

Report for: Health and Wellbeing Board

Title: Haringey Borough Partnership and North Central London Integrated Care Board Inequalities Fund Programme – Update and Progress

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1. Introduction

- 1.1. This paper provides an update on the North Central London (NCL) Inequalities Fund (IF) Programme and the projects within the Programme that support Haringey residents and patients. It gives an update on progress made in implementing Haringey’s IF Programme since 2021/22, and summarises the findings of a mid-year stock-take of these projects and programme in 2022/23 which was undertaken through the Place Board. This includes a deep dive into two of these projects.
- 1.2. The formal evaluation of the IF Programme will be conducted in Q4 2023/24. However, the mid-year stock-take in Haringey provided (sometimes emerging) evidence most projects were successfully delivering on their intended outcomes, making a difference to participant’s lives, health, well-being and independence and often having an impact on health and care systems. These findings provided the Place Board with the confidence to re-affirm commitment to a number of projects in 2023/24 and plan for further enhancement of the Programme, though with some areas for improvement.
- 1.3. The information presented in this report should give Haringey Health and Wellbeing Board assurance multi-agency partners are continuing to tackle particularly deprivation-related health inequalities in the Borough. This was achieved through targeted investment in schemes that are starting to make a difference to how we work with under-served communities and groups, on individuals’ lives and making better use of statutory services.
- 1.4. The Programme aims to promote equity of access, outcomes and experience for under-served groups and communities across NCL, particularly amongst those Haringey residents living in the 20% most deprived neighbourhoods in England. It does so through developing new approaches to improve engagement and trust with these communities and to tackle entrenched health inequalities. Its objectives were:
 - 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 NHS aims associated with addressing equity.
- Work alongside our population, the VCSE and our partners across health and care in making a difference to the lives of our people

1.5. The IF Programme, and currently supports 15 projects in 2023/24 that help Haringey residents/patients of all ages. Although funded via NCB ICB, partners in Haringey agreed that the Haringey IF Programme should have oversight through the Borough Partnership's multi-agency Place Board to ensure all relevant statutory NHS and Council and voluntary sector partners were able to shape, develop and support implementation of the projects.

1.6. This paper provides a summary of the evaluation of the projects and programme as a whole within Haringey, including a deep dive into two of these projects, and discusses next steps during 2023/24 and beyond. It also includes a discussion on the recent Community Chest pilot recently established in collaboration between ICB and Council.

2. Background

2.1. The NCL Inequalities Fund Programme started in 2021/22, and represents a £5m investment across the 5 Boroughs in Haringey to tackle health inequalities. The total investment in 15 projects in Haringey is £1.6m in 2023/24, with a further £200k invested to support some of the (all age) projects in the Programme from Haringey's Better Care Fund ICB Minimum Allocation.

2.2. Both Haringey and Enfield received a higher level of the £5m investment from NCL ICB than other Boroughs due to their proportionately higher levels of deprivation, particularly amongst the (often most diverse) wards in east Haringey and Enfield; around two-thirds of people living in the most deprived 20% neighbourhoods in North Central London live in these two Boroughs.

2.3. Projects within the programme are focussed on improving the lives and health outcomes of residents within the most deprived (and diverse) communities in Haringey, who are often the groups with the worst outcomes across all ages in the Borough across a range of health, social and housing measures. As a result, patients and residents within these communities are more likely to come forward for help from the statutory sector when their health or social needs may be worse or they are in crisis. For example, emergency hospital admission rates amongst the most deprived 20% of the population are 2-3 times higher than their most affluent age peers from birth onwards.

2.4. A targeted and funded Programme that tackles the root causes of health inequalities should therefore be a 'win-win' for patients, residents and the health and care system. Projects successfully reaching into and engaging under-served

communities ought therefore to help build trust, resilience and social capital between the community and statutory sector, improve outcomes of participants and promote better utilisation of statutory sector services. A further advantage to the Programme approach is that it helps target resources at specific groups of individuals in the community with specific backgrounds, social situation or health status (it has 'reach', as discussed below); and that it also has a lasting legacy in the community to help engage with other people in the community who may not be directly participating in projects in the Programme ('ripple').

