

Health Inequalities: update on the work of the CCG Communities team and work with local partners

1. NCL CCG & Health Inequalities

This report focused on work being driven by our Communities Team – a new team in place as part of NCL CCG Borough Directorate since November 2020.

The team was developed to support a cross-organisational focus on inequalities and the development and delivery of clear plans to address these. Five key objectives were set:

1. Work with teams across NCL to reduce variation in access, outcomes and experience
2. Identify the highest priority needs to address in order to achieve this, including through review of the traditional understanding of 'need'
3. Support the development and delivery of interventions to reduce health and wider inequalities
4. Recommend change to priorities and/or decision making approaches where this will support greater equity and equality
5. Foster and spread a culture of equality and ensure addressing health inequalities is an integral part of everyone's role

Our objectives were reinforced by guidance issued throughout 20/21 and 21/22. This includes the 21/22 Planning Guidance (which required a focus on the most deprived 20% within our population) and ICS Guidance, which has consistently emphasised the need to improve outcomes in population health, tackle inequalities in outcomes, experience and access, and take account of the wider determinants of health.

Most significantly, our objectives have been shaped by our learning from COVID and the COVID vaccination campaign, our work with health inclusion groups (those experiencing homelessness, refugees and asylum seekers) and our active development of new relationships with community and voluntary sector organisations who are a crucial partner in local partnerships and delivery.

In the five months since our last update, key achievements driven via the Communities team with support from CCG colleagues and wider system partners have included:

- £400k identified for Community Participatory Research in families with childhood obesity (£150k CCG plus Enfield Council contribution £250k) and with Enfield Council, successfully procured community participatory research, community health champions and a community chest which are launching in September 2021
- Additional £1m secured for the Shared Outcomes Fund monies to support the health of people experiencing homelessness and their discharge from hospital in NCL. Implementation in progress including accommodation and homeless intermediate care team
- Coordinating and supporting the delivery of COVID vaccinations for people experiencing homeless and people seeking asylum currently accommodated in hotels in NCL.
- LCS developed and commissioned to ensure we have a primary care support offer for people seeking asylum and the development of a sensitive and appropriate wraparound support offer delivered through an MDT approach
- Development of thinking to inform the future ICS approach to needs assessment, planning and financial allocation e.g. looking at options / opportunities to target resources to areas of greatest inequality. For example, the Fenton report highlights the need for community participatory research to contribute to local needs assessment. Projects such as the childhood obesity research in Enfield will enable local communities to contribute to the needs assessment and co-produce solutions. We are also working with finance partners to look at how outcomes from the inequalities fund can feed into wider ICS financial planning.
- Ideas Exchange: events held for CCG and joint commissioning teams to help capture and share learning, embed understanding of inequalities and ensure addressing health inequalities is an increasingly integral part of everyone's role. This is an informal meeting space where the Communities Team present analysis and progress on initiatives, and wider staff can then contribute ideas or reflections.
- Community wealth building and Anchor Institutions:
 - established a Greener NCL programme to develop plans to address the climate emergency and deliver on NHSE&I's Greener NHS' expectations of a zero carbon NHS.
 - working with procurement leads across the system to establish and extend social value procurement in NCL

- working with local authority partners to develop and improve local recruitment into health and social care jobs.
- Work started alongside the CCG Communications and Engagement team to develop a local VCS Strategy. Closer engagement has been a key part of progress made throughout the pandemic, but this is now being formalised in a document to be presented by the Communications and Engagement team.

The VCSE strategy includes:

- A best practice approach for staff across the organisation.
- An approach which can be used at NCL level and can be practically applied through Place-based partnerships.
- Key areas identified so far for the strategy are:
 - ensuring the voice of the VCS is heard within the ICS & as it develops
 - developing procurement processes which support the VCS to work with us – from larger organisations to grass roots VCS
 - developing how we commission community projects so that our approach supports and empowers local communities
 - Measuring impact: as a system developing the case for investing in community-led & strength based projects
- NHS England have also provided funding and support to set up an NCL VCS alliance and details are being fully developed, led by the VCS in NCL
 - The VCS alliance will consist of a steering group made up of 5 VCS umbrella organisations – alongside 5 further organisations that represent key community groups across NCL.
 - The steering group will feed directly into the ICS board & Community Partnership Forum
- The strategy will be developed alongside & with the VCS alliance – both will complement the other & ensure we embed the VCS within NCL ICS

In addition to the above, the team worked with the CCG Strategic Commissioning and Finance teams and with partners, to shape and launch a major investment programme – the NCL Inequalities Fund. This is outlined in more detail in the following sections.

