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Integrated Care Board

Health Inequalities and Inequalities Fund Programme in Haringey

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Health Inequalities in Haringey

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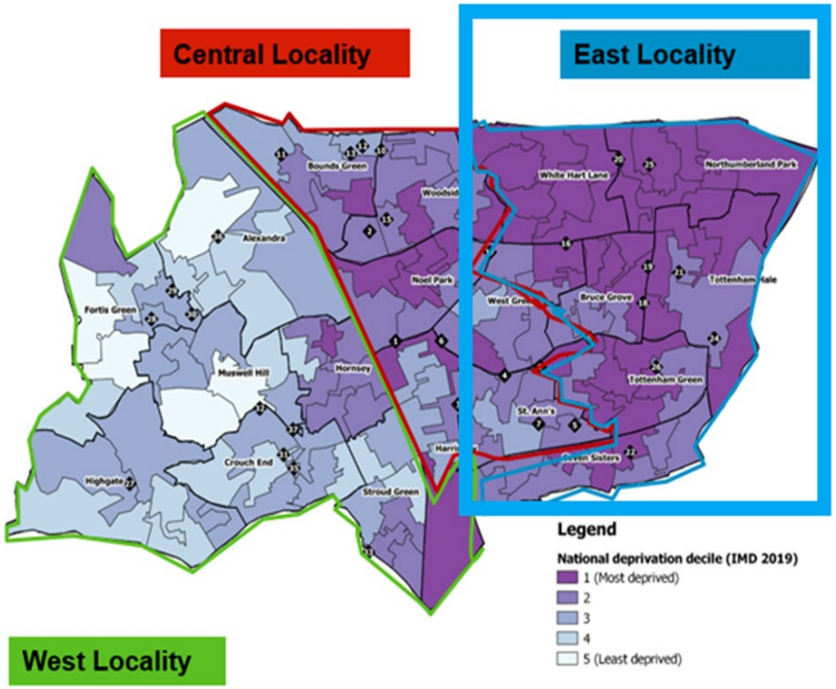
- Haringey is the fourth most deprived borough in London (IMD 2019)
- Wards in east Haringey significantly more deprived (and often more diverse) than west
- 15 year gap in healthy life expectancy between the richest and least well-off parts of the borough
- Differential health outcomes between White British and other ethnic groups, notably Black African-Caribbean and eastern European groups.



Residents in our deprived and diverse communities have:

- Higher prevalence of obesity, particularly for school-aged children
- Higher prevalence of smoking and alcohol dependency
- Higher prevalence of long-term conditions CKD, CVD, COPD & cancer
- Greater risk of under-detection of these conditions early and great difficulty self-managing these conditions
- Higher prevalence of severe mental illness amongst residents, particularly amongst black African/Caribbean communities
- Higher rates of emergency hospital admission from birth onwards
- Higher risk of living with multiple disadvantage, e.g. with physical & mental health issues, substance misuse, low income & poor housing