- 2.5. The original priorities for the Haringey project were developed through the Place Board, but took account of public health evidence of social gradients of need across a range of all-age issues within Haringey and national evidence associated with health inequalities (e.g, Fenton Report and Michael Marmot's update on health inequalities).
- 2.6. The priority setting also included later emerging NHS priorities associated with population health, including Core20Plus5, which seeks to support Integrated Care Systems (ICSs) to invest in solutions to support the 20% most deprived communities ('Core20'), particularly those at risk of acquiring/with specific conditions, e.g. respiratory conditions, cancer and severe mental health as part of the '5' conditions. Addressing health inequalities is therefore an integral part of a wider population health approach across NCL ICS, and is now incorporated into NCL ICS's Population Health Improvement Strategy.
- 2.7. A key element of the ICS approach is consideration of what works effectively at system, place and neighbourhood. The Inequalities Fund works on the basis that whilst the NCL ICS can allocate resources, Boroughs should largely take responsibility for prioritisation, shaping and delivering these schemes. In Haringey, this meant that the Place Board had oversight of the Haringey IF Programme development in the east of the Borough, and promoting and assuring projects were delivered in partnership with local communities in collaboration with the statutory and voluntary sectors. This localised focus, for example, identified an additional need to invest in support for families frequently attending NMUH A&E to help them manage their infants health needs proactively; or a need to provide intensive support people with severe and multiple disadvantage living in the community.
- 2.8. The table below sets out the projects funded in two phases in Haringey, with Phase II starting late in 2021/22. Phase II development gained learning from Phase I to pool the funding into a single project, Healthy Neighbourhoods.
- 2.9. Healthy Neighbourhoods is a multi-agency collaboration between NHS, primary care, Council and VCSE partners working with under-served communities living in east Haringey. Its intention is to co-design and deliver a range of preventative and planned care solutions to improve health, well-being and life chances. Themes in this scope agreed between partners at the Place Board were:
 - Ensuring Best Start in Life (largely focussed on childhood weight management, healthy eating and speech and language);
 - Improving Prevention, Diagnosis and Management of Acquired long-term conditions (COPD, kidney disease, CVD/hyper-tension);

- Improving mental well-being and encouraging people to come forward for help, particularly focussed on younger adults from non-White British ethnic backgrounds;
- Supporting Vulnerable People including those with severe & multiple disadvantage and those with sickle cell disorders, to recognise even within deprived communities, there are individuals who have greater need.

2.10. A cross-cutting theme, Community Empowerment, ensures there is sufficient VCSE engagement and investment to support community asset-building and co-design in the emerging models, and people in these under-served communities feel better able to 'have their say' on local services. One of our academic partners, Middlesex University, is currently evaluating our approach to co-production across NCL projects, and has highlighted several areas of good practice already – including in one of the projects discussed in the deep dive.

2.11. The projects in Phase I and Phase II have different foci and outcomes. Some, such as the Community Empowerment theme in Healthy Neighbourhoods, are a basic foundation block to support asset-building and collaboration between communities and the statutory sector. Others, such as childhood weight management, are likely to deliver healthier lifestyles and improve long-term public health-related outcomes by addressing one cause of adverse health outcomes. Other projects help address more immediate outcomes that cause crises. It is important for the Programme to have a 'balanced portfolio' of projects (Figure 1); there is the potential to invest more funding into preventative community-based solutions if the Programme is seen in parallel to help mitigate pressures on more intensive, crisis solutions such as those emergency hospitalisation.