2. Inequalities Fund

2.1 Background and purpose of the Inequalities Fund

In May 2021, NCL CCG and health partners created an Inequalities Fund to support new ways of working with our communities and help address disparities in access, experience and outcomes between our most deprived and least deprived communities.

The purpose of the fund is to support partnerships within North Central London to address the wider determinants of health inequalities, taking into account the recommendations in PHE's *Beyond the Data* report and the need to focus on the 20% most deprived wards as set out in the 2021/22 NHS Planning Guidance.

The objectives of this fund are as follows:

- To fund innovative and collaborative approaches to delivering high impact, measurable changes in inequalities across NCL
- Solutions which break down barriers between organisations and develop both new and extend existing relationships
- Targeting the most deprived communities and to reach out proactively to our resident black and minority ethnic populations
- Help form Borough, Multi-Borough and NCL wide partnerships to deliver high impact solutions
- Engage our population, the VCS and our partners across health and care in making a difference to the lives of our people

Each Borough Partnership was allocated for a proportion of the fund with the proportion relative to deprivation and need in each borough. There was also a sum available for partnerships who wished to work across more than one borough.

2.2 Investment

The total value of non-recurrent investment for the first half of 21/22 is £2.5m, with the majority of this (£1.9m) being directed towards planning guidance priorities focused on deprivation within boroughs and a smaller proportion (£250K) being directed towards other local inequalities priorities within and across NCL plus £250k contingency. A further non-recurrent £1.25m has been set aside for the second half of 21/22 and there is a commitment to an annual non-recurrent investment next year of £5m. Investment is required to be spent in the financial year the funds are been allocated. The funding is currently being allocated on a non-recurrent basis and work is underway on the future investment in health inequalities post 22/23.

The planning guidance element of the funding was apportioned relative to the number of wards in the most deprived 20% in NCL. This resulted in the following headline values:

- Camden: 8 Proposals with a total value of £293,150
- Enfield: 7 Proposals with a total value of £652,156
- Haringey: 5 Proposals with a total value of £588,970
- Islington: 4 Proposals with a total value of £366,680
- Barnet does not have any wards in the 20% most deprived, but submitted proposals against the local priorities pot (see below).

Against the £250k funding for Local Priorities we received 8 proposals, of which 6 are being funded, with allocations as outlined below:

- NCL Cancer Alliance: £36,384
- Barnet - £28,500
- Camden: £25,000
- Haringey: £26,000
- Royal Free London – Barnet, Enfield Camden: £83,500
- Islington: £50,616

2.3 Proposals Received/Approved

Borough Partnerships, and other groups of local health and care partners, worked together to agree interventions and schemes that will positively impact outcomes locally and submitted these plans for review by an NCL-wide panel that included Public Health, Lay Members and Patient and Public Representation.

32 proposals were received against the first tranche of monies in June 2021. Appendix 1 provides an overview of the funded schemes from phase 1, including a summary of the scheme and a timescale for the anticipated impacts. Approximately £200k of the contingency was approved for short term work in the area of Children's Therapies to help mitigate inequalities in access to services and £50k has been identified for programme evaluation to inform the development of the Inequalities Fund in future years.

Examples of the schemes submitted are below:

- **Islington ICP: Early prevention – Black Males (£130k):**
To address inequalities experienced by black men, such as a 10-year lower life expectancy and being four times more likely to be over represented in psychiatric hospitals, Islington ICP are rigorously test out culturally competent community crisis and trauma interventions to address systemic inequalities in high ward deprivation areas. The programme is structured in three parts covering early intervention (focused on Holloway and Tollington Park), crisis prevention intervention (Holloway and Finsbury Park) and whole system training. Over-arching goals to reduce crisis presentation at secondary care or acute level services in the medium to long term.
- **Enfield & Haringey ICPs (joint scheme) – Family Mentoring (Parentcraft) (£188k 21/22, £327k 22/23)**
Analysis of children aged <1 year (infants) presenting to A&E has indicated that as much as 50% of presentations are for self-limiting illness and avoidable. Since May 2019, NMUH has been piloting workshops (basic child health and family wellbeing curriculum) covering child health concerns, Basic Life Support (BLS), illness prevention, and health services education. Parents have co-produced the workshops. An important aspect has also been that parents are invited to stay in touch through a peer Whatsapp group. The funding strengthens and extends delivery all parents of under 1s in Enfield

and Haringey in the most deprived wards in both. NMUH leading the delivery in close partnership with LA, CCG, primary care and families.