North Central London Inequalities Fund Programme

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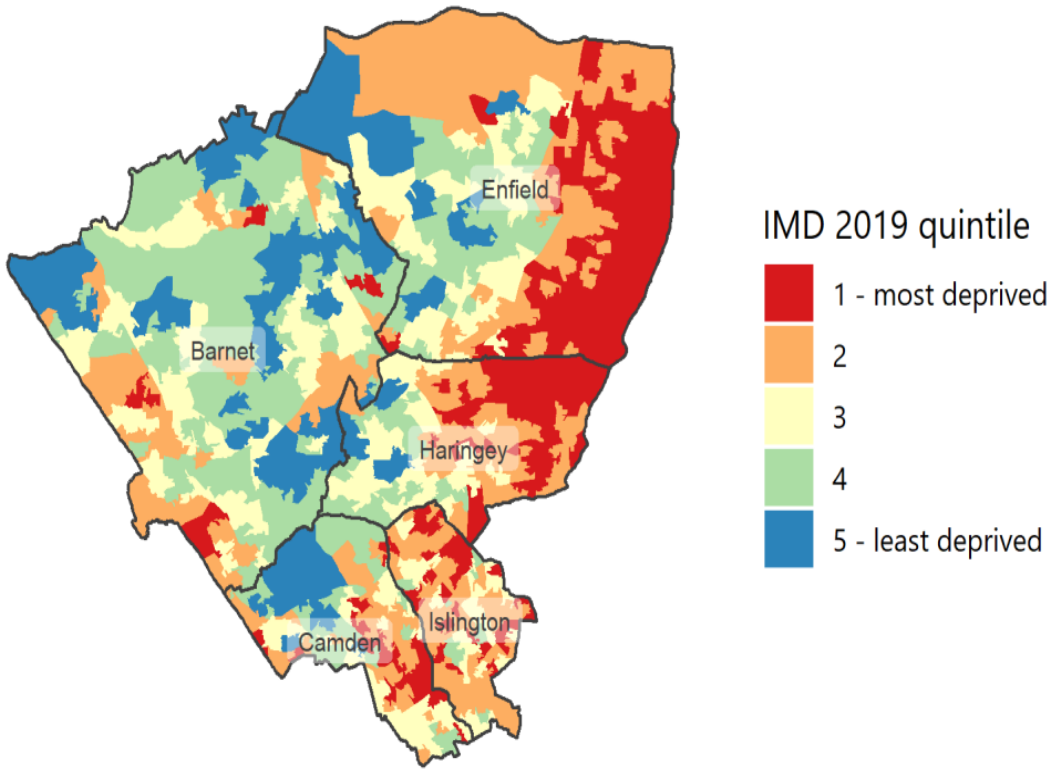
- From mid-2021/22, NCL ICB invested £5m per year in Inequalities Fund Programme to improve equity of engagement, access and outcomes amongst under-served communities, particularly amongst the 20% most deprived neighbourhoods
- Haringey received c. £1.6m of this funding to recognise levels of need in Borough (plus c. £200k in BCF Plan), with similar funding in Enfield: around two-thirds of all residents in NCL deprived neighbourhoods live in Haringey or Enfield

Deprivation quintile by LSOA

North Central London boroughs, IMD 2019

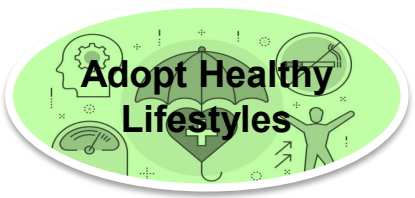


The aims of the Fund were to:

- Invest in improving health outcomes in deprived communities and to reach out proactively to particular groups in this population, including black and minority ethnic populations or those living with severe and multiple disadvantage
- Forge & extend integrated partnership working and collaboration between primary care, NHS, Council and VCSE partners on tackling social & health issues in these communities
- More effectively engage with residents and collaborate with them, and between the voluntary and statutory sectors to tackle health-related issues to make difference to people's lives
- Develop innovative and collaborative approaches and solutions to build social capital and forge and extend sustainable relationships between the community, VCSE and statutory sector
- Ensure the schemes are evidentially effective, measurable, high impact interventions to tackle social gradients of inequalities and represent good value for money

Inequalities Fund Programme – 'Balanced Portfolio' of Projects

- Only 25% of health outcomes due to access to healthcare, more could be done to tackle issues earlier to make impact longer-term
- At same time, a need to focus on 'here and now' issues of ill health and people coming forward in crisis
- It's important there's a balance between where Haringey's £1.6m is spent, but a 'foundation stone' is improving engagement

Category	Building Community Power	Address Wider Health Determinants	Adopt Healthy Lifestyles	Promote Active Health Management	Health Inclusion of Vulnerable Groups
					
	Engage with people, groups & communities to 'have their say' & co-design solutions or understand their needs	Work to improve social, working & living conditions affecting health outcomes & life chances:	Encourage people, including those at risk, to adopt behaviours to improve physical or mental health	Work with people with physical or mental LTCs to get diagnosis & help with active condition management	Work with vulnerable groups in under-served areas to improve access to health and social & health outcomes
Aim	**Enabler to build social capital**: build trust, understand issues, priorities & encourage engagement with services	Projects to address social issues in under-served communities. IF focus on **community safety, job mentoring & rising cost of living**	Projects engaging with people to **promote public health**: eat & drink well, be more active & connected, and improve well-being	Projects helping patients who may need to come forward for **LTC screening/diagnosis or help with its management to avoid crises**	Projects to help people with **severe disadvantage or congenital LTCs to improve health & life chances**
Example	Community empowerment projects in Haringey Healthy Neighbourhoods & in Enfield to support priorities, e.g. immunisation, GP registration	Projects in Enfield & Barnet associated with preventing serious youth violence & mentoring into employment opportunities	Projects targeted at specific (e.g. ethnically-defined) groups in community or in facilities (e.g. those in hospitals) across 4 of 5 Boroughs	Projects in all Boroughs screening, diagnosing & helping patients with specific physical and mental health LTCs, including those in **Core20Plus5**	Projects in Islington, Haringey & Enfield to support people at risk of homelessness, those with complex multiple disadvantage or those with LD or sickle cell