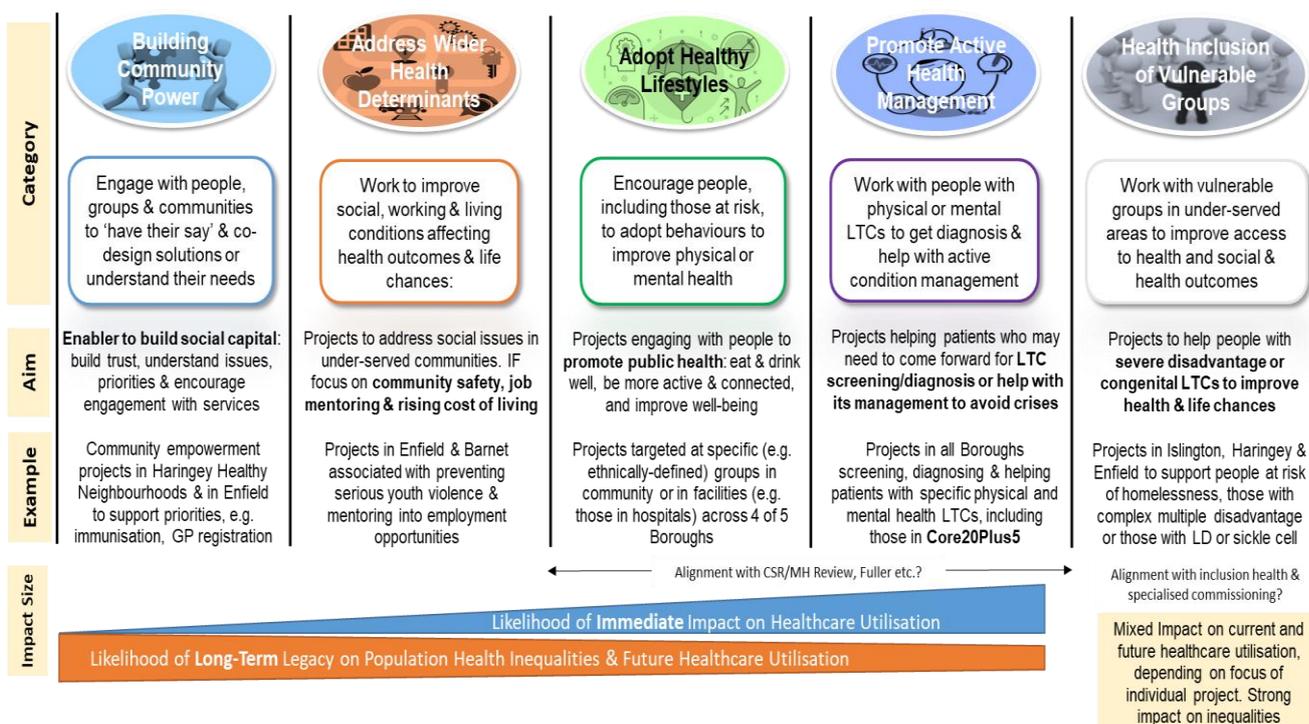
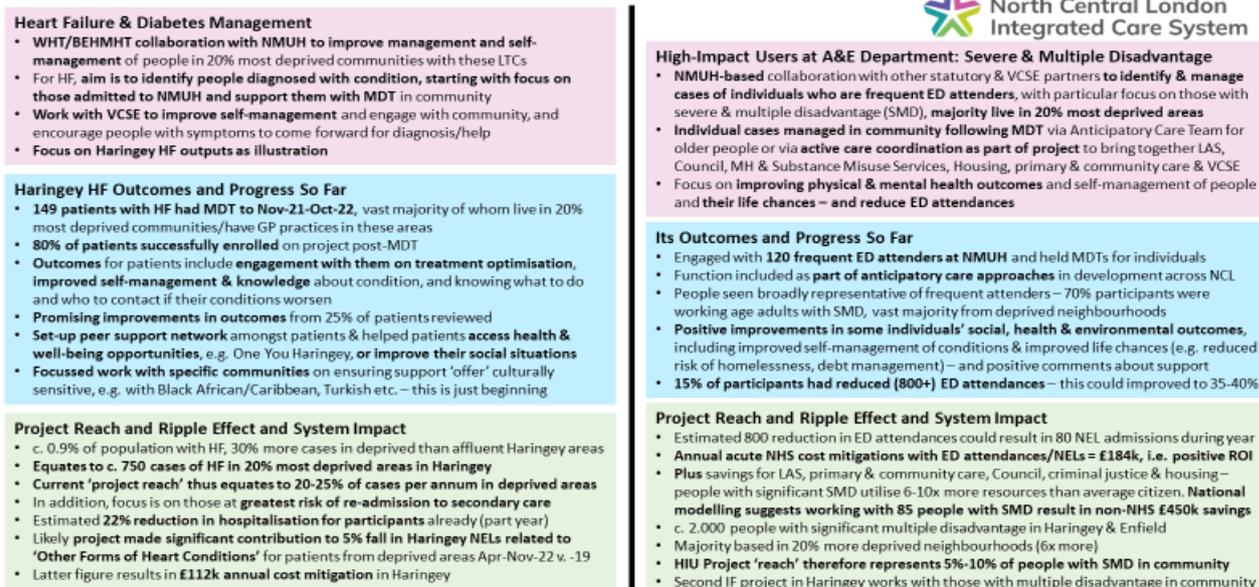


