NCL CCG Inequalities Fund: Rationale and Principles

NCL CCG have created an Inequalities Fund of **£8.75m** over two years to address the growing disparity between our most deprived and least deprived communities. In line with 2021/22 Planning Guidance, 80% of the overall pot will focus on the most deprived 20%, with an aim to improve their **access, experience and outcomes.**

The objectives of this fund are as follows:

- To develop innovative and collaborative approaches to delivering high impact, measurable changes in inequalities across NCL
- To break down barriers between organisations and develop both new and extend existing relationships
- To target the most deprived communities and to reach out proactively to our resident black and minority ethnic populations
- To help form Borough, Multi-Borough and NCL wide partnerships to deliver high impact solutions
- To engage our population, the VCS and our partners across health and care in making a difference to the lives of our people
- To understand and explore the link between deprivation and access and outcomes in health

Whilst 70-80% of these funds will be apportioned based on deprivation, the remaining funds should be utilised for other forms of inequality – i.e. outcomes for those with learning disabilities.

Emergency Admissions by Deprivation

19/20 Emergency Admissions (All Ages) per 1000 Population by IMD2019 Deprivation Decile

Deprivation Decile	Under 18	18-64	65-79	80+	Total
1	72	81	289	564	107
2	60	60	203	487	81
3	55	51	185	496	73
4	52	46	173	464	68
5	50	43	156	458	68
6	43	41	143	463	66
7	43	40	123	440	65
8	44	43	124	410	71
9	37	35	101	394	63
10	31	31	81	296	51

NEL Deprivation Gradient
Between Most & Least Deprived (with Parity in Middle)

Sources: Admissions data from SUS; Population data from ONS Mid-2019 Population Estimates

- For all age groups, there is a higher rate of admissions for those living in the most deprived areas of NCL.

- Difference between NEL admissions between the most & least deprived areas gradually increases with age to c. 3.5: 1 for 65-79 year olds. (80+ lower due to higher mortality in deprived areas)

Inequality Fund: Headlines

- Over 30 schemes approved to date, with a further tranche of funding to be released in September

- **Examples of schemes are as follows**:
  - Parenting Network based around the North Middlesex, with a joint approach between secondary care, VCS and Health Visitors to address feelings of anxiety and helplessness in new parents
  - Serious Youth Violence – linking Council Services to PCNs to focus on prevention
  - Race and Autism study
  - Preventing physical health issues in those with SMIs
  - Talking in Tottenham – mental health interventions for young black males
  - QI approach to LD checks

- **Learning from initial phase**:
  - There is a value in itself to asking stakeholders to come together to develop plans
  - VCS are involved in majority of schemes, but recognise we need to have greater focus on co-production with local communities from the start for future schemes
  - We are still working out the best methodology for measuring success

How can we focus on access, experience and outcomes?

Resident empowerment

- Level of control and agency over care / life
- Level of engagement with local services
- Level of engagement with local community / social networks

Access

e.g. 'Black outreach worker improved my knowledge of when and where to access services'

Experience

e.g. 'Connected communities increased level of control over my life'

Outcomes

e.g. 'my condition was maintained and was not at risk of reaching crisis'

Community Asset Building and Social Value
e.g. increase in volunteering, community participation or use of local sustainable supply chains, creation of employment or investment in local community assets, impact on carbon footprint

How Framework Can Be Used to Evaluate Inequalities Fund Impact?

Ageing Well Matrix		Risk of Future Crises				Cell Colours
		Very High	High	Moderate	Low	
Health, Well-Being & Functional Status	Very Poor			→ x		Red - Should be doing more?
	Poor	x		Lydia		Orange - Not doing all we can?
	Moderate	Mary				Yellow - Doing OK?
	Good					Green - Doing Well?