- **Barnet ICP – Early Years Oral Health (£29k 21/22, £50k 22/23)**
Aiming to reduce inequalities and the burden of children’s preventable oral disease through the introduction of a targeted supervised tooth brushing programme. One quarter of Barnet’s children have visibly decayed teeth by age five. Children eligible for free school meals are significantly less likely to brush their teeth twice per day than other children aged five. Pilot to offer supervised tooth brushing to 40 EY settings in Barnet for up to 3,200 children. It would cover at least Colindale, Burnt Oak, Woodhouse and Childs Hill wards where over one third of children live in poverty.
The programme contributes to three of the 2021/22 NHSE operational planning guidance priorities – namely improving local health outcomes and addressing health inequalities, transforming community care to prevent inappropriate attendance at emergency departments by reducing dental disease and the need for extractions, and working collaboratively across the system through the engagement of both health and educational sectors.
- **Camden ICP – race and autism (£25k)** A Local Authority led bid to develop an autism and race equality action plan to address unequal outcomes across the life course of autistic residents with a commitment to work meaningfully with our citizens, autistic-led organisations, partners across health, education, social care, police, the third sector and organisations specialising in race equality. The plan will include actions and recommendations for innovative co-design, co-producing plans for intervention and service development, reducing barriers between organisations.
Funding will be used for autistic-led & race equality organisations to lead the work, Community Researchers to facilitate focus groups with stakeholders, data collection and other project costs (i.e. interpretation, reward and recognition for people’s contributions).

Borough partnerships and scheme leads were notified of successful bids in early July. Since then detailed work has been done including: detailed mobilisation plans; development of scheme metrics; funding draw down & contracting arrangements; set-up of local and NCL oversight & reporting arrangements; communications to partners; development of job descriptions & recruitment; development of engagement approaches; and, phase 2 planning.

2.4 Initial reflections

To date the Inequalities Fund has fostered a spirit of collaboration within - and across - Borough Partnerships and groups within NCL, led to increased levels of engagement with inequalities, and the development of innovative approaches to address entrenched inequalities challenges.

There is qualitative evidence to suggest the Fund is helping partnerships build on the momentum of the COVID and flu vaccination campaigns and deliver against action plans developed in response to the stark inequalities the pandemic shone a light on.

In a testament to the partnership working accelerating locally, Borough Partnerships and other groups of partners within NCL were able to coalesce around plans and proposals and take decisions together about the projects that should be put forward for approval in a matter of weeks.

In phase one many plans were ready to go, but as we move into phase two for 21/22 (and into 22/23), partners are keen to work with a longer timeframe to allow time for reflection and learning, for new schemes to be developed with detailed mobilisation plans, and to ensure there is the opportunity to consider synergy between and across schemes and to partner where sensible (given a number of boroughs came together to work with shared populations and patient groups). In phase two, our financial allocation methodology will also be updated to take account of work needed in smaller pockets of deprivation within wards.

We will also further embed co-production in the process and approach to the Fund. Whilst many schemes are about innovation and joint working alongside communities, partners have noted the need to build community capacity to ensure those at most risk of suffering health inequalities, are given sufficient opportunity to contribute to the development of solutions.

As we move forward and into the ICS, grassroots involvement is increasingly needed to understand barriers to good health and wellbeing and to identify and coproduce interventions with local communities. Coproduction achieves better outcomes, builds stronger communities and optimises resources. This has been demonstrated in the COVID vaccination programme, where outreach work has been undertaken across

The impact of coproduction, asset-based and place-based approaches

Example: The Wigan Deal

Since 2010, public services in Wigan have been through a major transformation process, driven by the need to build a different relationship with local people. The new approach to delivering services is known as the 'Wigan Deal' which invests in social infrastructure and communities. The Deal takes an asset-based approach in which public services seek to build on the strengths and assets of individuals and communities. The Deal has also allowed innovation and had a focus on place-based working. Examples of changes include community groups taking over the running of services, community investment projects, personalising packages of care. As well as improving outcomes for residents, the Deal has achieved savings of £160m over 10 years for the council.

