North West London Integrated Care System
Working together for better health and care

Joint Health Overview & Scrutiny Committee

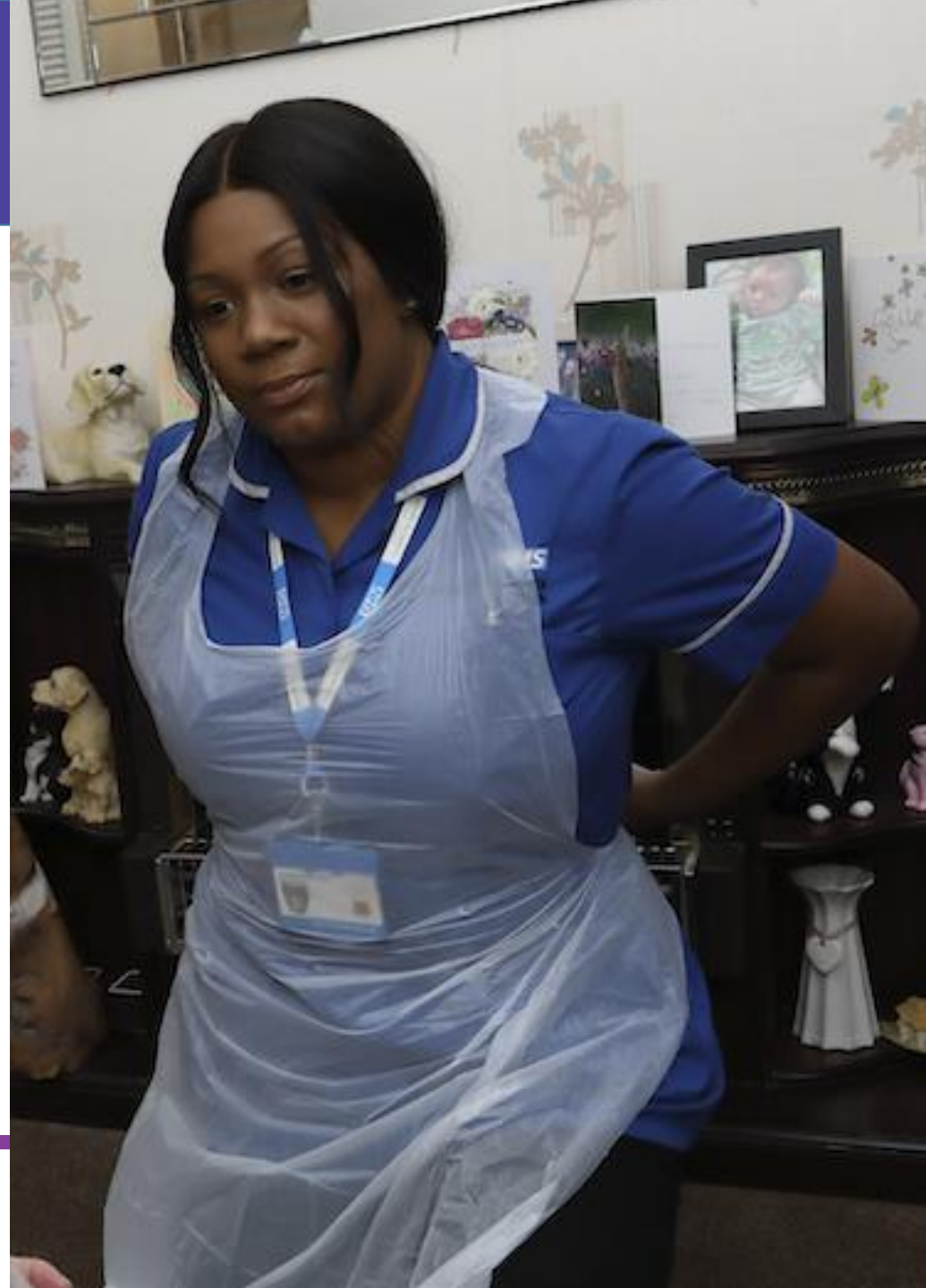
Addressing Health Inequalities Framework Briefing

Carolyn Regan Joint SRO ICS Population Health/Inequalities Programme
Toby Lambert Director of Strategy and Population Health