'x' show direction over time, dashed arrows direction of travel over time

You could construct Matrix for:
• Affluent/Well-Served Communities;
• Under-served Communities
It's likely there will be a greater proportion of people in 'redder' than 'greener' cells in the Matrix in latter

Expressed simply:

• **Equity of access & experience means that, amongst peers, individuals more likely to follow 'Mary's journey' in under-served communities than Lydia's v. peers in better served communities**

IF Programme is trying to achieve the outcomes through engaging with those living in under-served communities in a way that's accessible and useful for them and is impactful

Although outcomes for the population are the same, **inequalities in access and experience lead to different outcomes for different individuals and communities.**

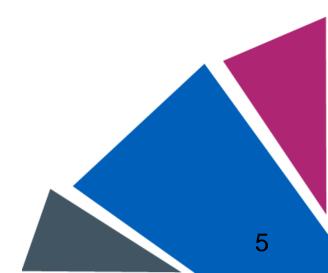**A Tale of Two Women Living in NCL – Mary and Lydia**
• **Lydia** is 82 year woman with a range of multi-morbidities, including CHD and diabetes, and is blind and partially deaf. She has, however, been active socially and physically throughout her life and has a family living nearby and friends that visit her routinely. She had a relatively recent fall due to dizziness due to medication which led to hospitalisation. She was followed up in the community through an MDT approach which included helping her self-manage her condition and be as independent as possible, and continue with social connections important to her.
• **Mary** is an 82 year (from the same ethnic background as Lydia) with diabetes, MSK and has struggled with anxiety and depression as she's got older. She has little in the way of support from family and she find it more difficult to get around and about to visit friends. She has started to have cognitive issues which has heightened her anxiety and started to not look after herself. She has recently had a fall resulting in hospitalisation from which she's not really recovered and is not managing her medications. Follow-up in the community was a problem for her and she doesn't wat to be a burden to anyone.

AW Matrix framework can also be used to explore narratives for resident experience:
• To understand people's current position
• To understand their journey to that point
• And what made/would make a difference and what they and others could do/done

Appendix

Evaluation Criteria for bids

Planning Guidance Priorities Programmes	Weighting
Evidence that there will be a direct impact on one or more of the **20% Most Deprived Wards** as required by the Planning Guidance. This should also include a clear link to the 5 Inequalities Priorities stated in the Planning Guidance.	30%
Clear definition using the **Public Health Evidence Base and recommendations from the Fenton Report** showing why this cohort has been chosen.	30%
Clear (and measurable) impact on the chosen population including the medium term impact on reducing the demand in secondary care.	30%
A clear exit plan in the event of no further funding being available showing that there is no residual liability to the CCG beyond 21/22.	10%

Note 1: Programmes can be Ward, Borough, Multi-Borough or NCL Wide but at least 75% of the benefit (and funding) should be focused on the 20% most deprived wards.

Note 2: Additional weight will be given to schemes that demonstrate matched funding to leverage the available NHS funds.

Planning Guidance Schemes

Camden	Barriers to Accessing Post-Covid Syndrome Services in NCL
Camden	Camden Childhood Immunisation Programme
Camden	Complete Care Communities – Facilitating Mental Health Empowerment in Camden's Bengali and Somali Communities
Camden	LD Annual Health Check Quality Audit
Camden	Primrose A
Camden	Self-Care Community Champions
Camden	Kilburn Ward outreach
Camden	Health Equalities Programme
Haringey	Parentcraft Programme
Haringey	Engaging our most vulnerable Haringey young people with mental health support through creative arts, activities and sports
Haringey	Tottenham Talking
Haringey	Enhanced Health Management of People with Long-Term Conditions in east Haringey
Haringey	Supporting People with Severe & Multiple Disadvantage (SMD)1 who are High Impact Users (HIUs)2 in Healthcare Services

Enfield	Black Health Improvement Programme (BHIP) for Enfield Primary Care, NHS North Central London CCG and development of Enfield Caribbean and African Community Health Network
Enfield	Enhanced Health Management of People with Long-Term Conditions in Deprived Communities in Enfield
Enfield	Enfield Connections at North Mid
Enfield	Supporting People with Severe & Multiple Disadvantage who are High Impact Users in Healthcare Services
Enfield	Parentcraft Program
Enfield	DOVE project (Divert and Oppose Violence in Enfield) reducing Serious Youth Violence
Enfield	VCS & Primary Care based smoking cessation
Islington	The Islington Respiratory Wellness Programme
Islington	Early Prevention Programme – Black Males & Mental Health
Islington	Community Research & Support Programme: Raising the voices of, & addressing barriers to health & wellbeing services & support, for those who experience the highest health inequalities
Islington	Primrose A
Islington	Reducing inequalities through systematically embedding a population health management approach in Islington's four most deprived wards