Figure 1 – NCL Inequalities Fund Framework to Build 'Balanced Portfolio' approach to prioritising projects in Programme

3. Results of Haringey IF Programme

- 3.1. The local stock-take of projects undertaken in 2022/23 focussed on a number of key areas for each project, in particular whether there was evidence the project was likely to:
- Reach the desired number of targeted participants, e.g. those living in the most deprived communities or particularly under-served communities or groups
 - Improve outcomes for participants in the way anticipated, e.g. longitudinal outcomes in terms of mental or physical health and well-being or life chances
 - Result in establishing, developing or harnessing community assets or social capital between under-served communities and statutory services such as the NHS or Council. This includes a 'ripple' effect whereby participants with positive experiences and outcomes of projects began to influence the wider community's outcomes through their social networks
 - Had an impact now or in the future on the utilisation of the health and care system, particularly those parts of the system managing crises
 - Had an impact on the underlying population outcomes at which the project is targeted.
- Appendix 1 includes a brief summary of the outcomes for continued each project taken from mid-year stock-take in 2022/23 to help guide further investment in 2023/24.
- 3.2. The stock-take, along with the Programme-wide evaluation scheduled later this year, is a mixed-method approach and incorporated both quantitative and qualitative intelligence to inform an overview of progress for each project. The NCL ICB is currently working with its partners to better collect and collate information across Haringey's programme. Whilst most projects have clear and demonstrable outcomes in line with the above structure, a number needed further development and support to demonstrate their outcomes and impact.
- 3.3. Appendix 1 suggests many projects were progressing, sometimes after a slow start (see below). Some – including 'Health Self-Management' projects - had started to deliver on the outcomes as expected, and had an impact on the wider use of the system for their participants. There is also evidence some solutions are likely to have a medium- and longer-term impact on outcomes from the targeted population because their 'reach' into targeted populations was significant.
- 3.4. For example, the heart failure project helps better manage the health and social needs of patients with this condition living in the 20% most deprived neighbourhoods and is run by WHT in association with its NHS primary and secondary care partners. The project works with 150 patients per annum which represents around 20-25% (the project 'reach') of all such patients living in these communities. The results are promising, with significant improvements in individuals' ability to self-manage their condition and avoid future crises. This led to a 22% reduction in emergency admissions/re-admissions for participants, and, because of the project's 'reach', contributed to an overall 6% reduction in all such admissions of heart failure patients living in these deprived communities.

Some Examples of Projects and Their Impact



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Figure 2 – Summary of Outcomes for selected Haringey IF Projects as part of mid-year stock-take 2022/23

3.5. Figure 2 outlines 2 projects for which there was good evidence for delivery of outcomes in 2022/23, and the deep dive to the Board discusses two further projects.

3.6. *Some Learning from the Stock-Take and the IF Programme*

3.7. The section below describes some themes that emerged during the stock-take:

- *The importance of community empowerment as a core objective* – putting time and effort to engage with those with lived experience at the heart of co-design. Generally, the solutions that invested time wisely in co-design and collaboration with their intended participants were those that seemed most successful
- *The importance of collaboration and partnership working across multiple partners* – projects were specifically designed to forge a collaboration within or between statutory or voluntary sectors to work to meet outcomes. This provided a platform for each partner to bring their own capabilities and skills to support patients. For example, the NHS may be good at helping people diagnosis and manage people medically, whilst the voluntary and community sector may be better placed to 'in-reach' into communities. The community sector may be better placed to influence people to come forward or come to terms with their condition in a more culturally sensitive way and to 'add value' in terms of social support or solidarity. For example, colleagues from the VCSE project working on one of the projects told us: 'we didn't know what mattered to the older Somali population until we sat down and held conversations about what matters in their lives.' There is a value in insights from specific schemes being amplified across the system to influence all services, but also in all services and providers seeking out the views of those with the worst outcomes, either at co-design stage or as part of regular review in a more structured way.