Alignment with CSR/MH Review, Fuller etc.?

Alignment with inclusion health & specialised commissioning?

Impact Size

Likelihood of **Immediate** Impact on Healthcare Utilisation

Likelihood of **Long-Term** Legacy on Population Health Inequalities & Future Healthcare Utilisation

Mixed Impact on current and future healthcare utilisation, depending on focus of individual project. Strong impact on inequalities

Haringey Health Inequalities Fund

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- Although mostly funded via NCL ICB, NHS, Council & VCSE partners at the Place Board as part of the Haringey Borough Partnership had oversight of selecting and reviewing projects in Haringey Programme

Healthy Neighbourhoods
Ensuring an effective service offer to meet specific additional needs of our residents in our most deprived locality

Theme 1: Hearing and empowering residents and patients

Co-ordinating and expanding coaching, peer support and social prescribing

Theme 2: Healthy start

Theme 3: Long Term Conditions

Theme 4: Improving mental wellbeing

Theme 5: Support vulnerable groups

PHM & integrated workforce programme

- 15 health inequalities current projects in Haringey split in 5 themes in our Healthy Neighbourhoods
- These themes, and projects within them (next slide), were selected through evidence from public health, commissioners, local intelligence from communities; many linked to the national 'Core20Plus5' focus on specific health outcomes relating to inequalities
- Since projects started, we also ensured alignment between NCL ICS Population Health & Inequalities Strategy developed in 2023/24
- Some projects are joint/aligned with Enfield given common issues/communities across both Boroughs

Alignment of IF Programme to Haringey Board Partnership structure

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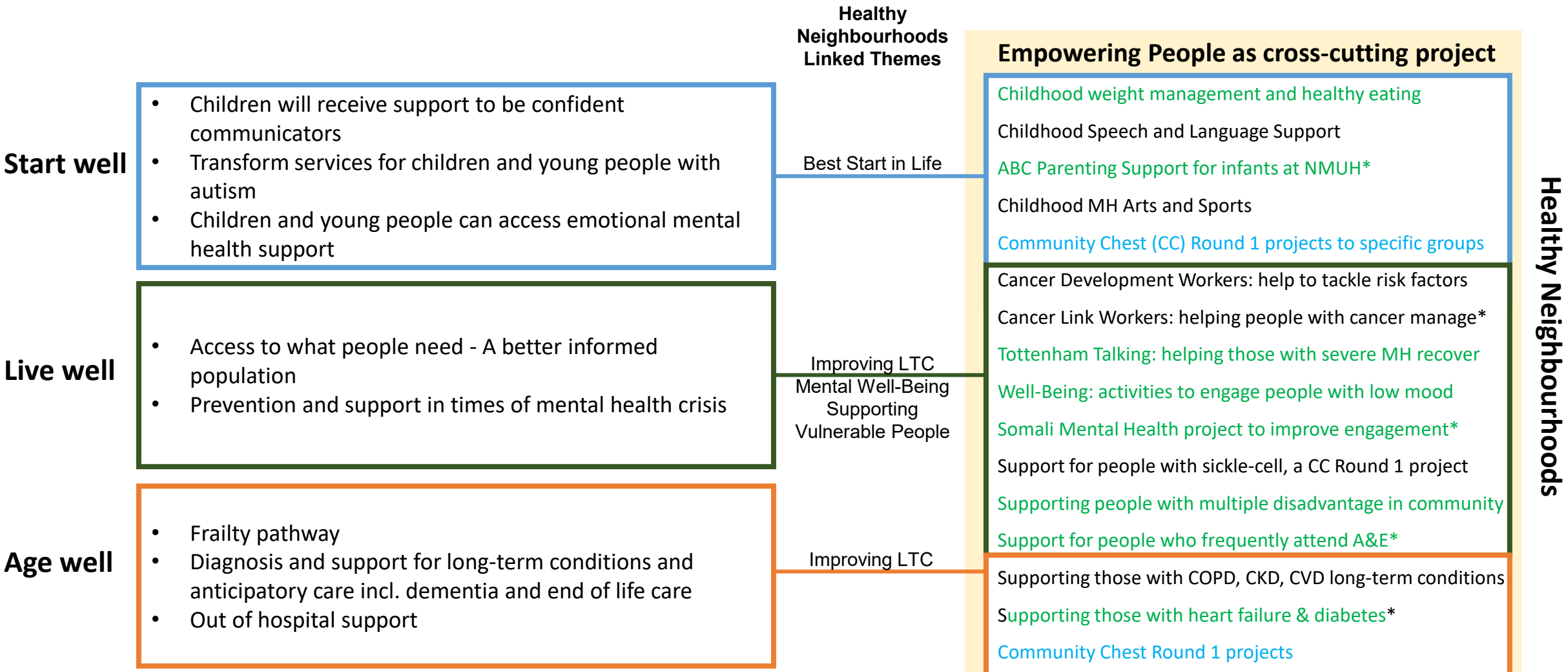