Local Priorities Schemes

Cancer Alliance	Supporting earlier cancer presentation through community development
Barnet	Early Years Oral Health
Camden	Focused autism and race equality project
Haringey	Haringey Complex Autism pathway
Islington	Ambulatory outreach interventions on marginalised and hard-to-reach groups for health screening, disease prevention, case-finding and improving medicines use.

Anticipated Impact on Inequalities

Mental health

Borough	Focus	Expected Impact on Inequalities
Haringey	Engaging **Mental Health (MH)** service users at risk of an admission or following an admission to develop resilience.	Through supporting this community to develop effective crisis management strategies and engage them in activities aimed at reducing social isolation and aid recovery we will reduce the long term health outcomes experienced by MH service users compared to the wider population.
Islington	Holistic Support for people with **Serious Mental Illness (SMI)** noting the extremely poor long term outcomes for this community.	This will ensure that health outcomes for people with an SMI are improved by addressing both their MH and physical health needs as well as tackling issues around social isolation and improving employment opportunities. This will reduce the long term health outcome inequality that exists between people with SMI and the wider community.

High users of emergency services

Borough	Focus	Expected Impact on Inequalities
Enfield & Haringey	Reducing the incidence of **children <1 attending A&E** with preventable illnesses and diseases.	This will help educate new and young parents to better understand child health and will also address family wellbeing with the aim of improving confidence. The workshops will work out from the child to address lifestyle issues affecting long term health in the wider family.
Enfield & Haringey	Working with >100 **High Intensity Users** per year to engage them with the wider health and care system.	Reduction in the frequency of urgent care needs arising, provision of more holistic support to people and an improvement in their overall quality of life.

Anticipated Impact on Inequalities

Targeting specific communities

Borough	Focus	Expected Impact on Inequalities
Islington	Working with those **communities where language, cultural, deprivation or other barriers** preventing them taking control of their health and accessing services.	Reduction in barriers to accessing services and improved health outcomes as a result. This will address the holistic needs of these communities to ensure they are able to receive the correct mix of service support. This will ensure equality of access to services and support.
Enfield	Improving engagement between **black services users** and professionals and highlighting the challenges black people face within the health system	Improve health outcomes for black people through better engagement, communication and raising awareness of biases.

Long term conditions

Borough	Focus	Expected Impact on Inequalities
Enfield & Haringey	Targeted interventions for people at risk of developing an **Long Term Conditions (LTC)** in deprived communities.	Through supporting people to address the social determinants of health as well as improving health education we will reduce the prevalence of LTCs in deprived communities with the aim of levelling the prevalence rates to those of more affluent communities.
Barnet	Reducing the incidence of **preventable oral disease** in <5s in deprived communities.	Through tackling the strong correlation between deprivation and poor oral health this programme will the incidence of oral disease and therefore bring outcomes to a level similar to more affluent communities.

Anticipated Impact on Inequalities

Learning Disability and intersectionality

Borough	Focus	Expected Impact on Inequalities
Camden	Improving the quality **of Annual Health Checks** and Health Action Plans for people with **Learning Disability (LD).**	This will provide assurance and consistency around both AHCs and HAPs as well as ensuring the actions identified are followed through. The aim is to reduce the health inequalities experienced by people with LD compared to the wider population and through this improve outcomes.
Camden	The introduction of **race equality and lived experienced** into working with people with Autism.	The aim is to reduce the inequalities experienced by people with Autism, which is especially poor in deprived families and some ethnic communities. This will reduce the frequency of people falling into MH Crisis and reduce social isolation with the long term aim of reduce the early mortality experienced by many autistic people.