NCL to understand differential uptake in the vaccine across communities and respond to this. Borough Partnerships and others need to continue to embed this approach as we move forward:

The Inequalities Fund is an early example of health and system partners in NCL working in new ways with communities and investing further upstream in proactive and preventative care and support. It is also an early example of resources being shared via partnerships (as opposed to individual services or sectors) with shared learning across NCL.

An early benefit is the ability to expand schemes which started as local initiatives into bids for national funding. For example the Enfield Serious Youth Violence scheme (DOVE) has underpinned an NCL bid for three years' worth of NHSE/I funding to address Serious Youth Violence across NCL, with local work enabling us to demonstrate and articulate need and how local partnerships would deliver this work.

Recently, the Communities Team were asked to present the NCL Inequalities Fund work to the National Health Inequalities Network chaired by NHSE/I Director of Inequalities Dr Bola Awolabi. The scheme was extremely well received with much interest in how our emerging ICS is focusing on the inequalities agenda.

We are keen to demonstrate the impact of our work around inequalities; however, given many schemes are comparatively small-scale interventions, and that deep seated health inequalities will not be resolved quickly, we must apply a proportionate level of monitoring and accountability. Each scheme is reporting against tailored measures (set out in their approved bids) and will be asked to participate in an overarching evaluation by an external partner. We are keen to understand impact at an individual level on access (for example, of outreach workers working with local black communities), experience (level of control / agency, feeling as though you are treated with dignity and respect), and outcome (for example, reaching or avoiding crisis). System finance leads will consider individual and system benefits later this month.

2.5 Next Steps

We are mobilising phase one schemes and planning for phase two of the Inequalities Fund. For Phase two the intention is to retain an allocative formula based on NCLs 20% most deprived communities but to increase the proportion available to cross-borough bids, wider inequalities objectives (such as Learning Disabilities and Inclusion Health groups) and schemes that address pockets of deprivation within wards (Lower Super Output Areas – LSOAs). We plan to develop work with partners to develop schemes in October 2021 and mobilise January - April 2022. Proposals will need the formal support of Borough Partnerships, before being submitted for formal consideration and approval.

Racial inequality is a particularly important element of our work around health inequalities more broadly. Inequalities Fund schemes such as the Camden mental health programme focusing on needs of Bengali and Somali communities and Enfield Black Health Improvement Programme will be built upon, with further work planned to develop our understanding through engagement and Population Health Management analysis.

3. Next steps in addressing inequalities

The Inequalities Fund is only one of a number of ways in which NCL CCG and partners are looking to develop our understanding of our population and address inequalities.

Other elements contributing to this include the development of a population health strategy and tools, working towards agreed measures of need across the five boroughs, reviews of Mental Health and Community provision and the development of ICS principles which articulate our commitment to tackling inequalities through a renewed partnership with the people and communities most impacted by them.

As we move into the second half of 21/22, the Communities team specifically will be driving work with the wider CCG and partners to address inequalities including further work in the following key areas:

- Support those who are homeless or without fixed accommodation
- Work with refugees and asylum seekers and recent arrivals from Afghanistan
- Work on the Green agenda and Carbon Net Zero
- Work with the region on the evolution of HIV care in London supporting delivery of commitments made by the London Mayor.

As we move into this ICS, the priorities described above and our approach to these will continue to develop.

4. Conclusion

The JHOSC is asked to: Note and comment on the contents of this report and the direction of travel for this important work.

Appendix 1: Overview of funded schemes in phase 1 of the NCL Inequalities Fund

Impact Timeline – Planning Guidance (£2m)

Key to Potential Impact for Slides

KEY

See table below.

