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Clinical Commissioning Group

Inequalities in North Central London - and You

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Purpose

This brief slide pack sets out:

- Why inequalities is an important issue to address
- The Inequalities Fund – Phase I and Phase II
- Inequalities and You
- Discussion around inequalities

POPULATION HEALTH MANAGEMENT & HEALTH INEQUALITIES

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Population health management refers to holistic approach to **improving health physical and mental health outcomes of a group of individuals.** PHM relates to developing systems & processes to maximise improvements in health and mitigate health inequalities through aligning:

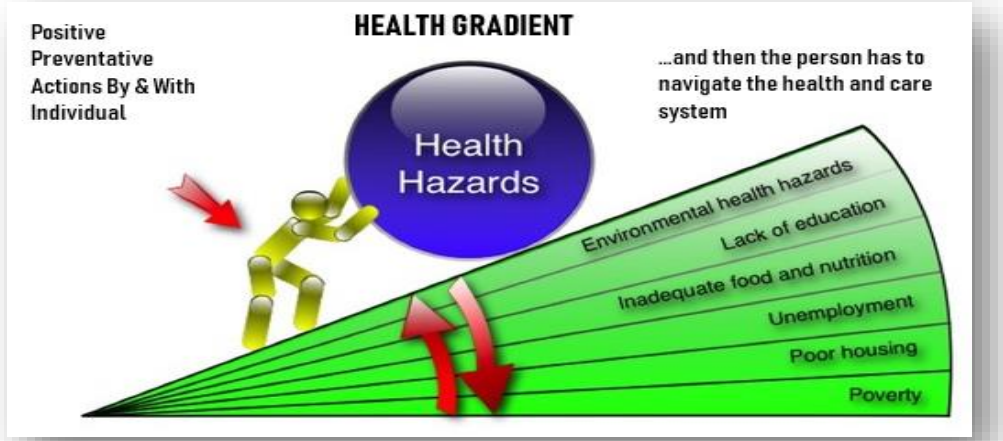
- Community & organisational assets to promote health;
- **Working with, and identifying, groups of individuals and planning interventions with them tailored to need;**
- Efficient and effective delivery of care.

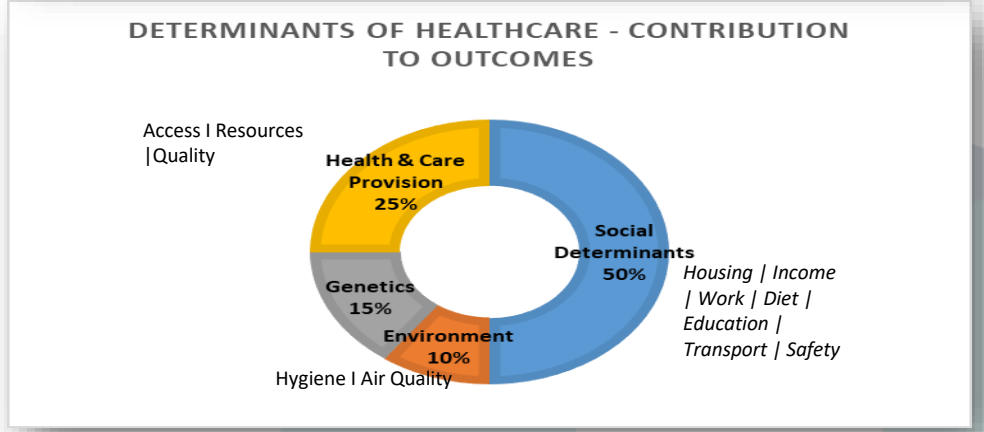
'Groups of individuals' are defined for example:

- By a geographical area
- Those with a specific conditions or functions
- Sharing defined characteristic, e.g. ethnicity, deprivation

We need to take a **holistic approach** to reflect life chances & health outcomes mostly governed by wider socio-demographic and environment issues people face

What it Means for Individual





What it Means to The Population

Tackling inequalities is at heart of a PHM approach. Most issues deep-rooted & only partly about health & care provision

What Is Inequalities Fund?

