


Ref.	Action	Response
A1.	<p>Cllr Chakraborty pointed out that only two out of the 56 projects that the ICB had funded was in Barnet. He enquired further about the criteria for funding of projects. He stated that there had been highlighted in the report that there was difficulty with engaging in scattered geographies. He enquired whether there averages of deprivation were taken from areas and if this was the criteria. As time was short, the Director offered to write a written response to Cllr Chakraborty.</p>	<p>The ICB and its partners all use the national combined Indices of Multiple Deprivation 2019 (IMD2019) to inform its analysis of which neighbourhoods in North Central London (NCL) (and in which Boroughs) lie within the 20% most deprived neighbourhoods in England.</p> <p>This is an important consideration, as the Inequalities Fund (IF) Programme is made available to each Borough, with funding chiefly proportionate to the relative size of their individual populations within these 20% most deprived neighbourhoods. One condition for projects is they should reach significant (ideally &gt;80%) into these deprived areas in line with the intention of the fund to support tackling health inequalities as outlined in <a href="#">NHS England's Core20Plus5 priorities</a>.</p> <p>However, we recognised not all inequalities are geographically based and that Barnet, though having no single wards lying the most deprived neighbourhoods, had micro-pockets of deprivation within some wards. We employed a different investment arrangement, allocating funding from a 'central ICS' pot targeting these sorts of IF projects, from which Barnet benefited.</p> <p>The <a href="#">IMD2019</a> is an academically-researched analysis that utilises a wide range of published quantitative data on issues such as DWP benefits, proximity to green spaces, socio-economic population structures. This data is combined statistically to provide several different types of relative deprivation indices to small areas (sub-ward level called 'lower-layer super output areas') across all England. The Index of Multiple Deprivation – which combines the 'scores' for individual indices for each LSOA – is the most widely used of these indices. The output of the IMD2019 is to categorise each LSOA according to its relative deprivation nationally, e.g. a particular LSOA neighbourhood score is in the most deprived 10% of all LSOAs nationally, the most deprived &gt;10 – 20% of all LSOAs nationally and so on. The LSOA outputs can be used to map those NCL LSOAs in the 20% most deprived neighbourhoods in England. As the IMD approach is the only widely recognised national measure of deprivation, IMD2019 is the mapping all statutory services utilise in NCL Integrated Care System.</p>
A3.	<p>A written response from the NCL ICB was requested by the Committee to explain more about the projects' activities, performance metrics and what happens to projects which do not deliver on the ICB metrics.</p>	<p>The Inequalities Fund (IF) Programme incorporates 50+ projects across the life course – from Start Well through to Age Well – and incorporates projects that relate to wider determinants (such as reducing youth violence), healthy lifestyles, supporting people with existing physical or mental health conditions or supporting vulnerable people, such as those at risk of homelessness and co-produced with specific communities. The outcomes expected for individual projects are therefore diverse and difficult to summarise, but we provided a flavour of the outcomes of some of the individual projects in the JHOSC presentation. We know 75% of all project outcomes – regardless of how they outcomes are structured – were delivered in the evaluation Middlesex University undertook.</p> <p>The outcomes combine components such as the number of people with whom projects engage, whether this is the right 'target group' (e.g. living in the 20% most deprived communities, from specific ethnic groups etc.), the extent to which there is a change in desired individual health or socially-defined outcomes 'before' and 'after' intervention and whether there is appropriately reduced demand for statutory sector services that would otherwise be needed without the intervention (e.g. ED</p>

		<p>attendance). We also encourage individual projects to provide case studies.</p> <p>The defined outcomes and metrics for each project are agreed at the initial stage of set-up between the project provider and commissioners. Commissioners routinely check during the delivery year on progress with providers, including on key metrics, such as the number of people accessing the project. We request each project to provide a 'stock-take' in Q3 of the delivery year to outline how the Programme is progressing and provide evidence around the agreed outcomes and metrics. Once received, these stock-take reports are discussed multi-agency Panels at individual Borough Partnerships (see A5) and within the ICS, chaired (as funder) by the ICB, to decide whether the project should continue (if this is the plan) the following year or not. A summary of these Panel recommendations for projects in each Borough is discussed at Borough Partnerships to finalise the position in Q3, though the ICB as funder makes a final decision on each project.</p> <p>We communicate the 'stop/continue' decision to individual projects. Even if a project has not fully delivered on its outcomes, it may continue if there is sufficient assurance on improvements going forward (e.g. set up of projects was later than anticipated etc.), and we would monitor whether these improvements are progressing as part of this assurance.</p> <p>Projects can sometimes end because they are sufficiently successful that the approach adopted can be absorbed into 'business as usual population' services, i.e. the approach continues and expands to benefit the entire population (including those in the most deprived neighbourhoods). Other projects end because the Panel feels there is insufficient evidence providers have fulfilled their outcomes, often over an extended period, for one reason or other. In such cases, we will communicate this decision – and thank them for their efforts - as quickly as possible to support providers to step down projects; in such cases, this includes considering what the alternatives are for participants of the project.</p>
A4.	The Committee requested sight of the report on the evaluation conducted by Middlesex University on the programme's approach to co-production project.	<p>Evaluation attached.</p>  <p>Middlesex Co-production Study</p>
A5.	The Committee also requested further clarity from the ICB on how it was decided that projects should be funded in given areas and the decision-making process at Borough Partnership level. More information was requested as to who was on the Borough Partnership Boards.	<p>The Borough Partnership is a stakeholder group within each Borough which brings together decision-makers within the ICB (particularly its Business Integration Units), Councils (Chief Executive, Children's and Adult Social Care Services, Public Health), NHS Trust providers – our acute, MH and community health Trusts, primary care including our GP Federations and the Borough's voluntary and community sector alliance leads. The Partnership supports delivery of the ICS Population Health &amp; Integrated Care Strategy and Health &amp; Well-Being Strategy in each Borough. One of its key functions to consider how local partners can address inequalities, including use of the Inequalities Fund in that Borough.</p> <p>The Borough Partnership proposes projects to be funded through the Inequalities Fund Programme against the criteria associated with the funding and identified priorities. These priorities are informed via needs analysis for that Borough and/or via the ICS Population Health &amp; Integrated Care or HWBB Strategies focussed on outcomes for the 20% most deprived neighbourhoods in that Borough. 'Pipeline' project</p>

		<p>proposals are drafted in collaboration between partners in the Borough and presented for consideration in Q4 of the previous financial year. This should set out the population it wants to reach and the outcomes the project hopes to progress and outline funding, as well as the potential lead sector and/or proposed contractual arrangements for the project.</p> <p>The Borough Partnership will then propose a final list of 'new' projects from its pipeline matched to the agreed financial envelope for that Borough to the ICB for confirmation of funding and allocation. Tailored to the nature of the proposal, the project is then commissioned and set-up between providers – we recommend that Borough stakeholders collaborate on development and delivery.</p> <p>(The role of the Borough Partnership in reviewing progress and 'stop/continue' decision-making of existing projects is outlined in A3)</p>
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