0300 1234 244

Executive Summary

- This briefing updates NWL JHOSC on how we propose to engage our communities and residents to co-produce solutions and interventions that will overcome barriers to reducing health inequality
- We recognise that Covid-19 has exacerbated those inequalities within our communities. As one of the key drivers is a lack of trust, particularly amongst our black community, we include understanding barriers from a structural racism perspective as part of the approach.
- The approach includes publishing an NWL-wide Health Inequalities framework which summarises and highlights where our communities and residents currently experience inequalities. This framework includes the wider determinants of health and the proposed approach to addressing these, and acknowledges what our communities have already told us.
- The framework was developed in partnership across the system including local authorities (both officers and elected members), our voluntary sector and stakeholders from our communities



Executive Summary

- Our proposed approach fits will with the ‘Core20 Plus 5’ framework (developed by NHS England’s health inequalities team) - the ‘Plus’ element stresses engaging communities on what matters to them.
- We intend to publish the framework this month and ensure that it is cascaded to stakeholders. We are planning engagement events collectively with local teams (local authorities, voluntary sector, NHS) that will start in September. Feedback from the events will be an important input into the ICS’ strategy
- The approach consciously builds on the extensive existing work already undertaken by local authorities, the voluntary sector and the NHS in each borough. Insights will be collated, analysed and built into future decision making. It is important that there is transparency, commitment and visibility that we are building future interventions together with our communities.

NW London ICS brings together a wide range of health, care and related organisations

We are:

- **65,000** NHS employees
- **1,500** Adult social care staff
- **1,500** Voluntary organisations
- **1,300** (FTE) GPs
- **350** GP practices
- **276** Care homes
- **45** Primary Care Networks
- **9** NHS Trusts – four acute trusts, **4** community and mental health trusts, **1** ambulance trust
- **8** London Councils
- **8** Boroughs
- **1** NHS Clinical Commissioning Group (until ICS/ICB established)