- *Joint or aligned projects between Haringey and Enfield*

***Key** to font colour in Healthy Neighbourhoods box: Stock-take in 2022/23 suggested: Green: Progressing Well, Black: Need to improve/accelerate, Blue: Project added post-ST*

Findings of IF Programme Stock-Take

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- Number of projects listed for 12+ months and were able to undertake a stock-take of a number of projects in 2022/23
- Working with those delivering & coordinating them, projects were asked about delivery, outcomes for participants & community and impact on care system
- Generally, projects were seen to be delivering well in terms of their 'reach' into communities, outcomes for participants and sometimes impact on the care system. Two examples included in Appendix 1
- Previous slide indicates which projects were identified as progressing well, which needed further improvement
- Since stock-take, progress on latter group accelerated, which gave confidence for further commitment in 2023/24

Common learning themes from the stock-take included:

- *Importance of community empowerment & engagement in solutions* – generally, greater progress was made where projects were able to engage with communities effectively
- *Importance of collaboration and partnership working across multiple partners* – most projects were effective collaborations between statutory & VCSE partners
- *Many issues under-served communities are deep-seated; project progress needs focus, time & collaboration to progress but quick wins possible* – even if projects had clear mobilisation plans, there were sometimes admin, contractual & financial flow issues that needed longer to resolve than expected. This has been taken forward as a priority in 2023.
- *Being clear about the outcomes to be achieved and communicating these effectively* – projects better able to outline & measure their outcomes early were able to evidence they were progressing well. ICB and partners are working to support projects to better develop measurement of outcomes
- *Many under-served communities are cross-Borough and face same issues* – and should more investment be cross-boundary

Next Steps

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The ICB, Council and its partners will continue to oversee the IF Programme in Haringey through the proposed Inequalities and Neighbourhood Board:

- Progressing the 2023/24 IF Programme projects
- Continue in particular to build on our community engagement/empowerment projects and opportunities to collaborate
- Explore potential for additional ICB Inequalities Funding in Haringey in collaboration with Enfield to recognise the cross-Borough issues building on the existing projects
- Continue integration of health inequalities into the work around Neighbourhoods particularly in the east of the Borough
- Continue roll out of the Community Chest, including exploring potential for Round 2 investments in the VCSE activities to support Healthy Neighbourhoods
- Ensure we review IF Programme across NCL in Q4 2023/24

Community Chest Fund Pilot

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Haringey Council, NHS North Central London Integrated Care Board (NHS NCL ICB) and borough partners have created a **Haringey Community Chest Pilot (of £106,000)** to provide grants to the voluntary sector to support the development of community-based initiatives to help Haringey residents and patients improve their health and wellbeing through the **Healthy Neighbourhoods themes.**

- Theme 1: Empowering People
- Theme 2: Best Start in Life
- Theme 3: Improving Long-Term Conditions
- Theme 4: Improving Mental Wellbeing
- Theme 5: Supporting More Vulnerable People

The key objectives of the Chest are to offer grants to the voluntary sector to:

- Strengthen range of **early intervention projects** particularly in collaboration with statutory partners
- Support development of a **more resilient, collaborative and sustainable voluntary sector**
- Fund community-based projects to improve **health, well-being and life chances** of people of all ages

Awards were made to the successful providers in Q4 2022/23

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Selected Projects Summary

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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**

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Questions?