20% DR = Residents living in 20% most deprived areas

MF = 'Match Funded'



Likely higher popn impact than other bids

Source	Bid Name, Cost, Target	Issues Addressed & Impact	Anticipated Timeline for Delivery				MF
Source of Bid	Bid Name, Cost, Target Popn. + Target Nos./Impact	Focus of Inequalities in Bid Expected Health/Life Chance Outcomes	Partial	Partial	Partial	Full	Yes – financial or In Kind or No
		Anticipated Secondary Care Impact	Partial	Partial	Partial	Full	

Source	Bid Name, Cost & Target	Issues Addressed & Impact	Q3/4 21/22	2022/23	2023/24	2024/25	Post-24/25	MF
Haringey/ Enfield ICPs	13/20. Family Mentoring Parentcraft (£188k 21/22, £327k 22/23 reaching 1,140 parents from 3,000 target infants. c 5,200 & 770 EDs & NELs 0-2 per annum 19/20)	Focussed east Boroughs/20% DRs Promote ethnicity-related inequality Promote best start in life/parenting Address family social/MH needs	Partial	Partial	Full			N
		Reduced 0-3 utilisation of ED/GP 0-3	Partial	Partial	Full			N
Haringey ICP	21. Start Well MH Arts/Sports (£146k 21/22, £250k 2022/23 reaching 250-300 12-19 vulnerable/at risk; no specific relationship to secondary care)	Cross-Boroughs but 75% in 20% DR Promote ethnicity-related inequality Proactive MH/well-being for YP Support for vulnerable groups	Partial	Partial	Full			Y - £25k match fund
		Not stated but potential future benefit				Full		
Haringey ICP	22. Tottenham Talk: MH Support (£155k 21/22, £217k 22/3; target 1.9%-2.2% of east popn with SMI; reduces risk of crises – leading to secondary care but no specific target)	Focussed east Boroughs/20% DRs Promote ethnicity-related inequality Proactive MH mgt for SMI individuals Support for wider social issues	Partial	Partial	Full			N
		MH secondary care crisis prevention	Partial	Partial	Full			

Source	Bid Name, Cost & Target	Issues Addressed & Impact	Q3/4 21/22	2022/23	2023/24	2024/25	Post-24/25	MF
Haringey/ Enfield ICPs	12/24. People with Severe & Multiple Disadvantage (SMD) who are HIUs (£82k 21/2, £140k 22/3 reaching 130 HIUs. 40% fall in EDs/NELs for group)	Focused east Boroughs/20% DR Promote ethnicity-related inequality Proactive PH & MH management Addressing SMD social/housing need	Partial	Partial	Full			Y – In kind
		Reduced utilisation of ED/NEL by HIU	Partial	Full			H	
Haringey/ Enfield ICPs	10/23. Multi-agency LTC (CHD/CHF/diabetes/ multi-morbidity) Support Model (£319k 21/2, £548k 22/3 reach 1k people at risk of/with LTCs. Reduced ED/NEL)	Exclusive east Boroughs/20% DRs Promote ethnicity-related inequality Reduced risk of acquiring LTCs Proactive LTC, social & housing mgt	Partial	Partial	Full			Y – £25k VCS Funds
		Reduced (by 22%) ED/NEL utilisation	Partial	Partial	Partial	Full		
Enfield ICP	9. Black Health Improvement Outreach Project (£37k 21/2, £55k 22/3 target 12% popn from black ethnic backgrounds – higher % in 20% DRs with LTCs/MH)	Focused east Boroughs/20% DRs Promote ethnicity-related inequality Reduced risk of acquiring LTCs/MH Proactive health, social & housing mgt	Partial	Partial	Partial	Full		Not referenced
		Not stated but potential reduced utilisation of GP, acute/non-acute care	Partial		Partial	Partial	Full	
Bronde- sbury Medical Centre (Camden - Not ICP)	8. Health Equalities Programme (£51k 21/2, £68k 22/3 to target 50-55 year olds in Kilburn & ethnic groups via health checks)	Focus 20% DRs/ethnicity inequalities Proactive PH & MH management Reduced risk of/worsening LTC	Partial	Partial	Partial	Full		N
		Not stated but potential reduced utilisation of GP, acute/non-acute care		Partial	Partial	Full		

