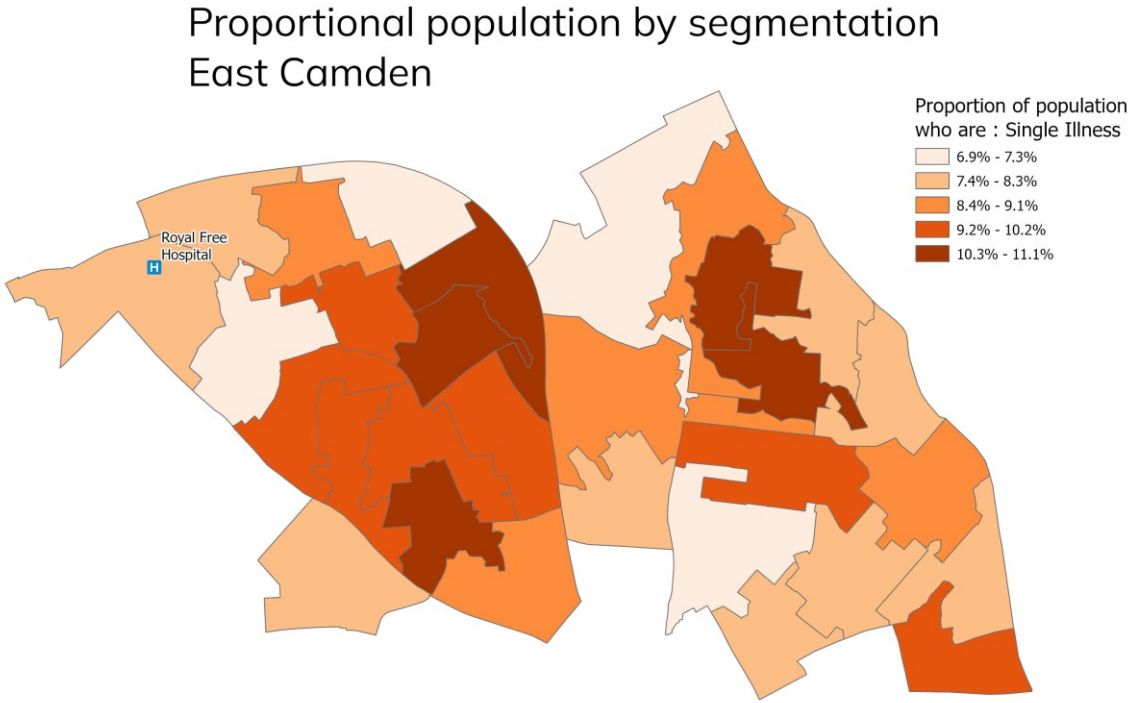
East Barnet – ‘At risk’ population

North Central London
Integrated Care Board



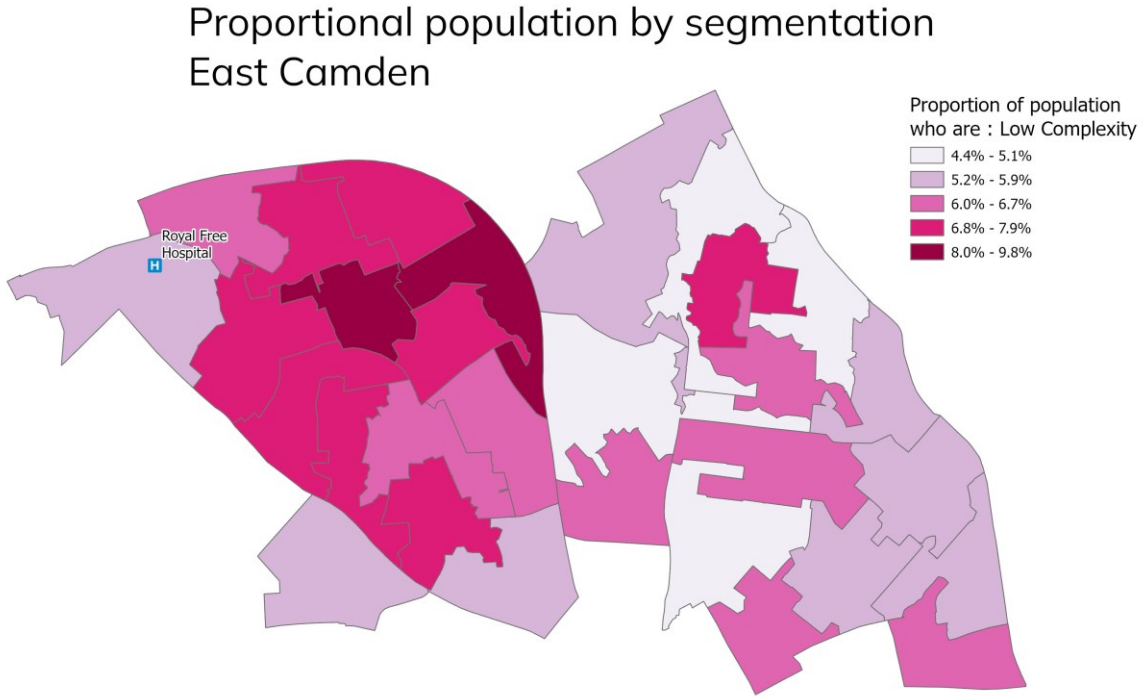
East Barnet – Single Illness population

North Central London
Integrated Care Board



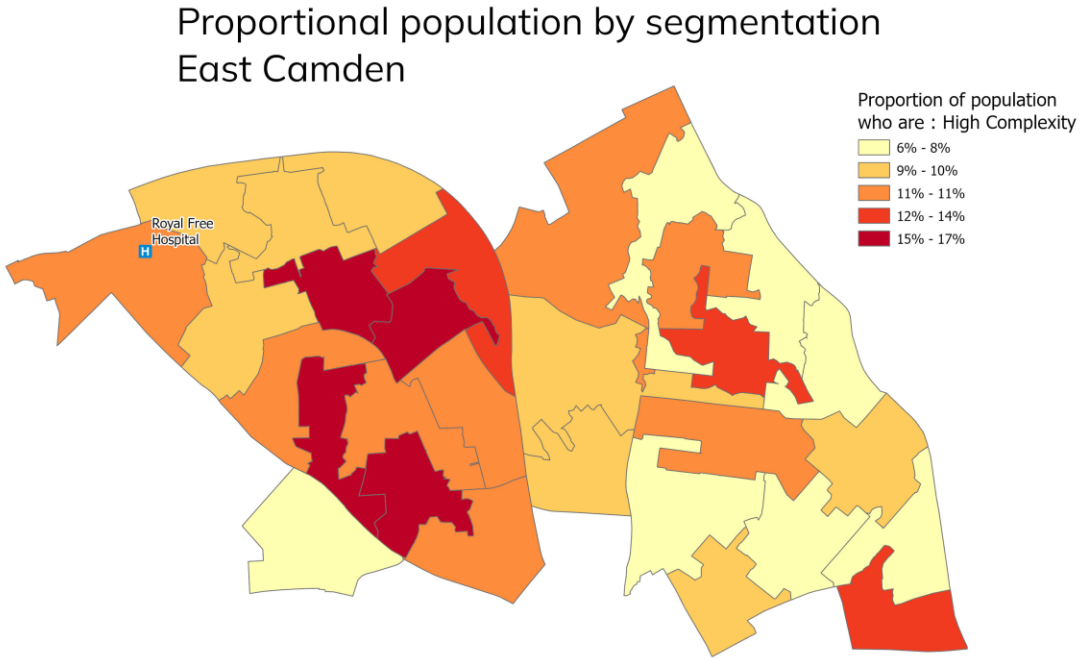
East Barnet – Lower Complexity population

North Central London
Integrated Care Board



East Barnet – Higher Complexity population

North Central London
Integrated Care Board



North Central London Health and Care
Integrated Care System

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NHS

Training Needs and Training Hub support

Mandy Claret - Programme Manager, NCL Training Hub (Barnet)

Capturing feedback

Feedback collated from Peer Champions Session – 23rd October 2025

What help PCNs want to get things done?

- Practical support – help with translating neighbourhood ambitions into delivery plans and examples of what's worked well elsewhere
- Data and outcome tools – accessible dashboards and population health data to guide local planning
- Facilitation – TH and integrators helping convene partners and create space for shared problem solving

What PCNs want to hear about next?

- Case studies on how other boroughs are making neighbourhood work in practice
- Examples of joint up working with councils and VCSEs
- Clarity on timelines, expectations and reporting

What support is needed from the NCL Training Hub?

- Building workforce capabilities through Communities of Practice (COP), skills mapping and targeted training (e.g., hypertension, prevention and population health)
- Supporting VCSE skill building and inclusion neighbourhood structures
- Facilitating borough-level sessions that connect PCNs, community partners and local authority colleagues

Training Needs and Training Hub support

North Central London Health and Care
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What support is needed from the NCL Training Hub?