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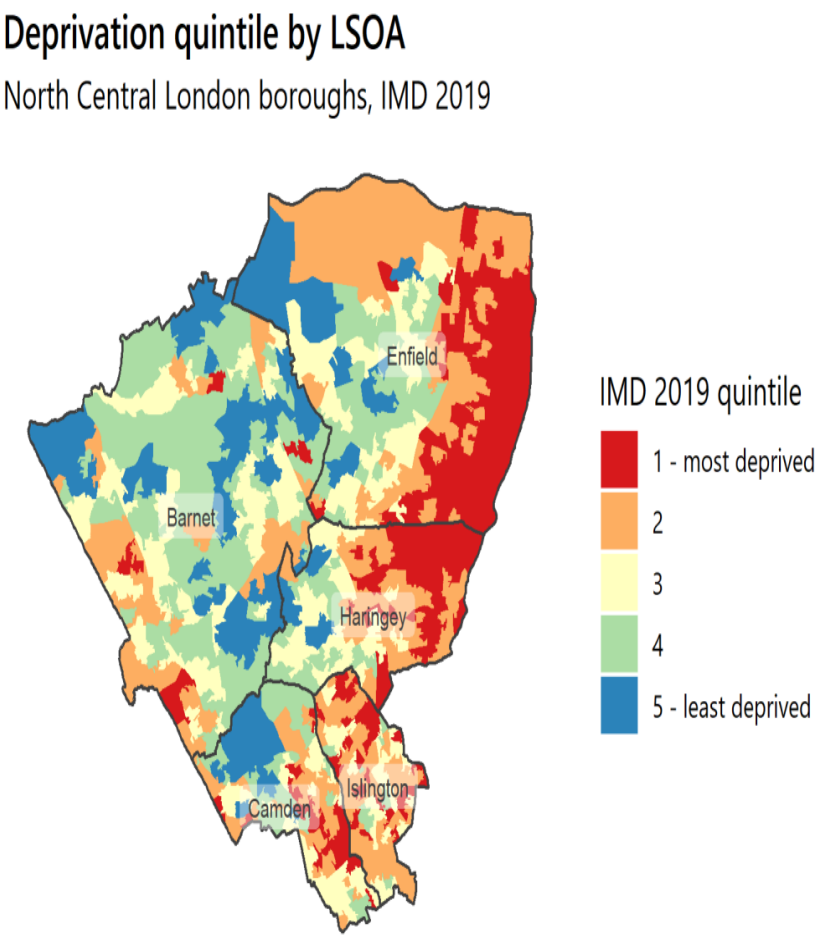
- **NCL CCG has created a £2.5m Inequalities Fund** to help address the issues inequity of access, outcomes and experience we see between different communities (all ages) living in the same Borough – to address the 'social gradient' between better and under-served groups
- This is in line with NHS Planning Guidance. This highlighted **'gap' in health outcomes between most & least deprived communities, e.g. up to 20 years difference in healthy life expectancy across NCL**
- Expectation in Planning Guidance is the Fund will particularly **benefit people living the most deprived 20% neighbourhoods** to improve equity of access, experience and outcomes
- In NCL, these neighbourhoods are in the east along the A10 corridor
- The **most deprived NCL neighbourhoods are also amongst some of the most ethnically diverse wards** in the Borough
- **There is also a legacy of COVID19 pandemic** – this is widely recognised as worsening the 'gap' in social and health outcomes
- Funding was allocated largely on a Borough-by-Borough basis with the allocation dependent on level of need associated with deprivation



Phase I Priorities

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- Local Integrated Borough Partnerships were asked to coordinate a set of priorities and projects in which they would like to invest against the criteria

- This was undertaken largely over a 3-4 week period during the summer

- **Projects were selected on the basis of evidenced need** – for example, we know mental health issues, diabetes and coronary heart disease rates are much higher in deprived than in more affluent areas, which led to some of these projects being identified as priorities

- Each project was tested on the following criteria which was part of the bid
  - Is it likely to have a significant impact on the most deprived communities (or those currently under-served)?
  - Will it impact on reducing crises and 'rising risk' of escalation, e.g. hospital admissions, in the longer-term?
  - Can it demonstrate it is, or could be, developed with the communities or groups it seeks to work with?
  - Is it sustainable?
- But…we know the process of selecting projects and engaging with communities could be improved!
- We are now at the mobilisation stage – each project has a lead organisation and project manager and we are working across the Boroughs to manage the projects including regular reporting
- We also want to understand the overall impact on people the schemes work with – but also the 'ripple effect' across under-served and deprived communities – we are exploring how best this can be undertaken

Projects in Phase I Priorities

(* - indicates funding is from small portion of Inequalities Fund set aside to support wider under-served groups rather than specifically those in more deprived neighbourhoods)