Source	Bid Name, Cost & Target	Issues Addressed & Impact	Q3/4 21/22	2022/23	2023/24	2024/25	Post-24/25	MF
Enfield ICP	11. Enfield/NMH Connections (£72k 21/2, £107k 22/3 – to 40% NMUH EDs/NELs from 20% DRs – with worse health/social outcomes. No specific targets for reduced NEL/ED)	Focused east Boroughs/20% DRs Promote ethnicity-related inequality Reduced risk of/worsening LTCs Proactive LTC, social & housing mgt	Partial	Partial	Partial	Full		Y – In kind
		Reduced repeat ED/NEL attendances	Partial	Partial	Partial	Full		
Enfield ICP	14. Divert & Oppose Violence Worker (£55k 21/2, £99k 22/3 to east YP who have worse outcomes; no targets for numbers or ED reduction)	Focused east Borough/20% DR Partly address ethnicity inequality Address social issues in C&YP	Partial	Partial	Partial	Full		Y-30k LBE relate
		Reduced serious youth violence ED/NELs		Partial	Partial	Partial	Full	
Enfield ICP	15.VCS/Primary Care Smoking Cessation (£300k target @ 28k (6k with comorbidity) smokers in east – DRs have higher LTC rate. No targets for ED/NEL reductions).	Exclusive to east Boroughs/20% DRs Partly address ethnicity inequality Reduced risk of/worsening LTC Support for wider social issues	Partial		Partial	Full		Y-30k LBE-related
		Not stated – likely to be ED/NELs		Partial	Partial	Partial	Full	

Source	Bid Name, Cost & Target	Issues Addressed & Impact	Q3/4 21/22	2022/23	2023/24	2024/25	Post-24/25	MF
Camden ICP	1. Barriers to Accessing Post-Covid Syndrome Services (£14k 21/2 one-off; target engagement with PCS-affected DRs & ethnic groups. No targets for engagement)	Focus on 20% DRs/other inequalities Improved public-sector engagement Improve health recovery & LTC mgt Improve social life chances	Partial <small>Research Completed Oct</small>	Full				Limited – In kind
		Not stated but potential future benefit			Full			
Camden ICP	2. Camden Childhood Immunisation Programme (£29k 21/2, £38k 22/3 target at 20% DR families & specific ethnic groups. No targets for no. of people engaged/impact)	Focus on 20% DRs/other inequalities Improved public-sector engagement Improved health life chances	Partial	Partial	Partial	Full		Limited – In kind
		Not Stated						
Camden ICP	5 MH Empowerment in Bengali & Somali Communities (£29k 21/2, £50k 22/3 target at woman in communities with poor MH outcomes. No targets for no. of people engaged or secondary care impact)	Focus on ethnicity inequality/20% DR Improved public-sector engagement Improve health recovery & LTC mgt Improve social life chances	Partial	Partial	Partial	Full		Potential
		Not Stated						

Source	Bid Name, Cost & Target	Issues Addressed & Impact	Q3/4 21/22	2022/23	2023/24	2024/25	Post-24/25	MF
Camden ICP	4. LD Annual Health Check Audit (£25k one-off target those with LD in 20% DR practices, 1/3 1+ LTC. No targets for no. cases/secondary care impact)	Focus LD-related inequality/20% DRs Proactive LTC management Improve social & health life chances	Partial Audit Completed	Full				N
		Not stated - mitigated secondary care?		Partial	Full			
Camden & Islington ICPs	5/18. PrimroseA (£133k 21/2, £142k 22/3 target engagement with SMI patients of 20% DR PCNs. No targets no. of patients/impact on secondary care)	Focus on 20% DRs/other inequalities Promote ethnicity-related inequality Proactive MH & LTC management Addressing SMD social/housing need	Partial	Partial	Full			N
		Reduced MH secondary care activity	Partial	Partial	Full			
Camden ICP	6. Self-Care Community Champions (£16k 21/2 one-off target at specific people from non-WB backgrounds. Target 200+ people but no impact on secondary care)	Focus on ethnicity inequality/20% DR Improved public-sector engagement Improved PH & MH & social mgt	Partial Project Completed	Full				N
		Not stated – but potential impact on mitigating ED/NELs	Partial	Partial	Full			
Brondebsury Medical Centre (Camden - Not ICP)	7. Kilburn Ward Outreach (£72k 21/2, £96k 22/3 target engagement to practice patients in 20% DR/ethnic groups. No targets for no. of people engaged or secondary care impact)	Focus on 20% DRs/other inequalities Promote ethnicity-related inequality Improve health prevention Improve MH & LTC & social needs	Partial Project Completed	Full				Y – 50% IBC MF
		Not stated - mitigated secondary care	Partial	Partial	Full			