- Building workforce capabilities through COP, skills mapping and targeted training (e.g., hypertension, prevention and population health)
- Supporting VCSE skill building and inclusion neighbourhood structures
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What further support would help you deliver your action plan? Examples may include;

- Workforce planning i.e. skills capability, resource planning
- How to be an effective supervisor
- Clinical skills for registered professions
- Understanding of hypertension for those in non-clinical patient facing roles e.g. personalisation care roles
- Personalisation care roles toolkit
- Mentoring for those new to leadership roles
- Cross system shadowing co-ordination
- Facilitation skills training
- Facilitate shared learning
- Any others?

https://www.menti.com/alo83yurt4n8

Close and future sessions

Continue to link with your Borough AD of Place, Integrator Colleagues and Training Hub support.

Where to find information on NCL Training Hub offer and support: Download the PCN Champions resources from this link

For any questions, support or feedback contact:

- Training Hub support requests - Community of Practice and Evaluation contact: laura.lucas2@nhs.net
- General queries, project requests, PCN Action Plan: contact nclicb.pcnneighbourhoodchampions@nhs.net
- Case studies which support the evaluation of the programme, please forward to laura.lucas2@nhs.net

Future proposed dates - TBC

- PCN Champions peer support learning webinar - Wednesday 4th March 2026 13:00 – 14:00
- PCN Champions face to face peer support learning session – Tuesday 21st April 2026 13:00 – 16:00

For future sessions, we welcome your suggestions for agenda items via the below link:
PCN Neighbourhood Champion Peer Support Learning Session - Feedback Form

PCN Neighbourhood Champion Peer Support Learning Session - Feedback Form

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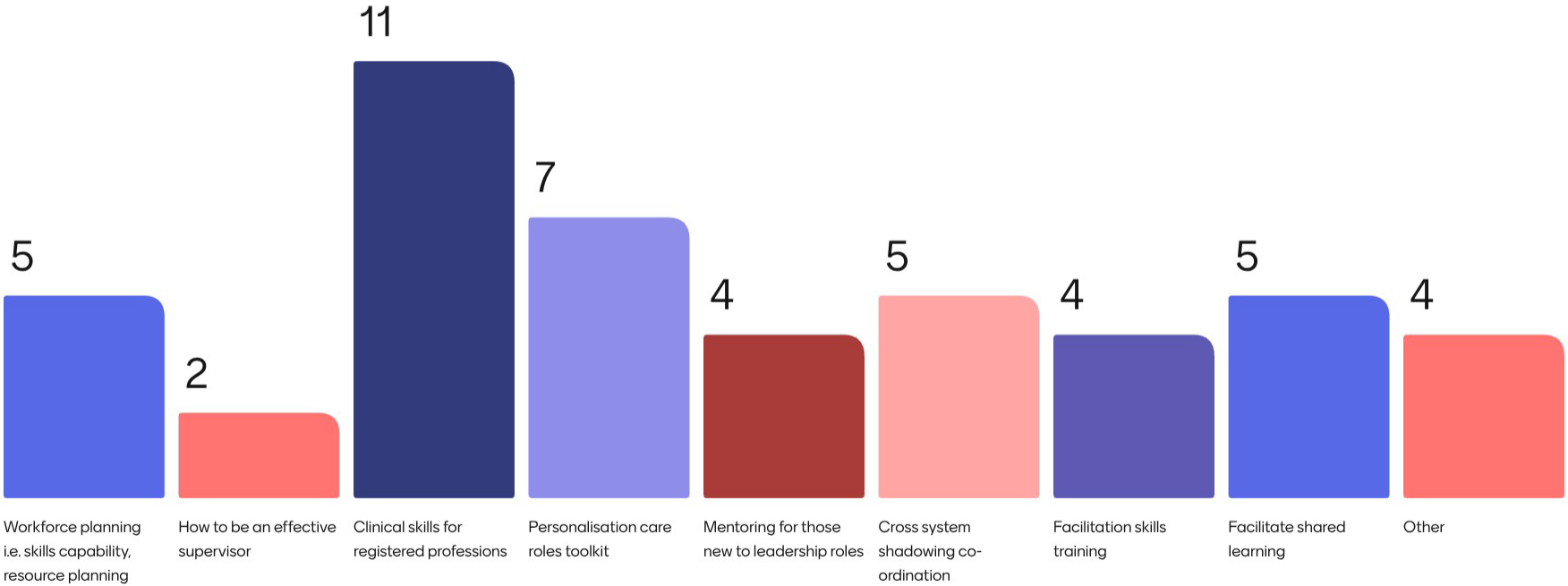
Mentimeter Results

What further training and education support would be helpful in the delivery of your action plan?



Any other ideas?

In priority order, how could the Training Hub help to facilitate shared learning?