Barnet	Camden	Enfield	Haringey	Islington
Early Years Oral Health*: Targeted supervised tooth brushing programme in Early Years' (EY) settings	**Kilburn Health Equalities & Outreach:** Providing primary care health checks to 50-55 year olds; and outreach to wider community	**'ParentCraft'**: NHS and VCS providing mentoring to families with infants		**Respiratory Wellness Project:** NHS & VCS to engage, identify & support people with respiratory conditions
	Improve Access Post-Covid Syndrome Services: NHS & VCS to identify & support people with PCS	**Black Health Improvement Outreach Project:** NHS & VCS work with people from black ethnic backgrounds to address LTC/MH	**Start Well MH Project:** Schools-based early support to young people to use arts & sports to tackle MH issues	
	Camden Childhood Immunisation Programme: Primary care & VCS to work to engage, identify & support uptake of immunisations	**Enfield Connections:** VCS & NMUH project to provide advice, information and help for Enfield residents identified at NMUH	**'Tottenham Talk':** NHS & VCS support for adults, particularly from black ethnic backgrounds, with severe MH needs	**Early Prevention – Black Males & MH:** Council-led project to work with black ethnic communities to improve engagement on MH issues
	MH Empowerment in Bengali & Somali Communities: Improved NH & VCS engagement with these communities to address MH issues	**Divert & Oppose Violence Worker:** VCS collaboration to work with people in communities to reduce risk of serious youth violence	**Autism Project*:** Support for people with autism and complex needs	
	LD Annual Health Check Audit*: Primary care Health checks for people with learning disabilities	**Smoking Cessation Project:** Primary care & VCS project to promote smoking cessation	NHS & VCS support for **people with multiple disadvantage** utilising hospital frequently	**PHM Approach**: Public Health-led approach to develop population health management approach in deprived communities
	PrimroseA Project: NHS and VCS support and health activation to reduce risk of severe MH issues	**Long-Term Conditions Project:** Improved NHS & VCS support for people with, or at risk of, CHD, diabetes & other LTC, including self-management		
	Self-Care Champions: NHS and VCS to develop champions to work with specific communities	**Cancer Development Project*:** VCS to work with health professionals & communities to raise awareness to support earlier detection of cancer		**PrimroseA Project:** NHS & VCS support and health activation to reduce risk of severe MH issues
	Autism & race equality project*: Audit of autism cases to identify areas for improvement associated with equity of access, outcomes & experience			**Ambulatory Outreach Interventions*:** Primary care-led project to work with hard-to-reach groups

PHASE II OF INEQUALITIES FUND – OCTOBER 2020

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- CCG and its partners is planning further potential investment as ‘Phase II Inequalities Fund’ for an additional set of projects later this year, but based on a similar criteria and processes as for Phase I

- We are also finalising the allocations across Boroughs – the amount is likely to be at a similar level to Phase I

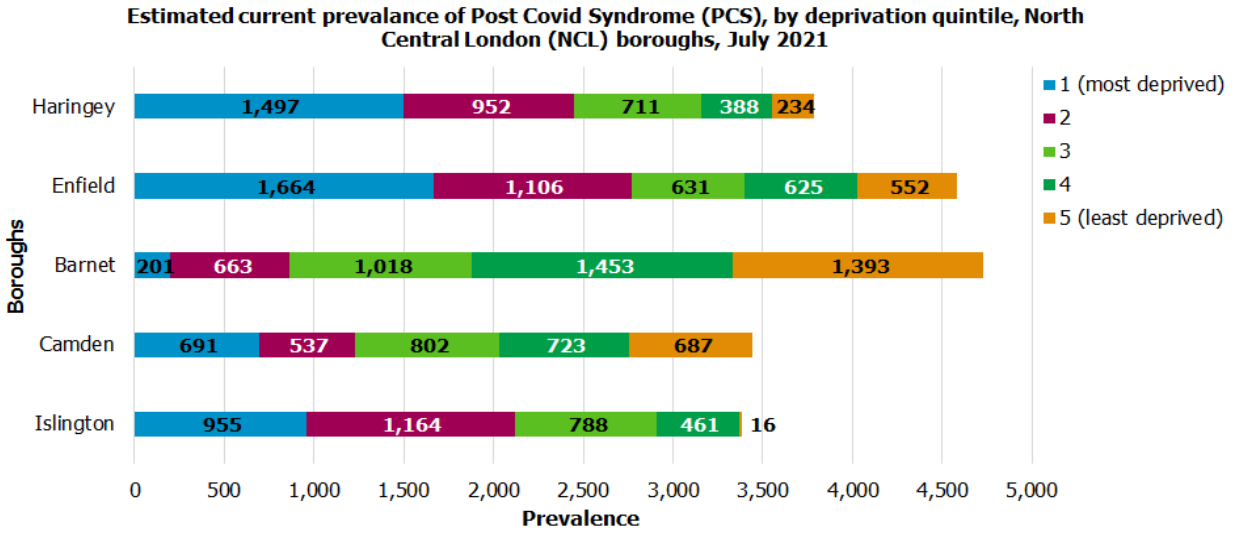
- All projects will be funded until March 2023 – expectations each one will be monitored and reviewed to determine their impact