Source	Bid Name, Cost & Target	Issues Addressed & Impact	Q3/4 21/22	2022/23	2023/24	2024/25	Post-24/25	MF
Islington ICP	16. Respiratory Well Project (£100k 21/2, £171k 22/3 targeted at 20% DRs with respiratory & other LTCs – 10%+ all NCLs respiratory. No targets for no. cases/secondary care impact)	Focus on 20% DRs with LTCs Reduced risk of acquiring LTCs Proactive LTC, social & housing mgt	Partial	Partial		Full		N
		Reduced utilisation of ED/NELs	Partial	Partial	Full			
Islington ICP	17. Early Prevention – Black Males & MH (£130k to address MH & social issues. No targets no. of patients/secondary care impact)	Focus on ethnicity-related inequality Proactive MH/wellbeing management Address social needs	Partial	Partial	Full			Y-IBI 50% match
		Reduced acute/non-acute activity	Partial	Partial	Full			
Islington ICP	19. PHM Approach in 20% DRs (£60k 21/2, £80k 22/3 targeted at specific ethnic children & adults. Target 200+ people but no impact on secondary care)	Focus on 20% DR/ethnicity inequality Improve population health mgt Improve health prevention Improved LTC & MH and social mgt	Partial		Full			Y-IBI 50% match
		Not stated but potentially linked						

Impact Timeline – Local Priorities (£250k)

Source	Bid Name, Cost & Target	Issues Addressed & Impact	Q3/4 21/22	2022/23	2023/24	2024/25	Post-24/25	MF
Islington ICP (across Haringey & Islington)	LP 8. Ambulatory outreach interventions on marginalised and hard-to-reach groups (Funding to be confirmed health-orientated engagement with 20% DRs. No targets for no. people engaged/acute care impact)	Focus on 20% DRs/other inequalities Improved health prevention Improved LTC & social needs mgt	Partial	Partial	Full			N
		Reduced ED/NEL activity		Partial	Partial	Full		
Haringey ICP	LP 7. Complex Autism Project (£26k 21/2, £59k 22/3; part of wider project which 'non-20% DR' IF could contribute – no specific targets)	Cross-Borough Proactive mgt of complex cases Proactive MH mgt of clients Support to address social needs	Partial	Partial	Full			Y – match frud
		Reduced MH inpatient activity	Partial	Partial	Full			
Camden ICP	LP 6. Focused autism and race equality project (£25k one-off targeting autistic children & adults from specific ethnic groups. No targets for number of people to be engaged or impact on secondary care)	Focus on ethnicity-related inequality Improve social & health life chances Improved public-sector engagement Improve community participation	Partial Research Completed		Full			Y – In kind
		Not stated but potential				Full		

Source	Bid Name, Cost & Target	Issues Addressed & Impact	Q3/4 21/22	2022/23	2023/24	2024/25	Post-24/25	MF
Barnet ICP	LP 5. Early Years Oral Health (£29k 21/2, £50k 22/3: target 3.2k children in Barnet deprived wards – x3 higher tooth decay. Savings estimated no acute targets)	Focus on deprived/ethnicity inequality Improved social outcomes	Partial	Partial	Full			Y – In kind
		Not stated						
NCL Cancer Alliance	LP 4. Support Earlier Cancer Presentation (£36k 21/2, £53k 22/3 targeted at 20% DRs & ethnic groups to address late diagnosis. No targets for numbers & impact)	Focus on 20% DRs Improved ethnicity-related inequality Improved public-sector engagement Improved LTC & cancer outcomes	Partial		Partial	Full		Y – £10k for evln
		Not stated – but likely to be ED/NELs		Partial		Partial	Full	

Further Work Needed – For Pipeline

Source	Bid Name, Cost & Target	Issues Addressed & Impact	Q3/4 21/22	2022/23	2023/24	2024/25	Post-24/25	MF
Camden ICP	LP 2. Lifestyle Hubs (£83k 21/2, £152 22/3). Target lifestyle changes for people identified by RFL, Camden, Islington, Barnet. No targets for numbers & impact	Cross-NCL, some focus on 20% DRs Reduced risk of/worsening LTC Support for wider social issues	Partial	Partial	Partial		Full	N
		Not stated – likely reduced ED/NELs		Partial		Partial	Full	