Acute trusts

Chelsea and Westminster NHS Foundation Trust

Imperial College Health Care NHS Trust

London North West University Healthcare NHS Trust

The Hillingdon Hospitals NHS Foundation Trust

Community and mental health trusts

Central and North West London NHS Foundation Trust

Central London Community Health Care NHS Trust

Hounslow and Richmond Community Healthcare NHS Trust

West London NHS Trust

Other NHS organisations

London Ambulance Service NHS Trust

National Institute of Clinical Research Network North West London

NHS England/London

NHS Health Education North West London

NHS North West London Integrated Care Board

North West London Integrated Care System

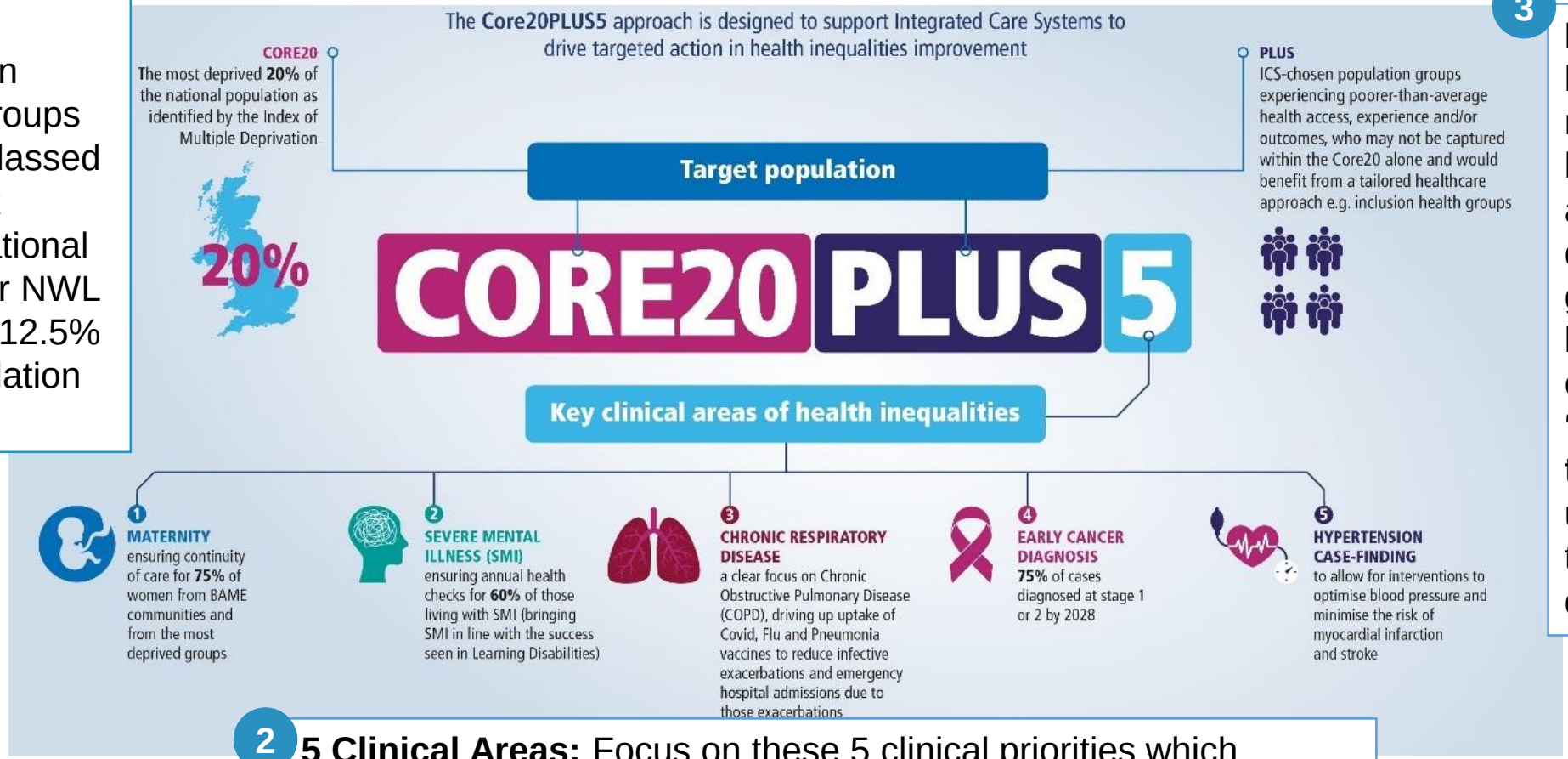
Our vision is to improve people's life expectancy and quality of life, reduce inequalities and achieve health outcomes on a par with the best global cities: we have four key objectives as set out nationally

- **A** Improve outcomes in population health and health care
- **B** Prevent ill health and tackle inequalities in outcomes, experience and access
- **C** Enhance productivity and value for money
- **D** Support broader economic and social development

WHAT: A national framework '**CORE20 PLUS 5**' has been developed to help us focus, understand priorities and address these complex issues at an integrated care system level - tackling health inequalities bringing health, social care and other agencies.

1

CORE20: Identify, then focus on, groups which are classed as the most deprived national quintile – for NWL this means 12.5% of the population we serve



3

PLUS: Also look at your most pressing local needs and where disparities are greatest; ask local communities 'what matters to them'; understand the key social determinants

2

5 Clinical Areas: Focus on these 5 clinical priorities which require considerable improvement to address inequity in clinical outcomes (national and regional programmes of work)

North West London Integrated Care System

Working through three pillars, we will set an overall goal and adopt a systematic approach that combines quantitative data and insights from our communities to both set priorities and co-produce solutions

Overall goal:
Using population health management as a technique,
reduce unacceptable variation in outcomes, access and experience, maximise how partners across the ICS
contribute to broader economic and social development and thereby improve the outcomes that are most important to our residents and communities

(1) Identify and address inequalities in (a) access to (b) experience of and (c) outcomes achieved by each of our existing health and care services

- Use quantitative data to identify inequalities in access, experience or outcomes; then ask the people who are disadvantaged for their insights (qualitative data) and help in designing & testing solutions
- Apply the FOCUS-ON improvement methodology across all of the key measures within each of our ICS programmes
- Work with our local communities to further understand and systematically tackle the issues around structural racism that we have started to learn about (from our vaccine improvement work) as being a key barrier to equity in health outcomes

IDENTIFICATION

(2) Put in place the building blocks of a population health approach – that will help us to reduce inequalities - across all of our work within the ICS