- *Being clear about the outcomes we wish to achieve and communicating these effectively is important particularly with partners* – All projects were asked to provide evidence in the stock-take about their progress. Those projects with a clear understanding and documentation initially about what they wanted to achieve and were able to share this with partners and communities tended to be those projects most likely to be progressing well. The NCL ICB and its partners are currently working with project managers to better collect and collate data and intelligence across Haringey's programme in 2023/24. This includes more directly understanding the attribution between projects and wider system impact improvements using the 'Reach and Ripple' approach described above.
- *Many of the issues under-served communities face need focus, time and collaboration to progress but quick wins are possible* – the expectation was that the projects would be contracted and able to mobilise quickly following agreement. This was certainly not always the case, as there was a need to recruit and train staff and volunteers to work with these communities. In addition, the administration, contracting and financial flow process was more complex than anticipated which inconvenienced some VCSE partners. The main lesson taken forward into 2023/24 was to simplify the flow of funding between NHS and Council on the one hand and the VCSE organisations on the other and to set up more appropriate contracting forms.

Even where projects were able to mobilise quickly, however, it did not automatically mean long-standing inequalities in the community can be improved quickly because of the need to engage much more effectively with some communities in their own terms or because the nature of the intervention impacted on longer-term outcomes. Equally, we found it can take time for statutory sector managers to work with communities to re-shape and develop their sometimes long-standing service models or professional practice, whilst at the same time continuing to deliver their current services.

- *Many under-served communities are cross-Borough and face the same issue* – two-thirds of people in the most deprived NCL communities live in Haringey or Enfield, and many communities therefore span more than one Borough. It is possible to define a 'NNUH system' geographical zone that reflects particularly deprived communities around that hospital and across both Boroughs. It is for this reason that several Haringey projects are already cross-boundary and, where possible, this collaboration should continue.

4. Community Chest

- 4.1. The Council and ICB invested additional funding into the Healthy Neighbourhoods framework via a contribution of £204k from the Better Care Fund (BCF) Plan in 2022/23, and propose to continue to do so in 2023/24. £106k of funding was utilised to develop a 'Community Chest Pilot' to fund VCSE organisations via grants to support the Healthy Neighbourhood IF themes discussed above and to deepen the collaboration with the statutory sector. The first phase was awarded in March 2023,

and a further round of Community Chest funding, potentially as a Community Participatory Budget in the east Haringey, is scheduled for later this year.

- 4.2. The Community Chest therefore provided grants to the voluntary sector to support the development of community-based initiatives to help Haringey residents and patients improve their health and wellbeing in support of the projects within Healthy Neighbourhoods. Its key objectives are to offer voluntary sector organisations to:
- Strengthen range of early intervention projects particularly in collaboration with statutory partners
 - Support development of a resilient, collaborative and sustainable voluntary sector
 - Fund community-based projects to improve health, well-being and life chances of people of all ages
- 4.3. A summary of the projects funded can be found in appendix 2.

5. Next Steps

- 5.1. Haringey IF Programme projects and their funding for 2023/24 have been agreed with partners as part of Place Board discussions, as noted above. The ICB continues to make a substantial commitment to the Programme and expects to evaluate the outcomes and impact during Q4 2023/24.
- 5.2. The ICB is currently reviewing with its partners the impact of all of its NCL IF schemes and as part of its commitment to proportionate universalism – the concept of allocating additional resources to areas of greatest need – is exploring how the ICS can best further invest funding in the geographical zone around NMUH (i.e. across the two Boroughs). This approach has the potential to attract resources and interest from national partners keen to progress and showcase improvements in health equity in response to the Fenton Report.

Appendix 1: Table of Haringey Health Inequality Projects – June 2023

Project	Description	Status	Joint Haringey & Enfield projects
ABC Parents	NMUH-based project to increase parents' knowledge & confidence in infant health, common illnesses and lifesaving skills	Progressing Well with good evidence of outcomes and impact.	Y
Mental Health Arts & Sports	Project to support young people with histories of multiple Adverse Childhood Experiences (ACEs), who would not normally engage with services through the arts, sports, creative ventures	Emerging evidence of outcomes, achievement and impact. Full project delayed due to funding issues; now resolved	
Tottenham Talking	BEHMHT and VCSE collaboration to deliver mostly peer led group activities and therapy in the community for those with long-standing mental illness	Progressing Well with good evidence of outcomes and impact	
Long-Term Conditions – Heart Failure	WHT led project with primary and secondary care and VCSE partners to improve access to diagnostics, treatment optimisation and provide education to improve (particularly self-) management for people who have HF	Progressing Well with good evidence of outcomes and impact. Slow start to co-production but this has accelerated since stock-take	Y
LTC – Diabetes	WHT led to provide diabetes service specifically with GP practices/VCSE in the East of Haringey to work with specific groups of patients at risk/under-diagnosed, e.g. Turkish or Black African/Caribbean patients living with type 2 diabetes with an HbA1c greater than 75mmol/mol, on 2 oral	Emerging evidence of potential outcomes and impact. Slow start to co-production	Y
High Impact User at A&E - Support for those living with Multiple Disadvantage	NMUH project with VCSE and statutory sector partners to identify patients who frequently present themselves to A&E. Works with individual to develop personal multidisciplinary shared care plan led by coordinator to support patients in community	Progressing Well with evidence of outcomes and impact.	Y
Cancer Development Workers	Statutory and VCSE project to improve people's knowledge of common cancer symptoms, enabling early diagnosis and treatment	Emerging evidence of outcomes achievement and impact. Slow start to mobilisation but progress accelerated post-stocktake	
Cancer Link Workers	Statutory and VCSE project to support those with diagnosed cancers, including treatment and end of life care	Emerging evidence of outcomes achievement and impact. Slow start to mobilisation but progress accelerated post-stocktake	