- We are finalising some of the details on this, but the deadline for submission of bids via Borough Partnerships will be late October

- Many Borough Partnerships are planning to improve their engagement with communities on Phase II

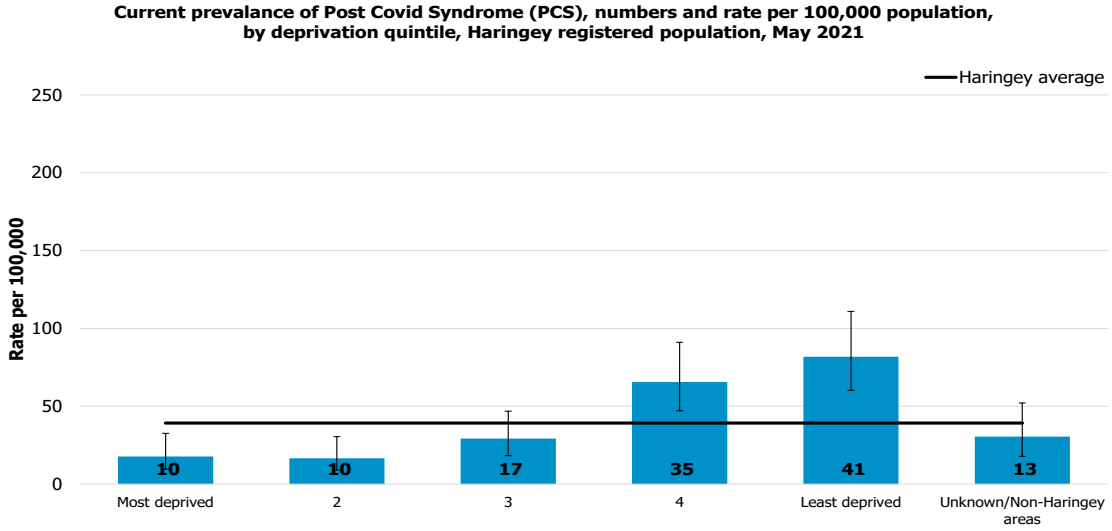
INEQUALITIES AND YOU

- Addressing inequalities in access, outcomes and experience isn't 'just' about the Fund or 'doing an EQIA'
- We want to make sure thinking about inequalities and how we shape services is integral part of how we commission and deliver services around needs and preferences of our under-served communities
- Here's an example of how easy it is – and impact – if due consideration to work with under-served communities in developing services
- It's a 'new offer' to the public about an emerging issue – supporting people with post-COVID syndrome. There's national estimates of need in the population v. the number of people supported. Is the service equitable in Haringey **(despite everyone's best efforts)**?



Note: Modelling of current prevalance is based on Office for National Statistics (ONS) Infection Survey data; Deprivation groupings based on IMD (2019) deciles, converted to quintiles as follows: Most deprived = 1, Second most deprived = 2, Third more deprived = 3, Second least deprived = 4 and Least deprived = 5.

Source: ONS population estimates, mid-2019; ONS COVID-19 Infection Survey data, July 2021; English Indices of Deprivation, 2019



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Source: Commissioning support units (CSU) dataset, May 2021

We're asking you to consider what you think our priorities ought to be for the Fund and how you can build consideration of inequalities into your work

QUESTIONS FOR DISCUSSION

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Our key questions for discussion

- What should do we prioritise for action and funding in Phase II? How would we know we've been successful?

- How could you personally contribute to wider commitments to tackle health inequalities in their everyday work?