Appendix 1: Some Examples of Projects and Their Impact

Heart Failure & Diabetes Management

- **WHT/BEHMHT collaboration with NMUH to improve management and self-management** of people in 20% most deprived communities with these LTCs
- For HF, **aim is to identify people diagnosed with condition, starting with focus on those admitted to NMUH and support them with MDT** in community
- **Work with VCSE to improve self-management** and engage with community, and encourage people with symptoms to come forward for diagnosis/help
- **Focus on Haringey HF outputs as illustration**

Haringey HF Outcomes and Progress So Far

- **149 patients with HF had MDT to Nov-21-Oct-22**, vast majority of whom live in 20% most deprived communities/have GP practices in these areas
- **80% of patients successfully enrolled** on project post-MDT
- **Outcomes** for patients include **engagement with them on treatment optimisation**, **improved self-management & knowledge** about condition, and knowing what to do and who to contact if their conditions worsen
- **Promising improvements in outcomes** from 25% of patients reviewed
- **Set-up peer support network** amongst patients & helped patients **access health & well-being opportunities**, e.g. One You Haringey, **or improve their social situations**
- **Focussed work with specific communities** on ensuring support 'offer' culturally sensitive, e.g. with Black African/Caribbean, Turkish etc. – this is just beginning

Project Reach and Ripple Effect and System Impact

- c. 0.9% of population with HF, 30% more cases in deprived than affluent Haringey areas
- **Equates to c. 750-800 cases of HF in 20% most deprived areas in Haringey**
- **Current 'project reach' thus equates to 20-25% of cases per annum in deprived areas**
- In addition, focus is on those at **greatest risk of re-admission to secondary care**
- Estimated **22% reduction in hospitalisation for participants** already (part year)
- Likely **project made significant contribution to 5% fall in Haringey NELs related to 'Other Forms of Heart Conditions'** for patients from deprived areas Apr-Nov-22 v. -19
- Latter figure results in **£112k annual cost mitigation** in Haringey

High-Impact Users: Multiple Disadvantage

- **NMUH-based** collaboration with other statutory & VCSE partners **to identify & manage cases of individuals who are frequent ED attenders**, with particular focus on those with severe & multiple disadvantage (SMD), **majority live in 20% most deprived areas**
- **Individual cases managed in community following MDT** via Anticipatory Care Team for older people or via **active care coordination as part of project** to bring together LAS, Council, MH & Substance Misuse Services, Housing, primary & community care & VCSE
- Focus on **improving physical & mental health outcomes** and self-management of people and **their life chances – and reduce ED attendances**

Its Outcomes and Progress So Far

- Engaged with **120 frequent ED attenders at NMUH** and held MDTs for individuals
- Function included as **part of anticipatory care approaches** in development across NCL
- People seen broadly representative of frequent attenders – 70% participants were working age adults with SMD, vast majority from deprived neighbourhoods
- **Positive improvements in some individuals' social, health & environmental outcomes**, including improved self-management of conditions & improved life chances (e.g. reduced risk of homelessness, debt management) – and positive comments about support
- **15% of participants had reduced (800+) ED attendances** – this could improved to 35-40%

Project Reach and Ripple Effect and System Impact

- Estimated 800 reduction in ED attendances could result in 80 NEL admissions during year
- **Annual acute NHS cost mitigations with ED attendances/NELs = £184k, i.e. positive ROI**
- **Plus** savings for LAS, primary & community care, Council, criminal justice & housing – people with significant SMD utilise 6-10x more resources than average citizen. **National modelling suggests working with 85 people with SMD result in non-NHS £450k savings**
- c. 2.000 people with significant multiple disadvantage in Haringey & Enfield
- Majority based in 20% more deprived neighbourhoods (6x more)
- **HIU Project 'reach' therefore represents 5%-10% of people with SMD**
- Second IF project in Haringey works with those with multiple disadvantage in community

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Presentation

Tottenham Talking

Stephanie Otuoacheampong

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Presentation

ABC Parents

Belinda Okyere