- Develop analytical tools to support population health management and improvement so we can reliably focus initiatives at priority groups with the highest need and then measure their impact
- Prioritise improving equity in the five key clinical areas identified in the NHS national health inequalities framework “Core20PLUS5”
- Embed new ways of involving communities in co-producing priorities that matter to them, and designing the way we deliver care (“the PLUS”)
- Support local teams in boroughs and neighbourhoods to test and implement these co-produced interventions; then scale the ones that make the most impact

INFRASTRUCTURE

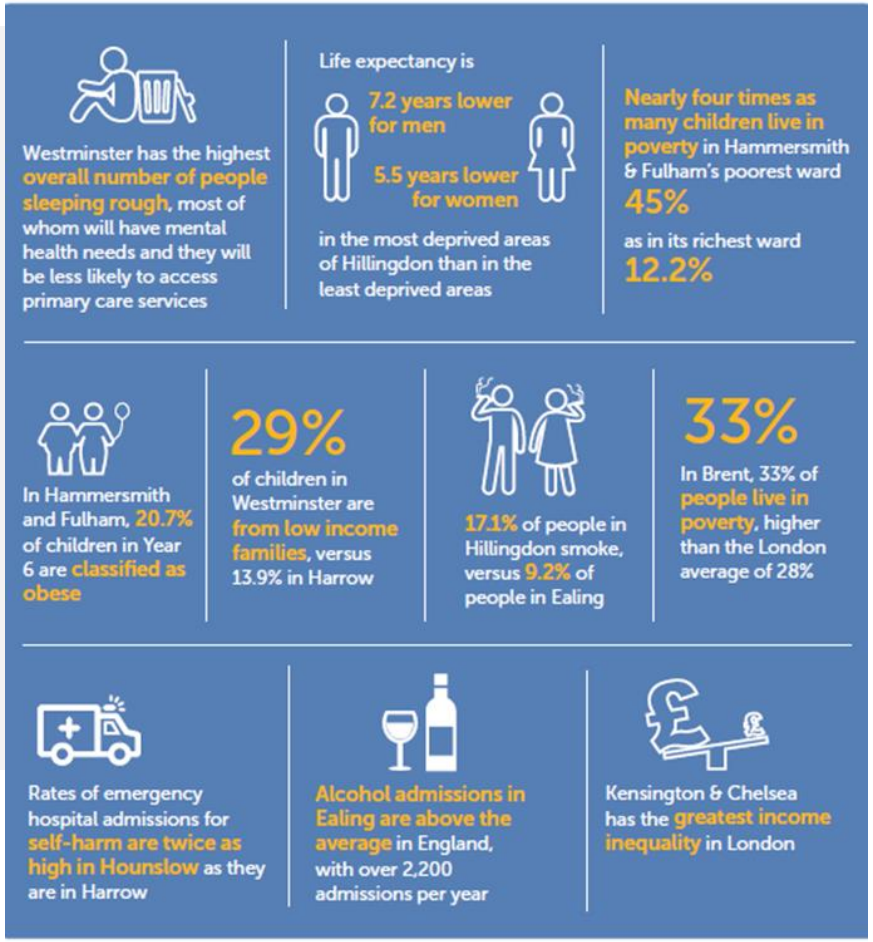
(3) Work together with all of the partners in our ICS to improve social, environmental and healthy living factors that adversely affect health and well-being

- Work in partnership across local communities, the NHS, local government, voluntary sector and business to improve access to education, training and employment opportunities for our most disadvantaged communities – and to support local businesses through more local procurement e.g. the role of local authorities, large businesses and NHS providers as “anchor organisations”
- Support the Mayor’s plan for health through working more sustainably; promoting active travel, improving air quality, increasing green spaces
- Work in partnership to improve healthy behaviours especially within our most disadvantaged communities; focusing on smoking cessation, reducing obesity, tackling local issues & the 5 key clinical areas identified in Core20PLUS5

PARTNERSHIPS

WHY this work is so important, now more than ever

Significant health inequalities exist in north west London; the high levels of deprivation across our eight boroughs correspond to poorer health outcomes in those areas



Covid-19 has exacerbated many existing health inequalities, both the direct impact of the disease itself and the lasting economic and social effects the pandemic is continuing to have

