



North Central London Integrated Care Board

Cllr Connor has raised the following points re JHOSC

- Concern about process for first tranche and then sustainability of this
- Second tranche and process to be described
- How community involvement shaped and influenced who got funding
- Evidence of what has been impacted from first set of projects
- Numbers and percentages for well performing projects
- How many projects have been funded and who was involved in co-designing these projects

Process for 21/22 and 22/23

The Inequalities Fund was introduced in June 2021. Its objectives were to:

- Develop innovative and collaborative approaches to delivering high-impact, measurable changes in inequalities across NCL, and addressing the underlying causes of health inequalities;
- Create solutions which break down barriers between organisations and both develop new and extend existing relationships within boroughs, multi-borough and NCL-wide partnerships;
- Target the most deprived communities and reaching out proactively to our resident black and minority ethnic populations, in line with the aims of Core20PLUS5; and
- Work alongside our population, the VCSE and our partners across health and care in making a difference to the lives of our people.

The majority of the fund (70%) is weighted towards the 20% most deprived wards in NCL, with the remainder utilised for NCL wide schemes. This NCL element was increased in 2022/23 allocations, due to the recognition that there are pockets of deprivation at sub-ward level.

Table 1 Inequalities Fund 2021/22 and 2022/23 allocations

Allocations to areas	2021/22	2022/23
Barnet	£0	£0
Camden	£381,881	£447,269
Enfield	£1,004,921	£1,406,658
Haringey	£964,963	£1,384,930
Islington	£547,465	£681,166
NCL (includes Barnet)	£818,666	£1,054,030
Total	£3,717,896	£4,974,053

The deprivation-based allocations to Boroughs were considered and schemes developed through Borough Partnerships. NCL wide schemes were developed from a range of sources but with the requirement that Borough Partnerships considered the fit with their local work where relevant. The NCL schemes were considered by a panel comprising Non-Executive Directors supported by Public Health input. ICB Executive Management Team and Strategic Commissioning Committee provided internal governance route to enable spend.

Sustainability

Funding for schemes was non-recurrent because the funding source available to the ICB was non-recurrent. However, as national health inequalities funding is now within the recurrent baseline of

the ICB the aim is to move to longer term contracting arrangements which provides a level of certainty for planning and delivery, particularly for VCSE providers. There is still a strong focus on match funding, identifying alternative funding and moving schemes into BAU. Some schemes are non-recurrent in nature. This provides ongoing seed money for further development work in this space.

Community Involvement

Community involvement is a key principle that underpins the Inequalities Fund and informs prioritisation of schemes for funding. Middlesex University are conducting an evaluation that focuses specifically on the efficacy of schemes which have community empowerment as core part of the scheme so that we can understand the wider impact of working in this way. This is due to report in the Spring. The table below sets out the proportion of schemes where funding has gone direct to VCSE organisations.

Table 2 Percentage of schemes per areas delivered entirely by third party sector or in collaboration:

	Organisations involved
Barnet (in NCL)	ABC Parenting, Age UK, Assunnah Islamic Centre, Bridge Renewal Trust, British Somali Community Centre, Caribbean & African Health Network, Centro Hispano UK, Citizens Advice, Community cook up, Cooperation Town, Cypriots of Enfield/Cypriot Community Centre, Deep Black, Diverse Community Health Voices, Diversity Living Services, Edmonton Community Partnership, Enfield Carer's Centre, Enfield Connections, Enfield Food Pantries, Enfield Voluntary Action, Finding Your Feet, Free Space Project, Healthwatch, Hopscotch Women's Centre, House of Polish & European Community, Inclusion Barnet, Interstellar, Kurdish Advice Centre, Listen to Act, Manor Gardens Welfare Trust, Mayday Trust, Mental Health Foundation, MIND, New Local, Open Door, Polish and Eastern European Christian Family Centre, Public Voice, RISE Projects, Riverside Enfield, Sewn Together, Somali Youth Development Resource Centre, Somers Town Living Centre, Talk for Health, Tottenham Hotspurs Foundation, Turkish Cypriot Community Association, Turkish Cypriot Women's Project, Wellbeing Connect Services, YouvsYou
Camden 42%	
Enfield 58%	
Haringey 73%	
Islington 43%	
NCL 41%	

Evidence of impact

The aim of the Inequalities Fund was to develop new approaches to address entrenched health inequalities. As part of this approach, the Inequalities Fund aims to take Public Health evidence, for example Kevin Fenton¹ and Michael Marmot's² research, and apply this to live issues within health and care services.

The rationale for an approach that addresses the root causes of health inequalities is twofold; firstly this improves patient outcomes, but it is also the most cost effective use of resource. The latest *Recovery Plan for Urgent and Emergency Care Services*³ highlighted that people in the 10% most deprived areas are twice as likely to go to A&E as those in the 10% least deprived areas, and therefore use a disproportionate amount of resource. Whilst interventions that focus on the end point of the patient pathway are important, the inequalities fund schemes aim to demonstrate that delivering a range of interventions at different stages of the pathway, which consider the wider determinants of health, can offer the best value for money.