Project	Description	Status	Joint Haringey & Enfield projects
Somali Mental Health Support	VCSE led project to support the mental health needs of people from this community in Haringey	Progressing Well with evidence of outcomes and impact	
Healthy Neighbourhoods: Empowering Local People Theme	Overarching thematic project supported through the VCSE (Bridge Renewal Trust, Public Voice & other partners) to engage with local grassroots organisations that work with under-served communities to co-produce healthcare initiatives	Emerging evidence of building social capital and engagement to under-pin other projects. Progress accelerated since stock-take	
HN Best Start in Life: Childhood Weight Management	Primary care/VCSE led project to support clinically over-weight school age children with healthy eating and exercise	Mostly Progressing Well with some evidence of outcomes and impact	
HN Best Start in Life: Early Years Speech & Language	Council-led project with VCSE and statutory partners to support young children from 0-2 years who present with speech and language issues	Emerging evidence of outcomes and impact. Progress accelerated since stock-take	
HN: Improving Long-Term Conditions – COPD/CVD/CKD	Haringey GP Federation project in partnership with NHS and VCSE to proactively identify and engage specific communities and groups most at risk of these conditions/adverse outcomes (e.g. Turkish/Kurdish patients) these conditions	Emerging evidence of potential outcomes and impact. Slow start to co-production but this has accelerated since stock-take	
HN: Mental Wellbeing	VCSE partnership led project to provide range of activities tailored to individuals' needs & preferences in community e.g. football, wellbeing activities such as coffee mornings etc. to bring people together and develop trust to discuss mental health issues	Mostly Progressing Well with some evidence of outcomes and impact	
HN Vulnerable People: Outcomes for People with Sickle Cell	NHS and VCSE collaboration to improve outcomes and quality of life for people living with Sickle Cell and Thalassaemia through non-medical interventions	Emerging evidence of potential outcomes and impact. Slow start to co-production but this has accelerated post-stocktake	
HN Supporting Vulnerable People: Supporting People with Severe & Multiple Disadvantage	VCSE led project to support care coordination around the health, financial, housing, and social needs of people who present with severe and multiple disadvantage in the community	Progressing Well with evidence of outcomes and impact	

Appendix 2: Table of Community Chest Projects

Name of VCSE Organisation	Project Name	Healthy Neighbourhood Theme(s) Support	Amount Awarded
Koach Parenting	Improving parents and their children's health and wellbeing	Theme 1 – Empowering People; Theme 2 – Best Start in Life	£5,000
Living Under One Sun	Neighbourhood Café Connect	Theme 1 – Empowering People; Theme 2 – Best Start in Life; Theme 3 – Improving Long Term Conditions	£21,000
Code 1 Community Group	Interactive health and wellbeing sessions	Theme 2 – Best Start in Life	£15,000
Groundswell Arts	Dancing Together	Theme 2 – Best Start in Life	£9,885
Sanjuro Training Systems Limited	Fitt-in keeping primary school pupils moving in the classroom	Theme 2 – Best Start in Life	£7,520
Dalmar Heritage & Family Development	Empowering community	Theme 3 – Improving Long Term Conditions	£9,864
Disability Action Haringey	Holistic and empowering sickle cell patient programme	Theme 5 - Vulnerable People (Sickle Cell)	£38,000
Total			£106,269