Prevention and early diagnosis

Borough	Focus	Expected Impact on Inequalities
Barnet	Reducing the incidence of **preventable oral disease** in <5s in deprived communities.	Through tackling the strong correlation between deprivation and poor oral health this programme will the incidence of oral disease and therefore bring outcomes to a level similar to more affluent communities.

Appendix 1: Map of Determinants on Individuals' Health & Well-Being

Determinants for an individual are much wider and more complex than health & well-being and are variously more difficult to address

Mind map — **Ageing Well**

Individual Behaviour
- Psychological & Mental Well-Being
  - Personality Trait
  - Purpose, Determination & Feeling in Control
  - Satisfaction with Life
  - Mentally Active & Alert
  - Mental Well-Being & Resilience
  - Capability to Plan for Future
- Physically Healthy Life
  - Physically Active
  - Eating and Drinking Well
  - Getting enough rest
- Well-Managed Behaviours
  - Relating to substance use
  - Relating to other potential risk issues

Social Circumstances
- Socio-economic Status
  - Household & Individual Income
  - Work Status & Type of Occupation
  - Learning, language & literacy background
- Sense of Self & Family/Community Attachment
  - Self-identification
  - Family & Caring Role
  - Family, Cultural & Belief Norms
- Sense of Social Connectedness
  - Quality of Personal Relationships
  - Quality of Friendship Social Networks
  - Quality of Community Networks
  - Active Citizenship
  - Feeling Accepted & Treated with Respect
  - Availability & Adoption of Technology
- Life History
  - Childhood and Adult Development
  - Past or Current Life Events or Status

Genetics & Biology
- Genetics
  - Genetic Predisposition
  - Gender
  - Race & Ethnicity
- Body Structure
  - Age & Biological Age
  - Body Characteristics, e.g. Height, Weight, BMI
  - Extent to which LTC- and Multi-Morbidity-free
- Body Function
  - Cardio-Respiratory Fitness
  - Strength, Robustness & Daily Living Function
  - Biochemical Functions
  - Nutritional Status
  - Blood Pressure
  - Bone Density and Oral Management
  - Cognitive Function
  - Sensory Functioning
  - Extent to which Pain-Free

Physical Environment
- Location & Locality
  - Good Housing Quality, Safety, Suitability & Sustainability
  - Good Quality Amenities & Transport Accessibility
  - Walkeability & Access to Green Space & Leisure
  - Safe & Secure Locality
  - Availability of Social Capital & Stimulating Vocational Opportunities
- Good Quality Environment
  - Environmental Air & Water Quality
  - Pollutant-Free Environment
  - Allergen-Free Environment

Access to Care
- Good System Fit with Patient Preferences
  - Ability to Access Provider Physically or Virtually
  - Good Cultural & Linguistic Fit
  - Individual's Knowledge & Capabilities to Navigate Care System
- Promoting Individual's Health Awareness & Management
  - Good Knowledge & Capabilities to Manage Healthy Living, Symptoms & Signs
  - Good Knowledge & Capabilities on LTCs & Multi-Morbidity and What to Do in Crisis
  - Good Knowledge & Capabilities to Manage Change, Recovery & Adaptation in Health and Daily Living
- Quality & Pro-activeness of System
  - Sufficient and Consistent Level of Resources in Right Place to Meet Demand
  - Resources & Capabilities to Support Preventative/Early Detection for Individuals
  - Resources & Capabilities to Supprt Individual's Health Literacy, Activation & Navigation
  - Resources & Capabilities to Support People in Crisis & To Support Them to Recover
  - Resources & Capabilities to Support People through Changes in Health Status and/or People with More Complex Care Needs

XMind Trial Mode

- Some determinants are **NOT** amenable to change, e.g. an individuals' genetics. Other determinants are partially those individuals are likely to want to manage albeit support might be available if needed in some cases, e.g. personal relationships;
- Some determinants are complex issues outside of 'direct care realm' and a likely to be longer-term social policy factors, e.g. air quality or amenities nearby. Some are a combination of 'direct realm' and wider social policy, e.g. housing
- Some determinants can be influenced or supported through 'care system' partners working with, or influencing, the individual
- Some factors can be influenced through ensuring a 'good fit of the system' to the population