Unemployment rose by

152% (64,000) **across North West London between March 2020 and June 2021, compared to 116% nationally**

2023 year by which job numbers are expected to recover to pre-pandemic levels

Our local economy is getting worse

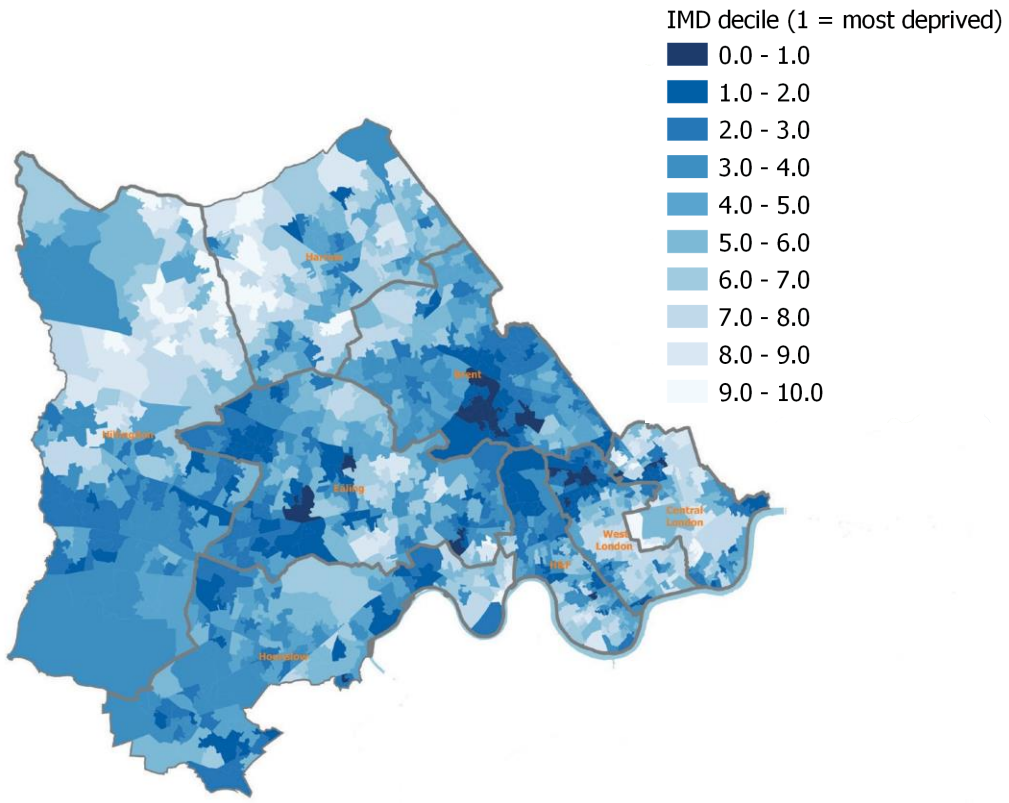
£8.1billion contraction of West London's Gross Value Added in 2020 – offsetting cumulative growth since 2013

Average unemployment (June 2021) across North West London was 7.4% compared to 5.6% nationally

North West London Integrated Care System

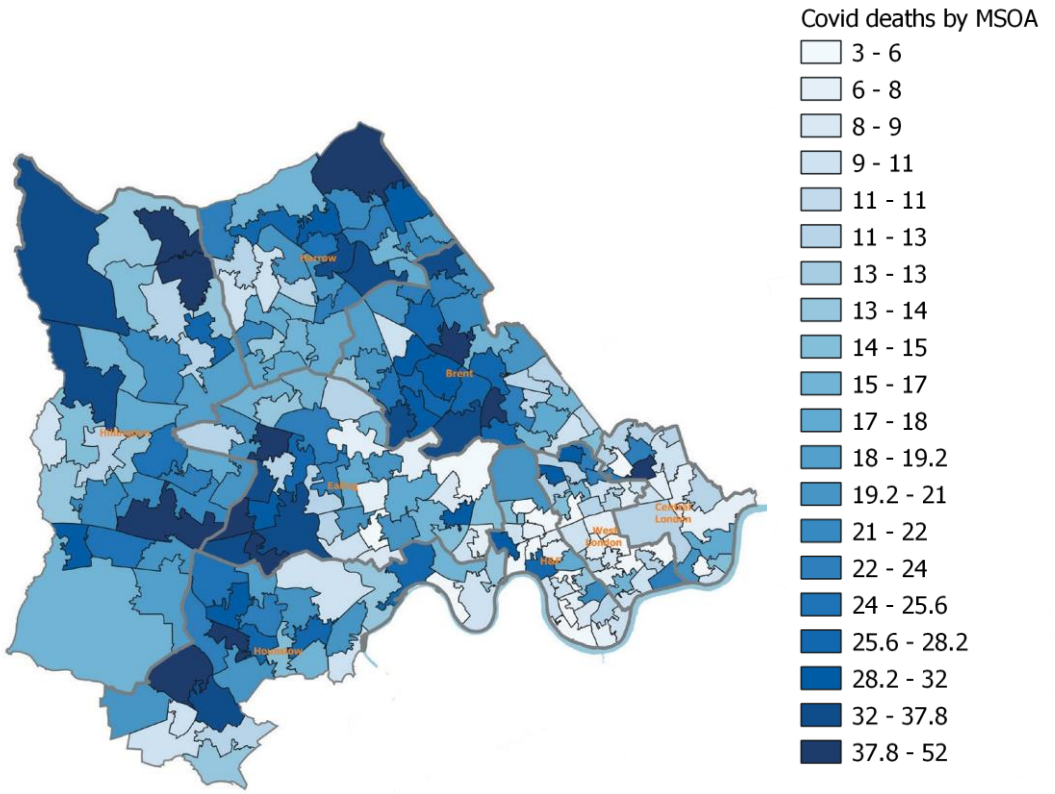
Example: COVID pandemic

Deprivation



Covid-19 has starkly illustrated the inequalities we have

Covid-19 deaths



LSOA level data covers Covid-19 deaths March 2020 - April 2021 (wave 1 and 2 peaks - 83% of total deaths to-date)

North West London Integrated Care System





Why are we involving people?
Involvement is a critical part in the development of the strategy and plan.

Involvement activities will be developed at place, supported by the NWL Engagement team, reflecting the needs and characteristics of each borough but united by common principles.

Our involvement principles will ensure that we maximise the value of these activities, and remain true to our desire that this strategy should be led by the views and preferences of residents, staff and stakeholders.

- We will co-develop the strategy and plan with our residents and staff. This means involvement at all stages – not simply 'testing' our thinking after it has been developed. It also means listening to residents on the priorities which they want to talk about, rather than 'the system' setting the agenda.
- We will be guided primarily by the views of residents in relation to the strategy's key decisions – how and where we should prioritise our efforts and resources to make the most difference for them. The things which matter most to residents will form the 'currency' which we can use to compare competing priorities.
- We already know some of what our population wants – and what is and isn't working for them – through current and recent work. There is a large amount of both qualitative and quantitative information available. The strategy and plan need to draw on insights from this work, rather than duplicating.
- We also need to use – and build on – the extensive networks, forums and relationships which are already in place, across NWL, for involving people.
- We need to engage people on what matters to them – the services they are receiving. The ICS (and the North West London geography) is not 'real' for most people. This is true for staff as well as people who use services.
- Discussions should reinforce our 'whole person' approach. Learning from recent activity, discussions with residents need to be about the totality of their experience, not individual parts of it (such as individual services).
- Resident and staff involvement needs to be an 'ongoing process' within our strategy and planning, rather than a one-off event. Careful thought will be needed to build this into the strategy and planning timetable (e.g. plan will need to be 'locked down' at specific points, meaning that involvement activity linked to them will then need to move to implementation).

North West London Integrated Care System

Next Steps

- The document will be / was published on 12 July 2022.
- Open public events in each borough are being jointly planned by local authorities and the NHS. At these events – to be locally determined, but in most cases a ‘drop in’ approach is suggested – we will share information about inequalities with local people and ask ‘what matters to you?’ type open questions. We will also share the feedback we think we have heard from residents on these issues in the past.
- Events will be agreed with each borough but could also contain public health information and offer health advice and activities such as screening/vaccination
- Events to start in September and run over the months ahead.
- Insights from the events will inform our strategy – as will insights from further community engagement.