A number of the schemes were experimental in nature, with the expectation that not all schemes would result in an immediate return on investment. This was in part due to the wealth of evidence which shows the importance of getting to the root causes of inequalities – for example, building relationships and trust with underserved populations. This requires ongoing commitment to produce results.

In addition to the Middlesex University evaluation of community informed/developed schemes, all schemes have been reviewed either through Borough Partnerships or through NCL review process to understand their impact using a “reach and ripple effect” approach.

Below are some examples of high performing Inequalities Fund schemes demonstrating that investment in under-served communities, which cost the ICB a disproportionate amount, result in savings to the system:

- Reduction of approx. 800 A&E attendances for people with Severe and Multiple Disadvantage (Haringey) – can project this would have resulted in 80 emergency admissions (project reach was 120 people)
- Blood pressure reduction in 50% of those participating in the peer support cardiovascular scheme for those from South Asian, African and Caribbean heritage (Barnet)
- 5% reduction in A&E admissions for other forms of heart conditions in Haringey
- Overwhelmingly positive reception to Black Health Improvement Programme cultural competency training for GP practices (Enfield)
- Funding in Enfield distributed to wide range of VCSE organisations who represent under-served populations and had not previously engaged with the NHS
- In Haringey, % reduction in emergency admissions is greater for those 50+ in 20% deprived than 20% affluent areas – this group singled out as many IF projects associated with people at risk (continuing to review causality in more detail)
- NCUH saw highest % reduction (33%) in emergency admissions for those 50+ in 20% most deprived communities. NCUH serves mostly Haringey & Enfield’s deprived populations, boroughs received highest % of IF funding

The attached appendix provides greater detail regarding all schemes funded and their impact to date, as well as specific outcomes for high performing schemes. This also describes the co-production element where applicable. In addition to the evaluation carried out by Borough team and the Communities Team, Middlesex University have been commissioned to undertake an analysis of the level of co-production within schemes, and the impact this has had in terms of delivering outcomes. This is a qualitative piece of research, with one to one interviews carried out with VCSE partners. This is due to be completed in April 2023.

To date, learning from the Inequalities Fund has identified some emerging common themes that may be applied across the wider system going forwards.

- Partnership working – All borough teams reported that the Inequalities Fund provided a good test in terms of how they could most effectively operate in partnership across multiple stakeholders, both in strategic terms but also in practical terms in relation to how they prioritise schemes, allocate funding and problem solve. It created opportunities for further discussion with the voluntary and community sector, and enabled a two way conversation between statutory and voluntary organisations that allowed both sides a greater understanding of their strengths, and how all can contribute to addressing health inequalities. **Wider application: A Population Health model can build on the principles of subsidiarity that the Inequalities Fund successfully introduced**
- Community Empowerment – engaging with our communities, in order to put lived experience at the heart of co-designed solutions and to build relationships and trust. The Community Powered Edmonton scheme is a showcase example of how local community VCSE organisations worked alongside statutory services to understand the needs of our under-served communities, what it means to live a healthy life, and the barriers people face. This included some of our most under-served populations, including the Gypsy Roma Traveller community. **Wider application: All system partners to embrace the lived experience through a Core20PLUS5 framework.** This builds on the approach laid out in Working with our People and Communities and Working

with our VCSE Strategies, and we are working with the Engagement Team to develop and embed, community engagement and empowerment approaches.

- Collaboration with diverse communities and an outward looking approach – the Inequalities Fund schemes encouraged collaboration not just at a borough partnership level, but within the VCSE and across communities. For example, at the Enfield Inequalities Delivery Group, over thirty local organisations are represented, covering issues as diverse as youth violence and youth justice, food poverty, specific ethnic under-served groups, and representatives from primary, community and acute health services. This produces stimulating debate, and encourages an approach where the ICB looks outwards for solutions. The Communities Team are building on this by continuing to share resource in different ways – for example sharing skills around bid submissions and how organisations demonstrate value in their interventions. This approach links in with our VCSE Strategy and the table below shows the range of VCSE engaged within in each borough. A recent NHS Confederation report [Unlocking the NHS's social and economic potential](#) uses level of resources spent by NHS with this sector as a key measure of a system's anchor maturity. **Wider application: *The outward looking approach to communities and local authorities is expanded to all system partners***

References

¹ Public Health England (2020i) *Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups*.

² Marmot M. (2020) *Health equity in England: the Marmot review 10 years on*. BMJ, 693. doi: 10.1136/bmj.m693.

³ Public Health England. London, UK NHS England (2023) *Delivery plan for recovering urgent and emergency care services* [Online]. Available: <https://www.england.nhs.uk/wp-content/uploads/2023/01/B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf>