

Population Health, Inequalities and Anchor Institution

Whittington Health's Annual Report

OCTOBER 2021

Whittington Health 



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Our Communities

Islington and Haringey are both very **diverse communities** with a **younger population** expected to rapidly grow and age.

There are **significant disparities** in health outcomes between the richest and poorest parts of both boroughs.

Poor mental health remains a priority for both boroughs in order to improve overall health.

Smoking, alcohol and obesity remain key preventable causes of ill health. **Making Every Contact Count** is important to improve patients' lives.

Pressing Health Inequalities

There are significant **differences in health outcomes** (such as healthy life expectancy) for those who live in the most deprived areas, namely East Haringey and North Islington.

The **social determinants of health** such as housing, poverty, employment, and access to care have a **significant effect** on the ability of our residents to live healthy lives.

The **Covid-19 pandemic** has further deepened health inequalities and shown the importance of focusing on population health within our society.

Long Term Conditions

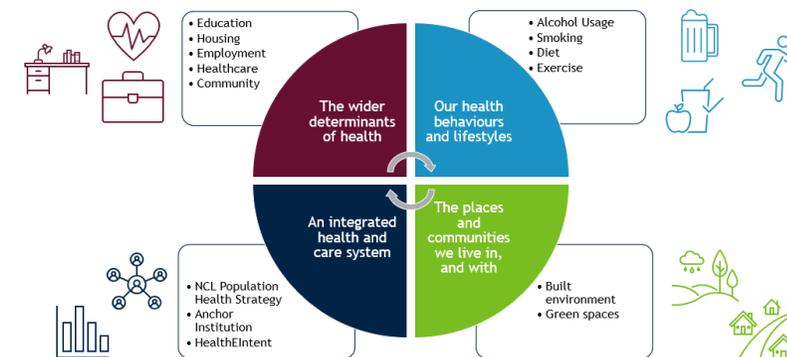
The **wider determinants of health** effect which communities are more heavily impacts by long term conditions, specifically areas of greater deprivation.

The top three diagnosed LTC's in August 2021 (excluding mental health) are **Hypertension, Asthma, and Diabetes**.

By looking more deeply into **behavioural risk factors** and the intersection between demographic areas of interest (e.g. **ethnicity, deprivation**), we can improve the **detection and treatment** for these LTC's.

Population Health Implications

In order to make the greatest impact on population health, we must focus on the **four pillars**: The wider determinants of health, our health behaviours and lifestyles, the places and communities we live in and with, and an integrated health and care system.





Whittington's Strategic Objective:

Play our role as an Anchor Institution to prevent ill-health and empower self-management by making every contact count, engaging with the community, becoming a source of health advice and education and **tackling inequalities**, including inequalities facing people with learning disabilities and/or Autism and serious mental ill-health.



- To make our **communities fairer** and to create a place where everyone, whatever their background, has the opportunity to reach their potential and enjoy a good quality of life.
- To involve and **engage residents** in our decision making and service design.
- To support people to look after their own health, including through **enabling access** to wellbeing and self-care opportunities.
- As an **Anchor institution**, deeply rooted in our local community, WH can have significant impact on the things that keep people healthy and reduce inequalities e.g employment, procurement and sustainability.
- Whittington is partnering with the **HealthIntent** programme, to create a single integrated care record for residents across NCL.
- A **data driven** approach, looking at the drivers of ill health and which populations are most affected, can lead to better outcomes, reduce inequalities and reduce demand for hospital services.



Population inequalities conclusions

The number of preventable deaths is strongly associated with **deprivation and inequality**. Haringey and Islington have the highest number of preventable deaths across NCL.

24% of Islington and 34% of Haringey's population live in the 20% most deprived neighbourhoods in England.

There are **barriers to access healthcare** in deprived communities, leading to people living with conditions that are under-recognised and under-diagnosed.

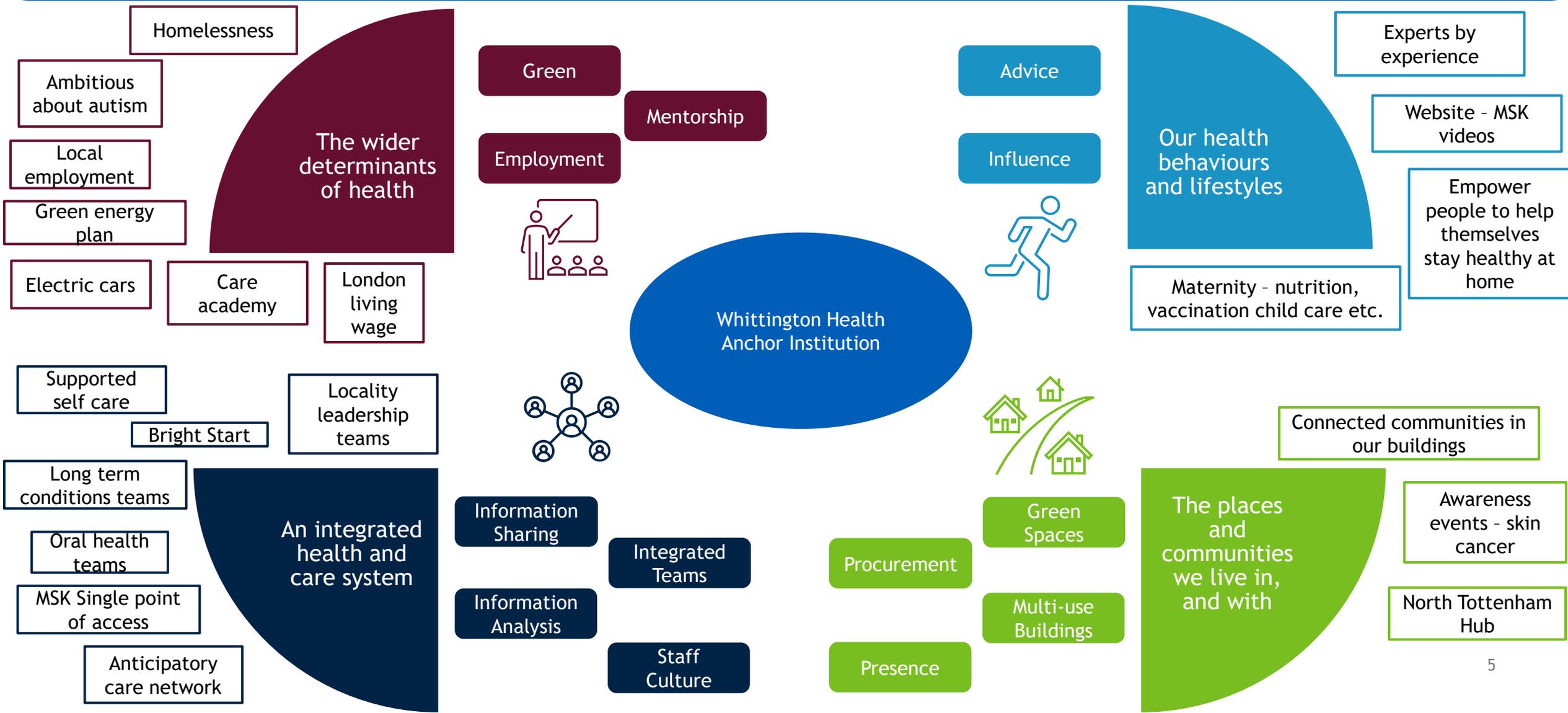
Mental Health, Deprivation, and Life Expectancy are key inequalities of outcomes in both boroughs, with **cardiology** in Haringey and **respiratory** in Islington also poor.

We can use HealthIntent to delve deeper into the patient groups within Islington and Haringey in order to **better tailor our services** to suit the needs of our population.

Recommendations:



- 1) Focus on improving health outcomes within **areas of deprivation** within both Islington and Haringey.
- 2) Look more deeply into those diagnosed with **hypertension, diabetes, and cancer** as the 3 top diagnosed LTC's.
- 3) Focus on improving **mental health outcomes** alongside physical health outcomes, particularly in areas of greater deprivation.





Strategy and Action Plan

Strategy

Actions

Lead, influence and partner with others using data to prioritise actions that reduce inequalities

Corporate and Civic

Agree priorities and targets with the Anchor network and work collaboratively to deliver them.

Co-design and deliver joined up services so they reach and benefit disadvantaged communities

Service Delivery

Deliver inequality funding projects, and work with localities to amplify public health messages

Be a positive presence and influence in the health of our communities through trusted advice and holistic approach

Service Delivery

Reinvigorate Make Every Count training and methodology.

Create local jobs paying the living wage, caring for the mental and physical health of our staff

Employment

Recruit more local candidates through targeted outreach to hit anchor network targets

Design vibrant community spaces that improve health and benefit the environment

Bricks and Mortar

Create a Trust Environmental Policy and Carbon Net Zero Action Plan

Create social value through our procurement

Procurement

New procurement to include social value with 20% weighting, including local value and employment



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Introduction



What is population health?

An approach that aims to **reduce health inequalities across an entire population**, promote health and wellbeing, and improve both physical and mental health outcomes.

The four pillars of population health:



King's Fund, 2018: The Four Pillars of Population Health and NHS England » Population Health and the Population Health Management Programme

What are health inequalities?

Unfair differences in health across the population, and between different groups within society. These are often caused by the **wider determinants of health** such as:

- **Socio-economic status** and deprivation (e.g. unemployed, poor housing, education)
- **Protected characteristics** (e.g. age, sex, race, sexual orientation, disability)
- **Vulnerable groups** of society (e.g. migrants, sex workers, rough sleepers)
- **Geography** (e.g. urban, rural)

What can we do?

By placing a focus on reducing these health inequalities that lead to poorer health outcomes, Whittington Health can work to prevent ill health from occurring and improve the overall health of the entire community.

Whittington's Strategic Objective:

Play our role as an anchor institution to prevent ill-health and empower self-management by making every contact count, engaging with the community, becoming a source of health advice and education and **tackling inequalities**, including inequalities facing people with learning disabilities and/or Autism and serious mental ill-health.



- To make our **communities fairer** and to create a place where everyone, whatever their background, has the opportunity to reach their potential and enjoy a good quality of life.



- To involve and **engage residents** in our decision making and service design.
- To support people to look after their own health, including through **enabling access** to wellbeing and self-care opportunities.



- As an **Anchor institution**, deeply rooted in our local community, WH can have significant impact on the things that keep people healthy and reduce inequalities e.g employment, procurement and sustainability.
- Whittington is partnering with the **HealthIntent** programme, to create a single integrated care record for residents across NCL.



- A **data driven** approach, looking at the drivers of ill health and which populations are most affected, can lead to better outcomes, reduce inequalities and reduce demand for hospital services.



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Our Communities

Demographics and Trends



Demography- the people we serve

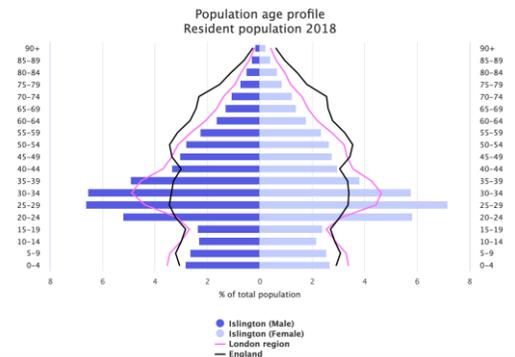


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Key Messages:

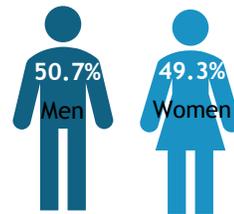
- Most of our patients come from **Islington and Haringey**, however we do get some patients from the entire NCL area including Camden, Barnet, and Enfield.
- Our patients are **ethnically diverse**, representing the wider London population. Conscious efforts must be taken to ensure we are providing culturally competent services to meet these diverse needs.
- Haringey and Islington are dominated by a **young working age** population. This presents a significant opportunity for prevention of conditions that are significant contributors to death and disability.

Islington (241,219)

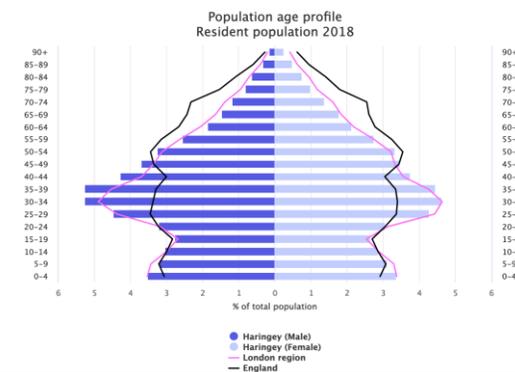


Islington has a much larger population of younger people (aged 20-34) when compared to both London and England averages.

Gender mix across Islington and Haringey:



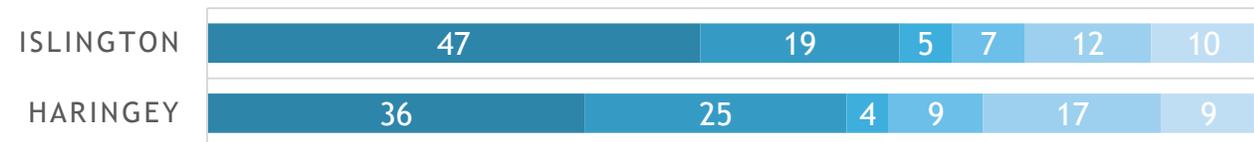
Haringey (266,909)



Haringey has a slightly higher than average proportion of people aged 20-40 when compared to England, however this is consistent with the London average.

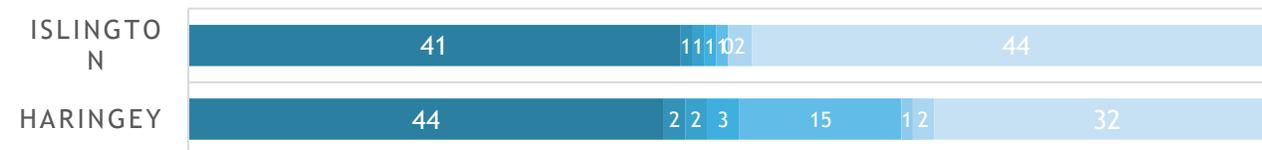
ETHNICITY (%)

- White British
- Mixed/Multiple ethnic groups
- Black / African / Caribbean / Black British
- All Other White
- Asian / Asian British
- Other ethnic group

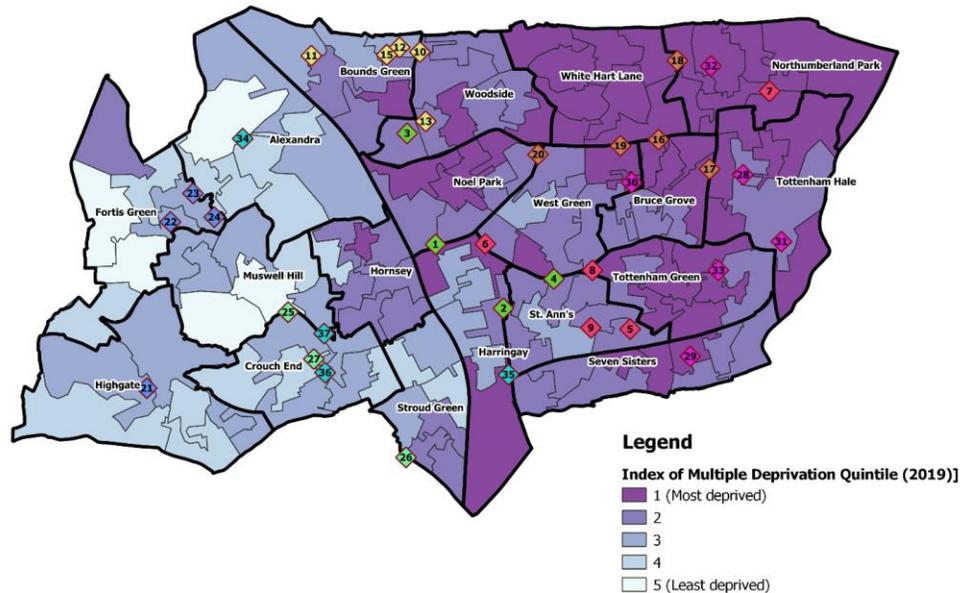


RELIGION (%)

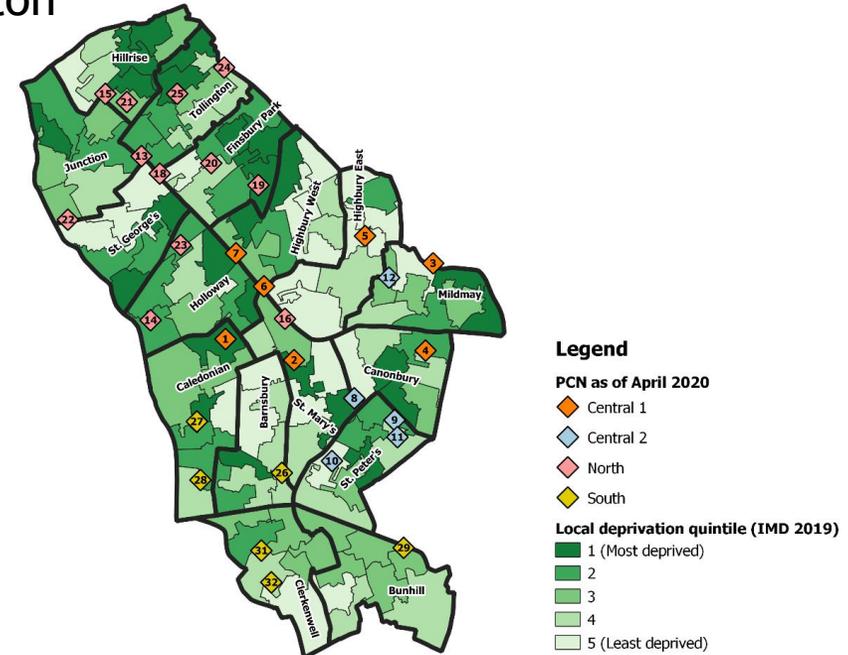
- Christian
- Muslim
- Buddhist
- Sikh
- Hindu
- Other
- Jewish
- None + Not Stated



Haringey

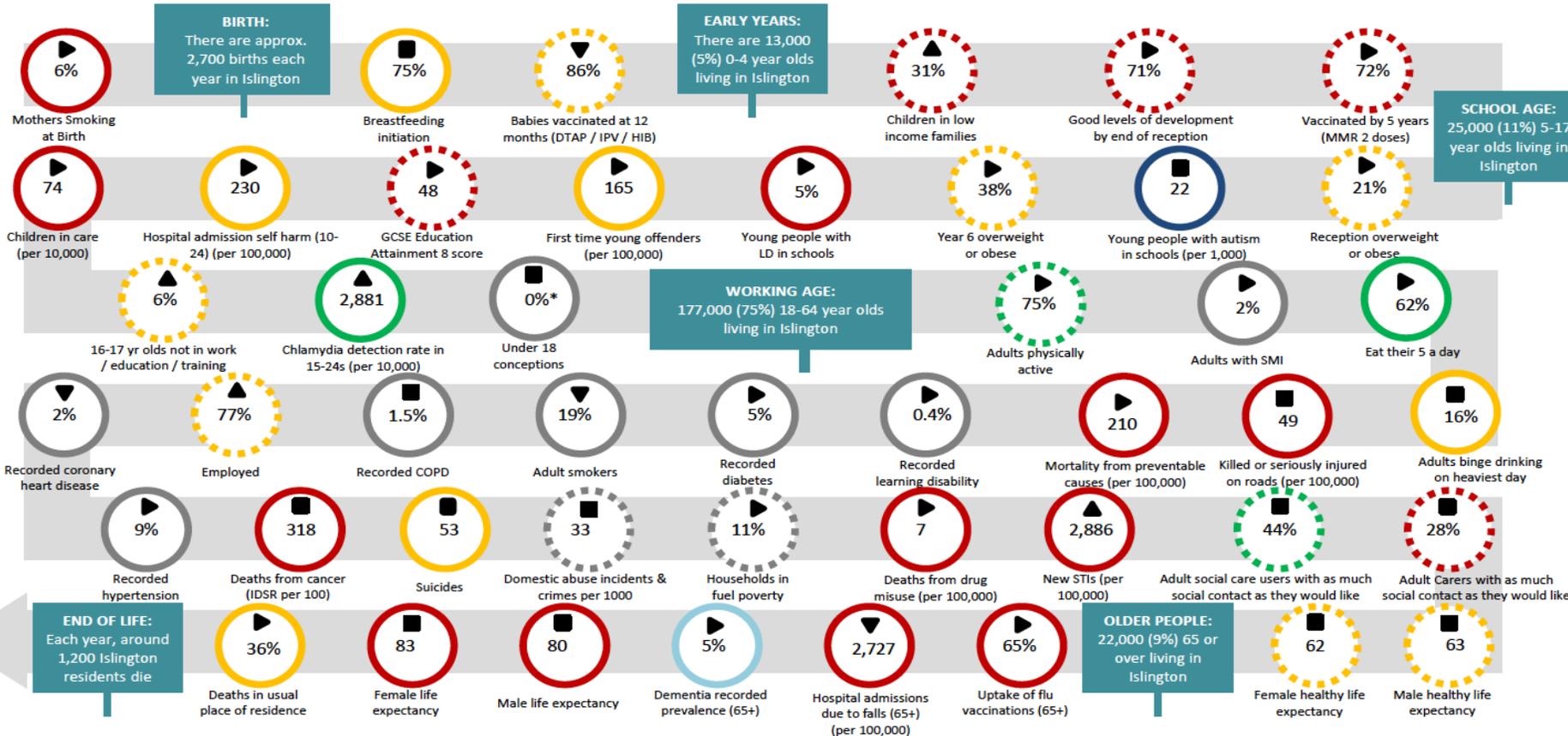


Islington



Key Messages:

- 24% of Islington and 34% of Haringey's population live in the 20% most deprived neighbourhoods in England. These neighbourhoods are largely concentrated on along the east of the boroughs of Islington and Haringey, which have high levels of deprivation along the 'A10 corridor' in the east running through Edmonton and Tottenham.
- These deprived neighbourhoods are amongst the most ethnically diverse, with around one-third of the populations of Haringey being White British, compared to 47% in Islington.
- These neighbourhoods also have the highest proportion of the adult population with no qualifications compared to the rest of the borough.



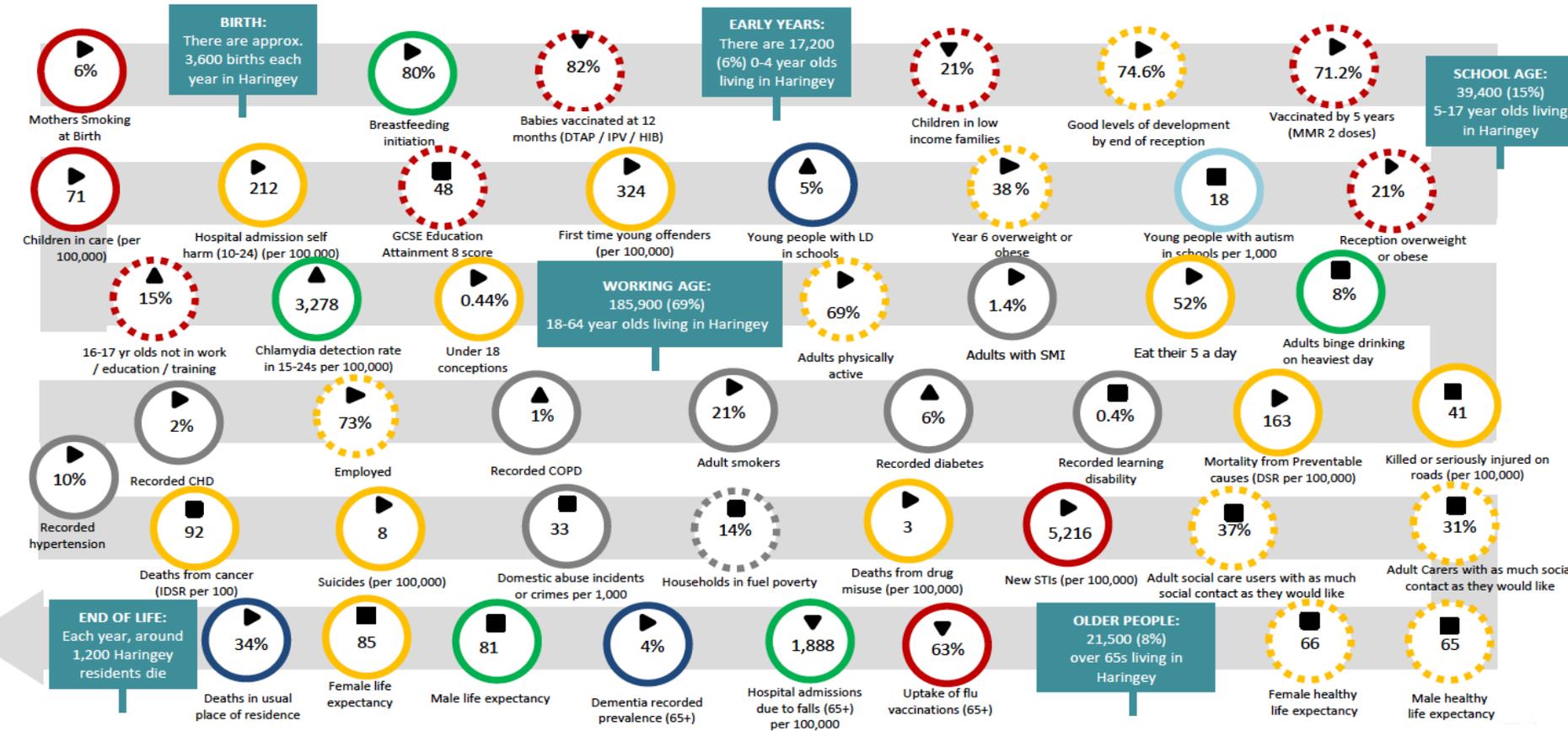
KEY		Comparison to previous time period			Comparison to London			Potential impact of COVID	
▲	Increased	▶	Similar	●	Better	●	Similar	●	Worse
▼	Decreased	■	No comparator	●	Higher	●	Lower	●	No comparator

Star (*) indicates missing data or suppressed data due to small numbers.

Key Messages:

- Children on average are not having the best start in life when compared to London averages.
 - Vaccination rates
 - Children in low-income families
 - Mothers smoking at birth
 - Children in care
 - GCSE attainment and children in school
- Preventable deaths are high.
- Flu vaccination uptake is far below the London average.
- The high rate of STI's in Islington should be a focus for future prevention work.

Haringey Life Course



KEY		Comparison to previous time period		Comparison to London		Potential impact of COVID	
▲	Increased	▶	Similar	●	Better	●	Similar
▼	Decreased	■	No comparator	●	Higher	●	Worse
		○	No comparator	●	Lower	■	No comparator

Key Messages:

- Children are on average having a worse start in life when compared to London.
 - Vaccination rates
 - Mothers smoking at birth
 - GCSE attainment
 - The number of children in low-income families
 - Overweight or obese children at reception age
- Flu vaccination uptake is far below the London average.
- The high rate of STI's in Haringey should be a focus for future prevention work.

Star (*) indicates missing data or suppressed data due to small numbers.



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Health Inequalities

The table below focuses on 23 Public Health Metrics relevant to our work on Inequalities across NCL and colour coded by how each borough compares to the London Average (or England Average if no London Average exists).

Area	Metric	Barnet	Camden	Enfield	Haringey	Islington	Worst 3 Boroughs in London (Not in Order)		
Diabetes	Type 1 Receiving All 8 Care Processes (2018/19)*	49.4%	40.8%	29.1%	52.9%	49.7%	Enfield	Merton	Waltham Forest
	Type 2 Receiving All 8 Care Processes (2018/19)*	56%	76%	36.3%	68.1%	61.6%	Enfield	Hounslow	Waltham Forest
	Major Diabetic Limb Amputation per 100,000*	4.3	6.3	5.2	10.2	4.4	Tower Hamlets	Redbridge	Newham
COPD & Respiratory	Emergency Hospital Admissions per 100	58.8	102.3	72.2	78.8	144.4	Tower Hamlets	B&D	H&F
	<75 Mortality Rate Respiratory Disease per 100,000	17.4	23.9	26.2	23.3	37.4	Tower Hamlets	H&F	B&D
	65+ Mortality Rate Respiratory Disease per 100,000	480.2	414	516.8	486.2	575.9	Lewisham	B&D	Tower Hamlets
Cancer	% Diagnosed at Stage 1 and 2 (2018)	57.9%	54.9%	57.3%	58.3%	53.3%	City of London	Newham	Brent
MSK	% Reporting Long Term MSK Problem (2020)	14%	12.4%	16.3%	13.4%	12.3%	Bexley	Havering	Enfield
Cardiology	CHD Admissions (All Ages) per 100,000*	364.6	287.3	579.2	491.5	351.6	Ealing	Hillingdon	Hounslow
	Heart Failure Admissions (All Ages) per 100,000*	179.1	134.5	229.6	219.7	172.1	Brent	City of London	Lambeth
	Coronary Heart Disease Mortality (<75) per 100,000	30.8%	32.3%	36.6%	39.5%	41.1%	Hackney	Tower Hamlets	Newham
	Mortality Rate 65+ Cardiovascular Disease per 100,000	1008.3	728.8	1148	1170.2	1056.5	Hounslow	Haringey	Enfield
Life Expectancy	Life Expectancy at Birth (Male) years (2017-19)	82.9	83.3	81	80.7	79.7	B&D	Lewisham	Lambeth
	Life Expectancy at Birth (Female) years (2017-19)	86	87.1	84.7	84.8	83.4	B&D	Greenwich	Islington
	Healthy Life Expectancy at Birth (Male) (2017-19)	61.8	67.9	63.9	64.2	63.4	B&D	Hackney	Lewisham
	Healthy Life Expectancy at Birth (Female) (2017-19)	63.9	63.9	65	64	59.8	B&D	Hackney	Newham
	Life Expectancy at Age 65 (Male) (2017-19)	20.9	22	19.6	19.6	18.9	B&D	Havering	Lewisham
	Life Expectancy at Age 65 (Female) (2017-19)	23.1	24.9	22.5	22.6	21.4	B&D	Greenwich	Islington
Deprivation	% of People 16 -64 in Employment	75.1%	72.6%	69.6%	76.7%	76.9%	K&C	Westminster	Enfield
	Deprivation Score (2019)	16.1	20.1	25.8	28	27.5	B&D	Hackney	Newham
	Children <16 in Low Income Families (2016)	14%	27.3%	22.2%	21.3%	30.6%	Islington	Tower Hamlets	Camden
Mental Health	Prevalence of Common MH 16 + per 100 (2017)	16.2%	19.4%	19.2%	22.3%	22.7%	Hackney	Newham	Islington
	Prevalence of Common MH 65 + per 100 (2017)	9.8%	11.8%	11.4%	13.4%	13.8%	Newham	Hackney	Islington

Mental Health, Deprivation, and Life Expectancy are key inequalities of outcomes in both boroughs, with Cardiology in Haringey also poor.

We are leading a strength-based respiratory wellness programme in North Islington with peer coaches

Key Messages:

- The largest inequalities for Islington and Haringey are **poor mental health**, and **deprivation** (including unemployment and low income)
 - About 5,500 (3%) working aged people in Haringey and 6,400 (4%) in Islington are on sickness / disability benefits due to mental illness, meaning one-in-three out-of-work benefit claims are due to mental illness.
- In Islington, **life expectancy** is also **significantly lower** when compared to the London average and in Haringey it **varies considerably** from East to West.
- **Smoking prevalence** is higher in more deprived areas of Islington and Haringey than the London average.
 - 37% of people diagnosed with a severe mental illness smoke compared with 15% of the overall Haringey population, and 38% compared to 16% in Islington
- There is a well understood link between areas of **deprivation and respiratory disease** - often due to high smoking rates, exposure to air pollution, poor housing conditions, and exposure to occupational hazards.



22.5% of people aged 16+ have a common MH condition



Average Deprivation Score in I&H is 28



Life expectancy-
Men: 78-82
Women: 83-86
(large range explained next slide)



Haringey mortality rate 65+ Cardiovascular Disease- 1,170 per 100,000



Islington Emergency hospital admissions for Respiratory conditions- 144.4 per 100,000



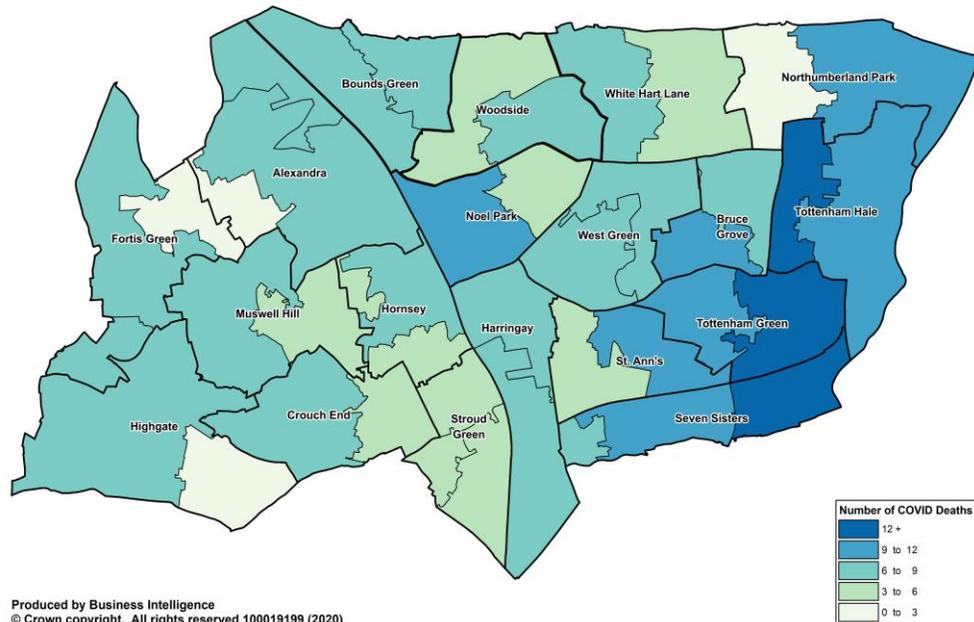
Health Inequalities and Covid-19

Key Messages:

The Covid-19 pandemic worsened existing health inequalities, which are inextricably linked with deprivation, ethnicity and age. The highest rate of hospital admissions for Covid-19 were for 'other' ethnic groups (407 per 100,000) followed by people from a Black background (278 per 100,000). These rates are both higher than the Haringey average of 182 per 100,000.

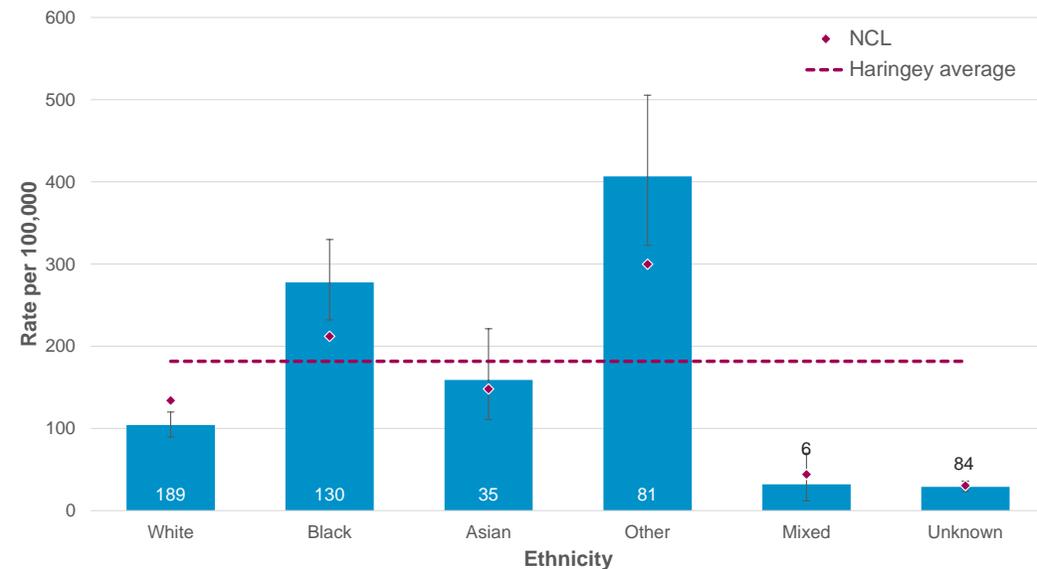
In absolute terms, there have been more Covid-19 deaths in the East of the borough than the Centre or West. Deprivation and poor population health appear to be the factors that account for the most variation between neighbourhoods. Average household size also emerges as a factor with strong positive correlation with Covid-19 deaths.

COVID Deaths by MSOA (March to June 2020)



Produced by Business Intelligence
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Number and crude rate of hospital admissions where COVID-19 has been diagnosed by ethnicity, Haringey, October 2019 to April 2020



Note: The rate is calculated over the 2020 GLA 2016 housing led population estimates for each ethnic group. For the unknown category, the overall population in the borough is used as a denominator.
Source: CSU data warehouse, June 2020

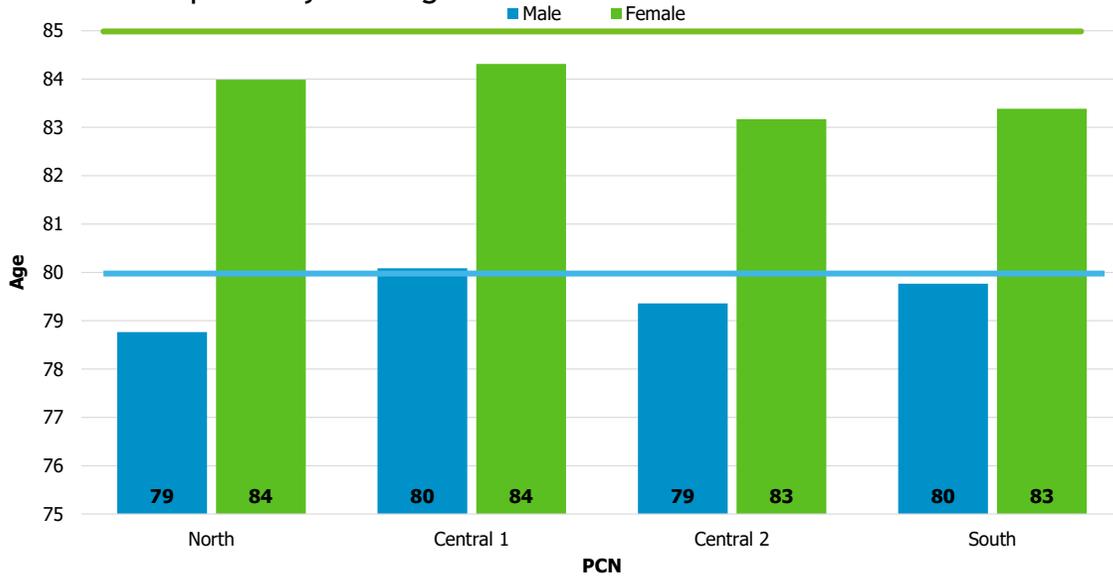


Life Expectancy and Deprivation



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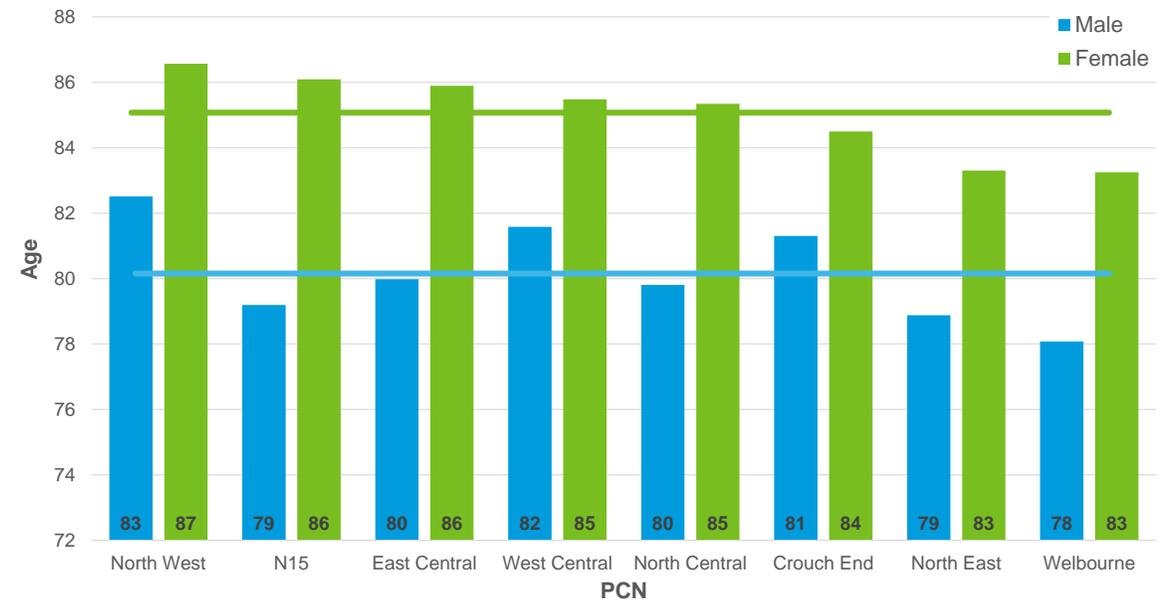
Life Expectancy in Islington



Note: Average life expectancy based on life expectancy of each GP Practice population within the PCN and dividing it by the number of GP Practices within each PCN.

Source: PHE Fingertips 2020

Life Expectancy in Haringey



*Green and Blue lines represent London averages

Note: Average Life expectancy based on Life expectancy of each GP Practice population within the PCN and dividing by the number of GP Practices within each PCN

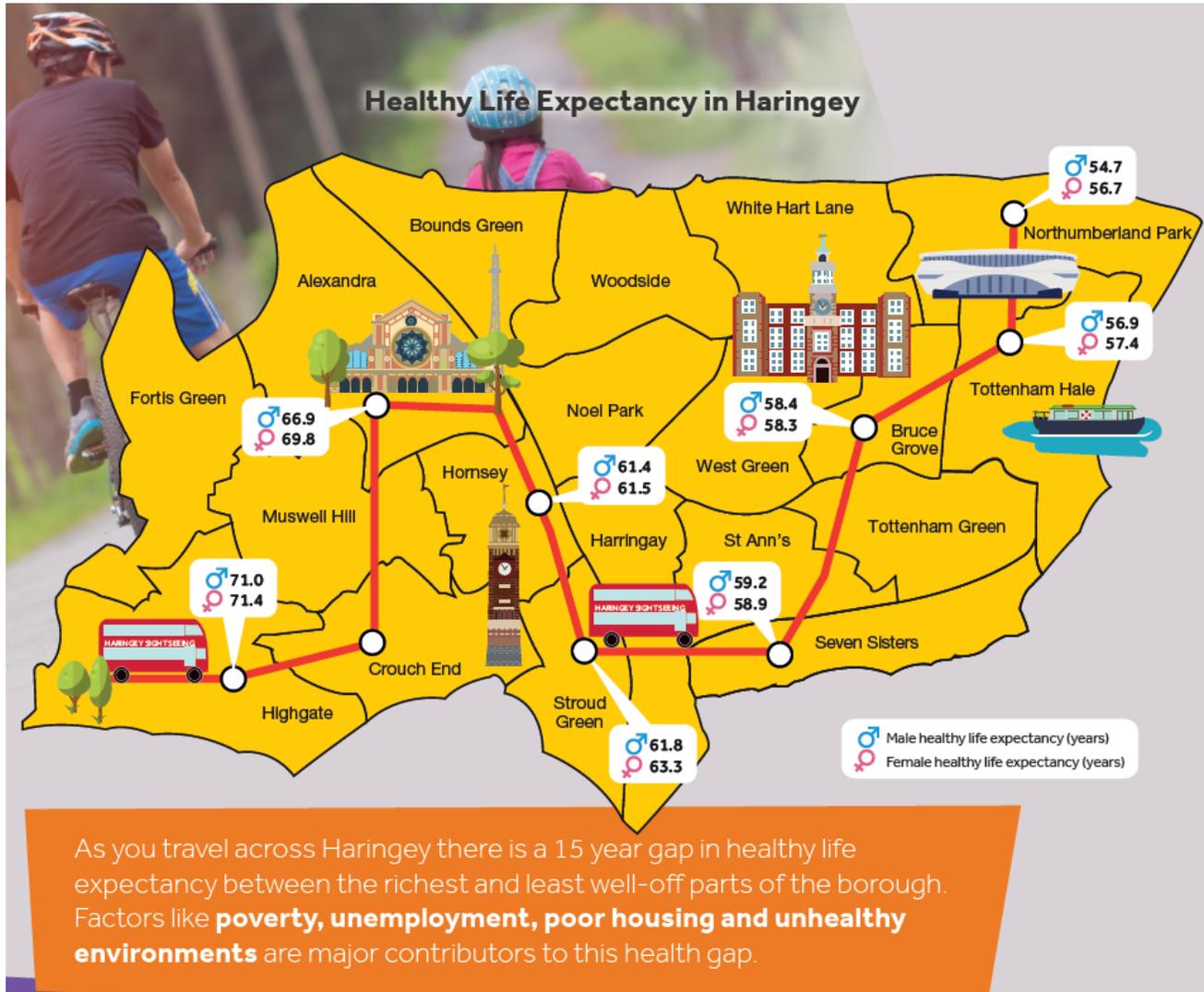
Source: PHE Fingertips 2020

Key Messages:

Overall life expectancy is increasing for all residents, but varies on a Borough-by-Borough basis largely as a **result of underlying deprivation**, e.g. there is 5 years of difference for men living in North West Haringey compared to Westbourne, and for women there is 4 years difference.

Life expectancy is **significantly lower** than London Averages in the more deprived PCN's such as **Welbourne** in Haringey and **North Islington**.

Healthy Life Expectancy



Key Messages:

People Islington and Haringey on average live the last 20 years of their lives in **poor health**. There is a significant social gradient in life expectancy and healthy life expectancy for both genders between the least and most deprived neighbourhoods, with healthy life expectancy varying by up to 20 years across the neighbourhoods.

This is especially noticeable in Haringey between the east and west of the borough. The healthy life expectancy ranges from 71.4 in Highgate to 54.7 in Northumberland Park.



Emergency Admissions by Deprivation

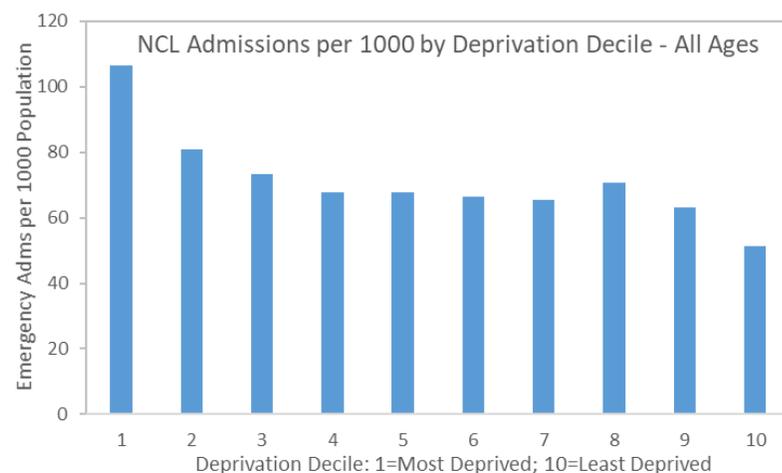
	Most Deprived: Deciles 1 and 2			Least Deprived: Deciles 9 and 10		
	% NCL Population	% NCL Emergency Admissions	Difference	% NCL Population	% NCL Emergency Admissions	Difference
Haringey	34.1%	40.2%	+6.1%	3.0%	2.4%	-0.6%
Islington	24.3%	32.3%	+8.0%	0.0%	0.0%	-
NCL	20.5%	24.4%	+3.9%	9.0%	7.6%	-1.4%

Key Messages:

Deprivation is associated with adverse health effects.

- **34.1%** of Haringey’s population live within the 20% most deprived areas in England- but **account for 40.2%** of Haringey emergency admissions.
- Conversely, **3%** live in the 20% least deprived areas- but **account for 2.4%** of emergency admissions.
- **24.3%** of Islington’s population live within the 20% most deprived areas in England- but **account for 32.3%** of Islington emergency admissions.

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





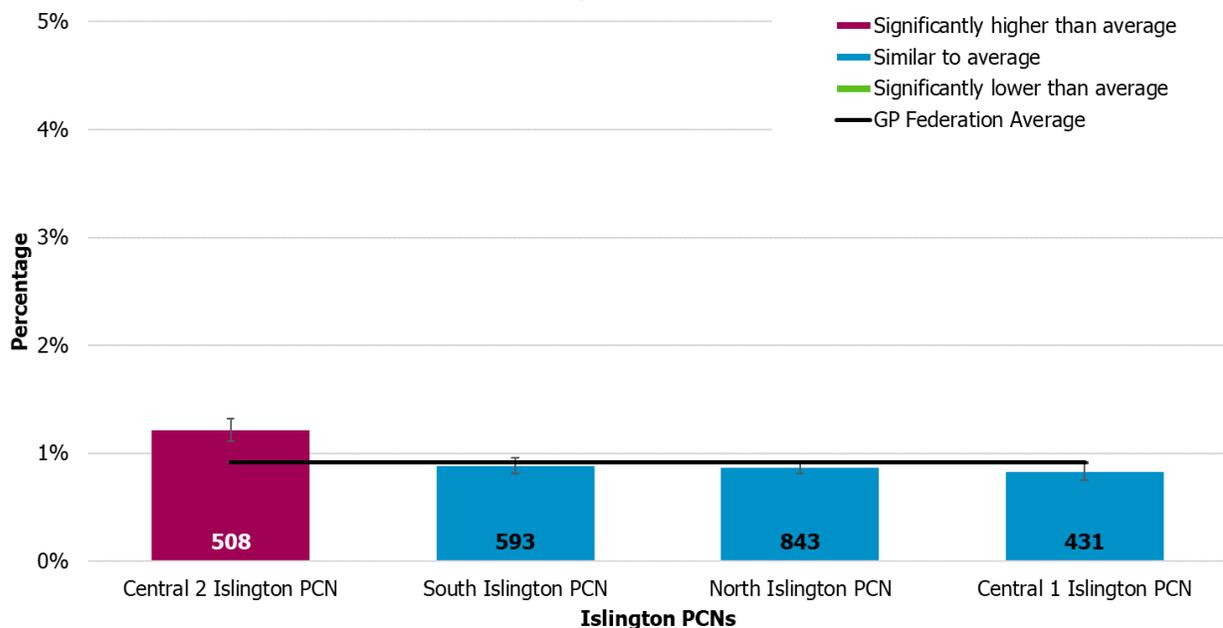
Long Term Conditions

Diagnosed Prevalence of Atrial Fibrillation

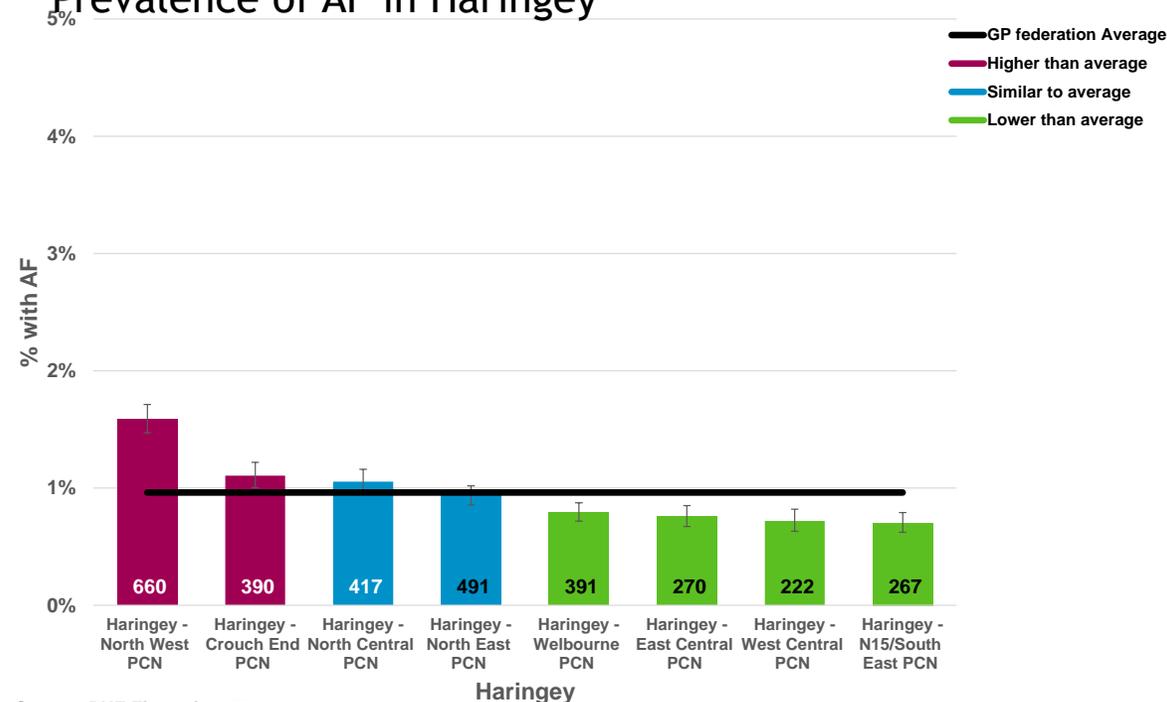


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Prevalence of AF in Islington



Prevalence of AF in Haringey



Source: PHE Fingertips, 2019

Source: PHE Fingertips 2019

Among the GP registered population in Islington, around 2,400 people have been diagnosed with atrial fibrillation.

Central 2 Islington PCN has a diagnosed prevalence of 1.2%. This is significantly higher compared to the GP Federation average of 1%.

We support anticoagulant clinics in the community

Among the GP registered population in Haringey, around 3,000 people have been diagnosed with atrial fibrillation.

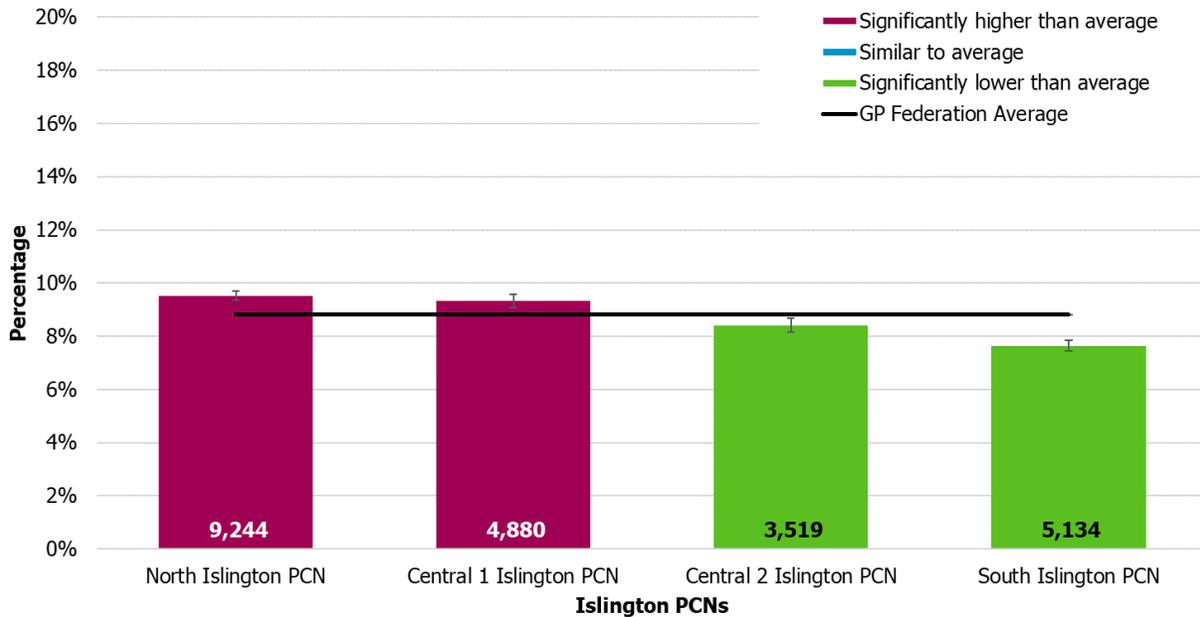
North West PCN and Crouch End PCN have a diagnosed prevalence of 1.6% and 1.1% respectively. This is significantly higher compared to the GP Federation average of 1%.



Long Term Conditions

Diagnosed Prevalence of Hypertension

Prevalence of Hypertension in Islington

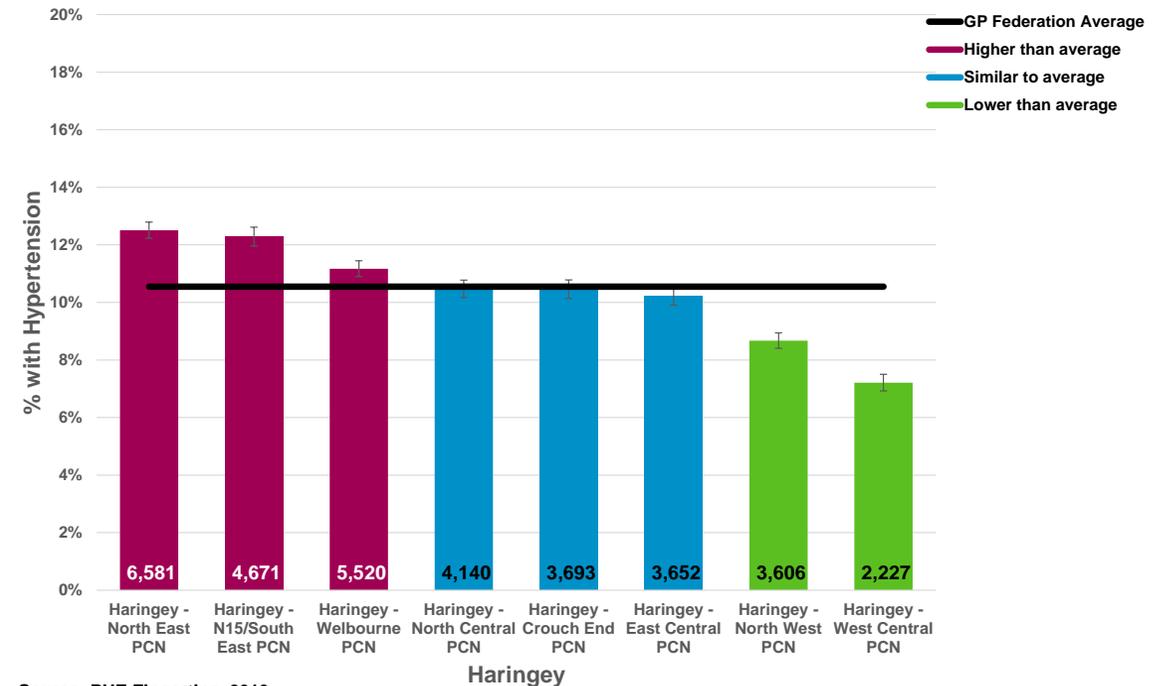


Source: PHE Fingertips 2019

Among the GP registered population in Islington, around 23,000 people have been diagnosed with **hypertension**. This is the **highest diagnosed** long term condition within the registered population.

North Islington PCN and Central 1 Islington PCN have a diagnosed prevalence of **9.5% and 9.3% respectively**. This is **significantly higher** compared to the GP Federation average of **8.8%**.

Prevalence of Hypertension in Haringey



Source: PHE Fingertips, 2019

Among the GP registered population in Haringey, around 34,000 people have been diagnosed with **hypertension**. This is the **highest diagnosed** long term condition within the registered population.

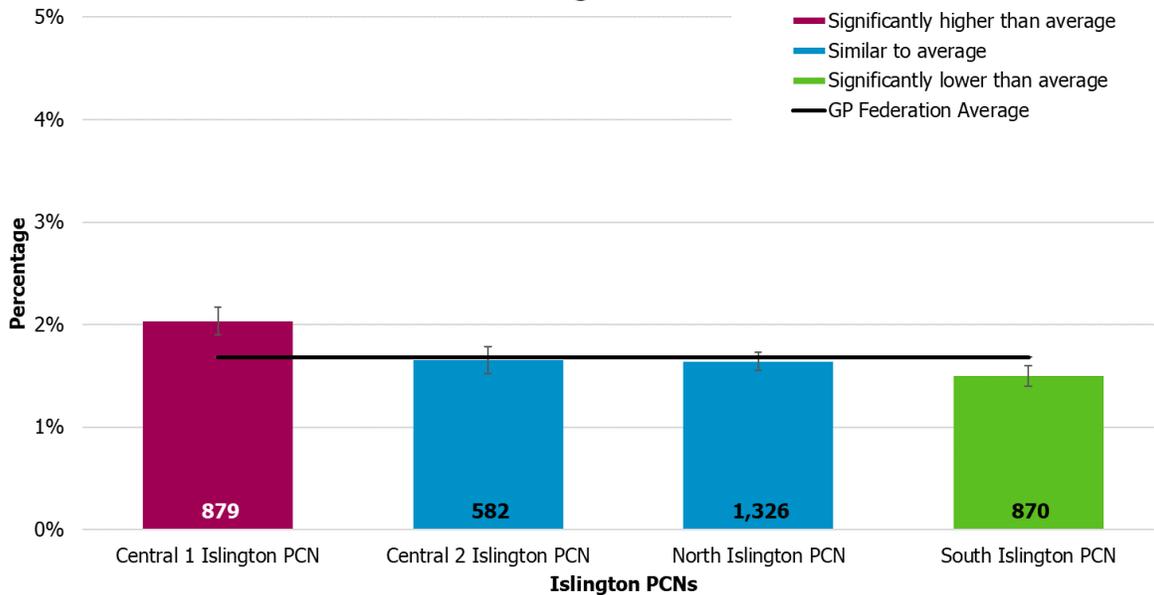
North East PCN, South East PCN, and Welbourne PCN have a diagnosed prevalence of **13%, 12% and 11% respectively**. This is **significantly higher** compared to the GP Federation average of **11%**.



Long Term Conditions

Diagnosed Prevalence of Chronic Kidney Disease

Prevalence of CKD in Islington

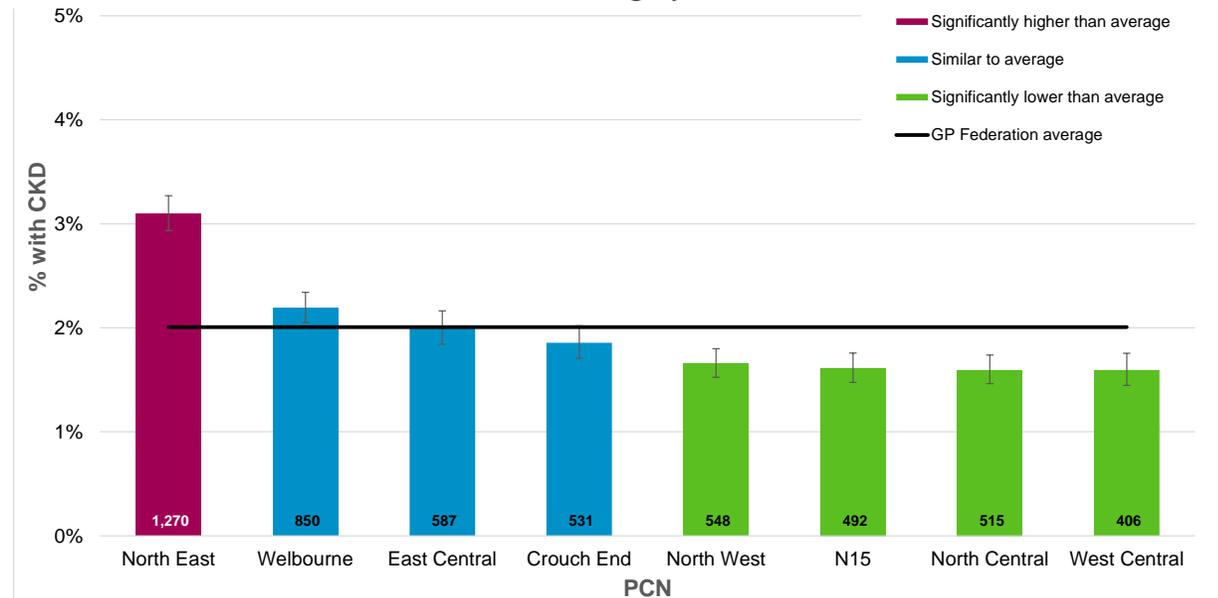


Note: PCN based on April 2020 grouping.
Source: QOF, 2018/19

Among the GP registered population in Islington, around **3,700** people have been diagnosed with **CKD**.

Central 1 Islington PCN has a diagnosed prevalence of **2%**. This is significantly higher compared to the GP Federation average of **1.7%**.

Prevalence of CKD in Haringey



Note: PCN based on April 2020 grouping.
Source: QOF 18/19

Among the GP registered population in Haringey, around **5,199** people have been diagnosed with **CKD**.

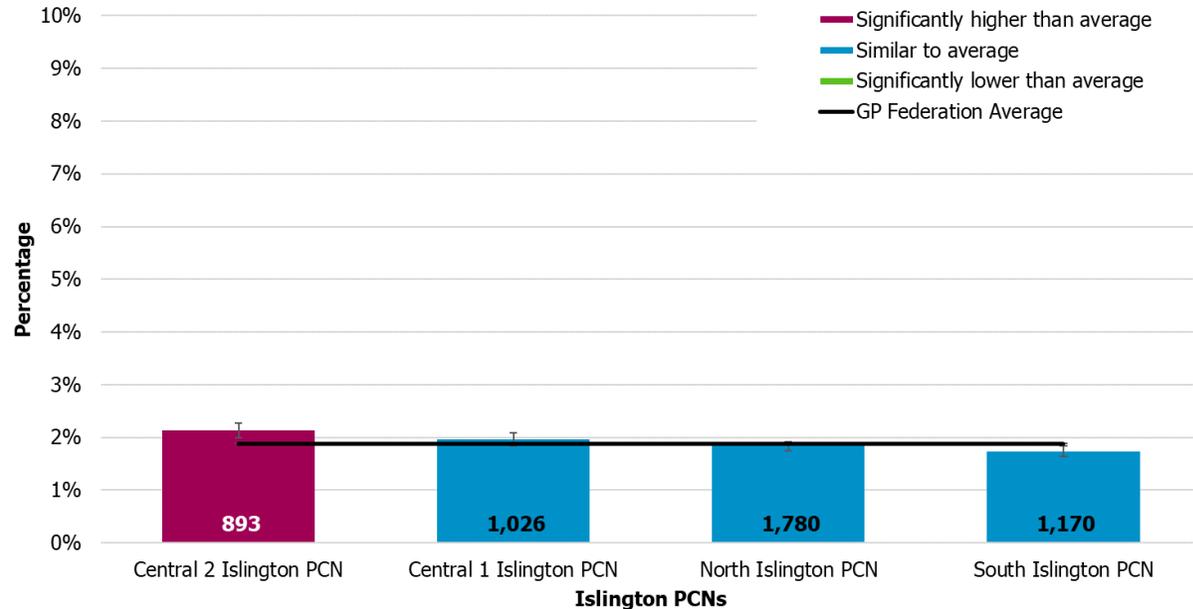
North East PCN has a diagnosed prevalence of **3.1%**. This is significantly higher compared to the GP Federation average of **2.0%**.



Long Term Conditions

Diagnosed Prevalence of Cancer

Prevalence of Cancer in Islington



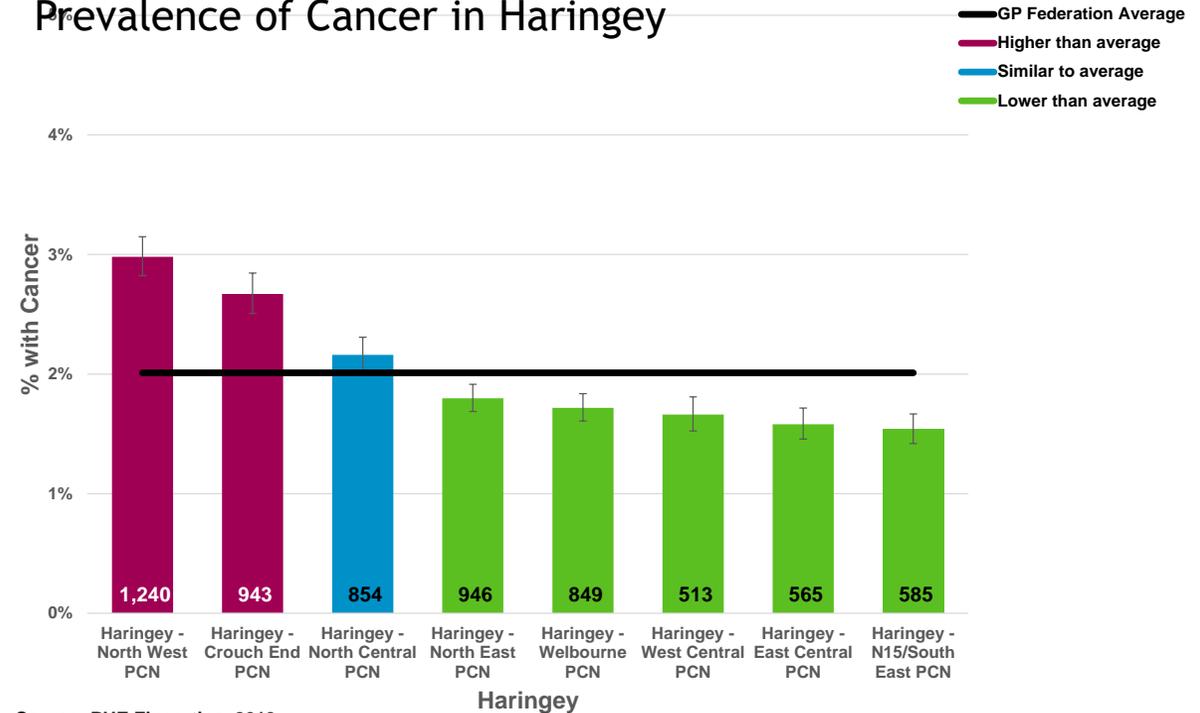
Source: PHE Fingertips 2019

Among the GP registered population in Islington, around 5,000 people have been diagnosed with cancer. This is the third highest diagnosed long term condition within the registered population.

Central 2 Islington PCN has a diagnosed prevalence of 2.1%. This is significantly higher compared to the GP Federation average of 1.9%.

The Community Diagnostic Hub will allow for earlier diagnosis of cancer

Prevalence of Cancer in Haringey



Source: PHE Fingertips, 2019

Among the GP registered population in Haringey, around 6,500 people have been diagnosed with cancer. This is the third highest diagnosed long term condition within the diagnosed population.

North West PCN and Crouch End PCN both have a diagnosed prevalence of 3%. This is significantly higher compared to the GP Federation average of 2%.



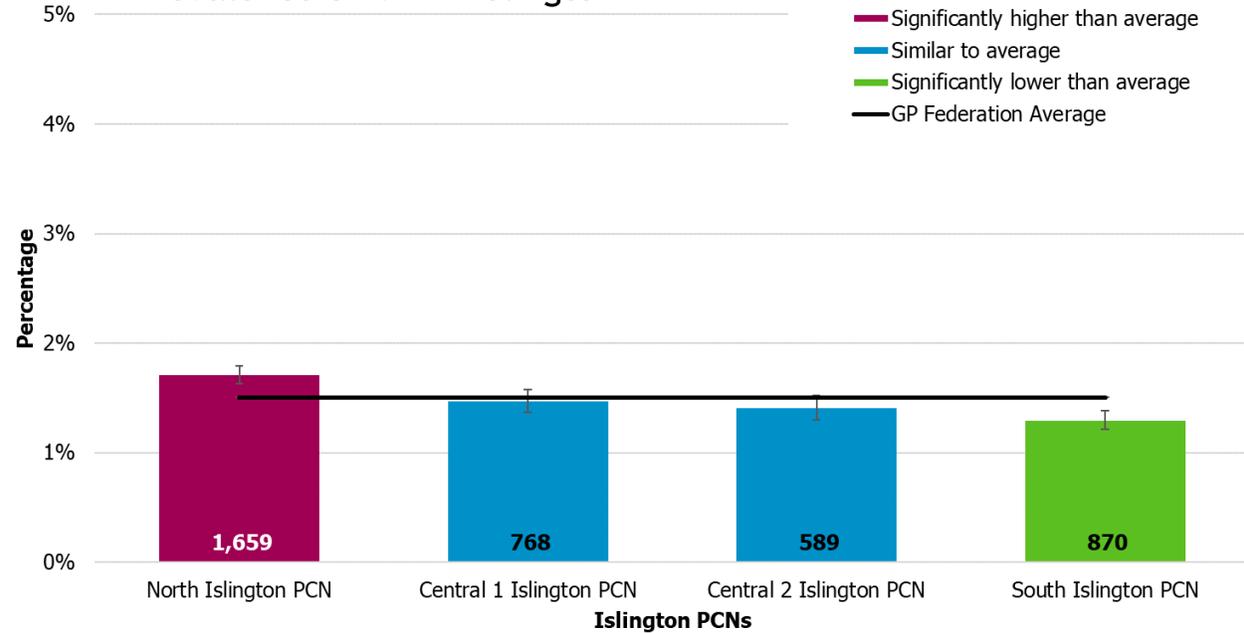
Long Term Conditions

Diagnosed Prevalence of Mental Health

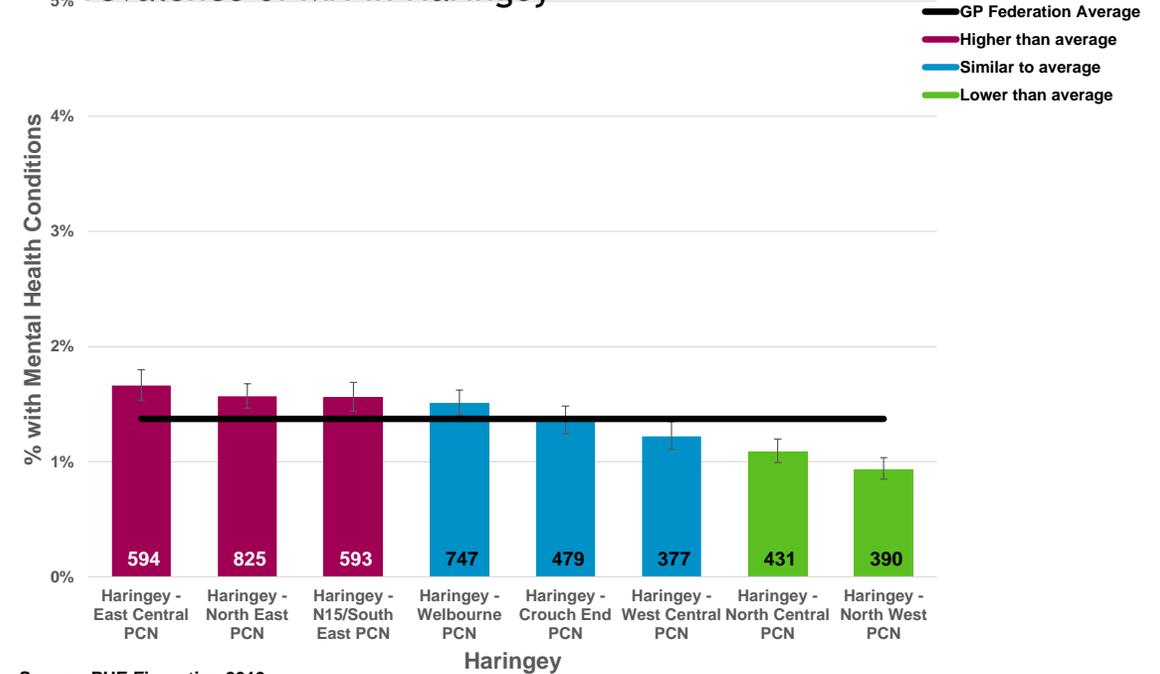


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Prevalence of MH in Islington



Prevalence of MH in Haringey



Source: PHE Fingertips, 2019

Source: PHE Fingertips 2019

Among the GP registered population in Islington, around **4,000 people** have been diagnosed with **mental health condition**.

North Islington PCN has a diagnosed prevalence of **1.7%**. This is **significantly higher** compared to the GP Federation average of **1.5%**.

We offer youth mental health support through arts and sports

Talking Tottenham is a mental health community centre that allows for drop ins and holds MDTs

Among the GP registered population in Haringey, around **4,500 people** have been diagnosed with **mental health conditions**.

East Central PCN, North East PCN and South East PCN all have a diagnosed prevalence of **2%**. This is **significantly higher** compared to the GP Federation average of **1%**.



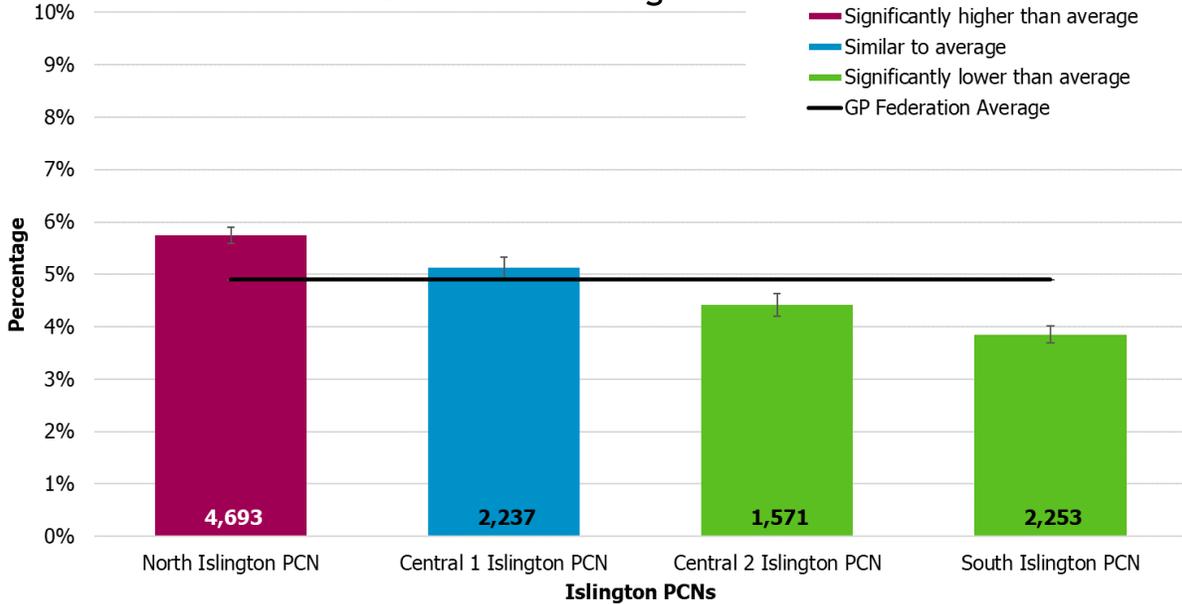
Long Term Conditions

Diagnosed Prevalence of Diabetes

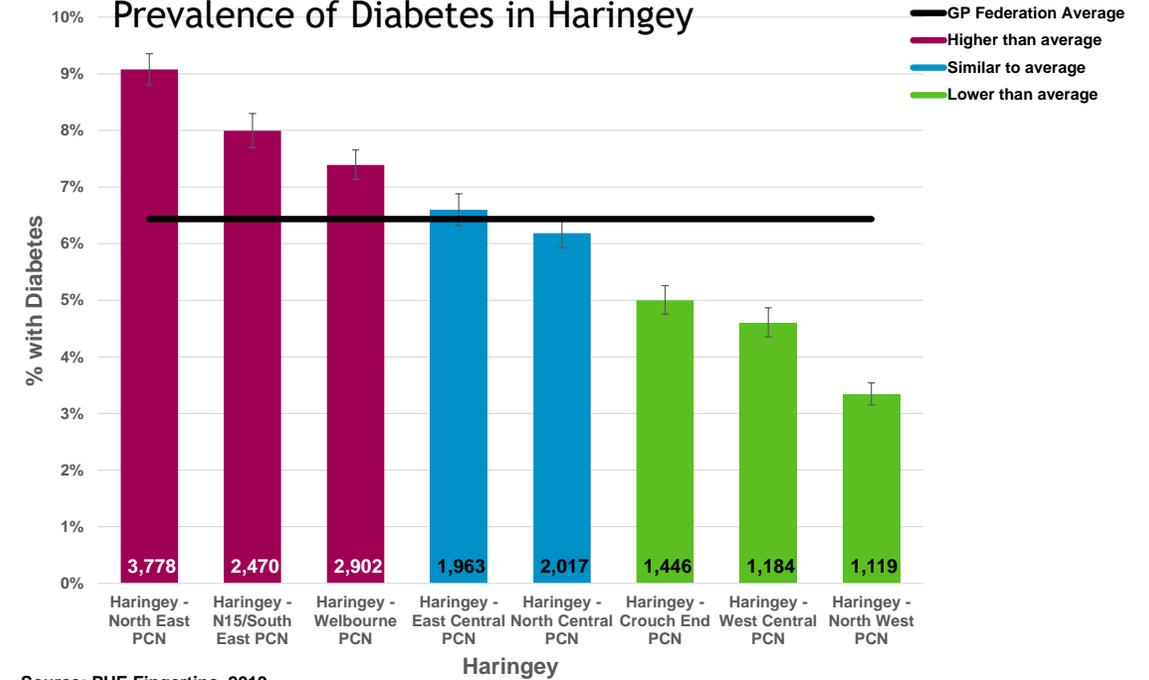


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Prevalence of Diabetes in Islington



Prevalence of Diabetes in Haringey



Source: PHE Fingertips, 2019

Source: PHE Fingertips 2019

Among the GP registered population in Islington, around **11,000 people** have been diagnosed with **diabetes**. This is the **second highest diagnosed** long term condition within the registered population.

North Islington PCN has a diagnosed prevalence of **6%**. This is **significantly higher** compared to the GP Federation average of **5%**.

We are leading on the diabetes health inequalities bid for Haringey, which seeks to address inequalities in diagnosis and management of diabetes

Among the GP registered population in Haringey, around **17,000 people** have been diagnosed with **diabetes**. This is the **second highest diagnosed** number of long term condition within the diagnosed population.

North East PCN, South East PCN and Welbourne PCN have a diagnosed prevalence of **9%**, **8%** and **7%** respectively. This is **significantly higher** compared to the GP Federation average of **6%**.

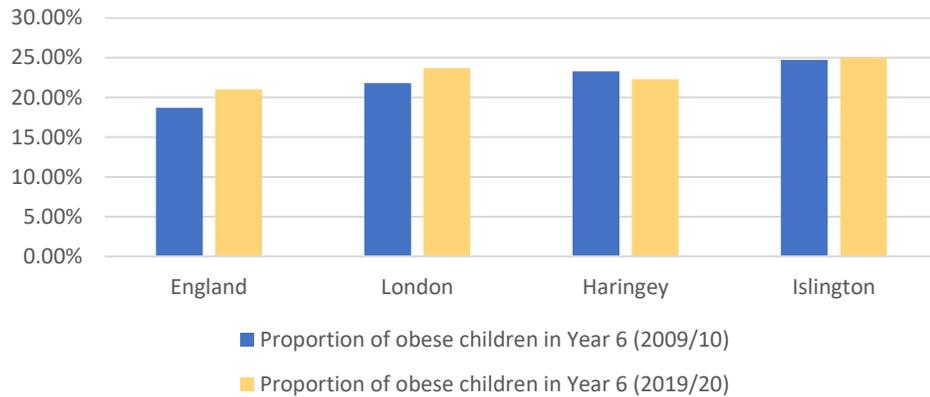


Children In Islington and Haringey



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Childhood obesity for children in Year 6 by area
(2009/10 - 2019/20)



Source: Trust for London, 2020

Childhood obesity in London and England as a whole has increased, with the rate in Islington increasing by 0.3% over the past 10 years. Haringey's childhood obesity has decreased by 1%.

Of children in poverty in London...



37%

(four in ten) children in London live in households in poverty

Islington has the 4th highest number of children that live in poverty of any London borough, at around 47%, with Haringey 12th at approximately 40%



6%

cannot afford to eat fresh fruit or vegetables every day

Source: London's Poverty Profile 2020, Trust for London April 2020

Islington

Has historically had the 4th highest rate of hospital admission due to injury of children in London

6% of mothers are smoking at birth

31% of children are born into low-income households

Haringey

Only 71% of children are fully vaccinated with both doses of MMR by the age of 5

In Reception, 21% of children are overweight or obese

Of children aged 16-17, 15% are not in work or education



Conclusions



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Key Messages:

- The number of preventable deaths is strongly associated with deprivation and inequality. Haringey and Islington have the highest number of preventable deaths across NCL.
- People living in in the top 20% of deprived areas in England have much higher preventable death rates than average, and account for 62% of all such deaths amongst the NCL population.
- There are barriers to access healthcare in deprived communities, leading to people living with conditions that are under-recognised and under-diagnosed.

Recommendations:



1) Focus on improving health outcomes within **areas of deprivation** within both Islington and Haringey.



2) Look more deeply into those diagnosed with **hypertension, diabetes, and cancer** as the 3 top diagnosed LTC's (2019).



3) Focus on improving **mental health outcomes** alongside physical health outcomes, particularly in areas of greater deprivation.

Our impact

We support anticoagulant clinics in the community

We are a core member of the NCL Alcohol meeting, which met for the first time in October 2021

The Community Diagnostic Hub will allow for earlier diagnosis of cancer

We have set up a Stop Smoking Action Group, and are looking at how we can embed this in the clinical pathway

We are leading on the diabetes health inequalities bid for Haringey, which seeks to address inequalities in diagnosis and management of diabetes

We offer youth mental health support through arts and sports

Talking Tottenham is a mental health community centre that allows for drop ins and holds MDTs

We are using HealthIntent data in the diabetes health inequalities bid for Haringey, with discussions over how to target this group through measures such as Turkish-language clinics, and relevant information being made accessible at community sites



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Using the Data

An example using HealthIntent for Diabetes



Demographics for Islington and Haringey (August 2021)



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Total population
614,570

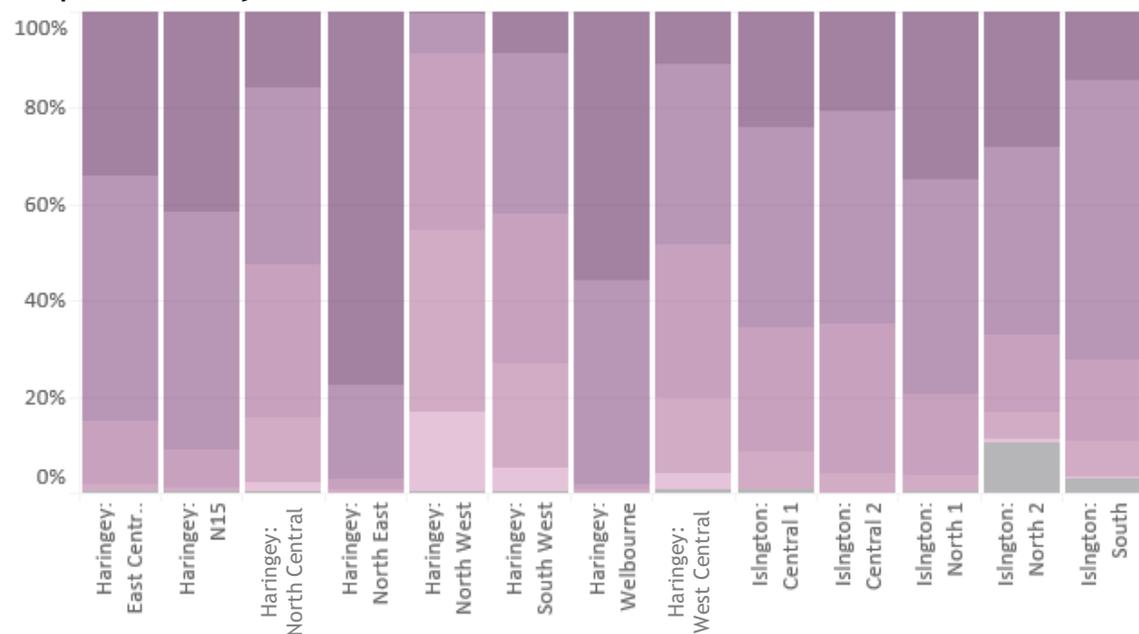
Proportion of population
aged 0-18
17.7%
108,889

Proportion of population
aged 65+
9.0%
55,596

Proportion of population in
Most Deprived Quintile
29.0%
177,928

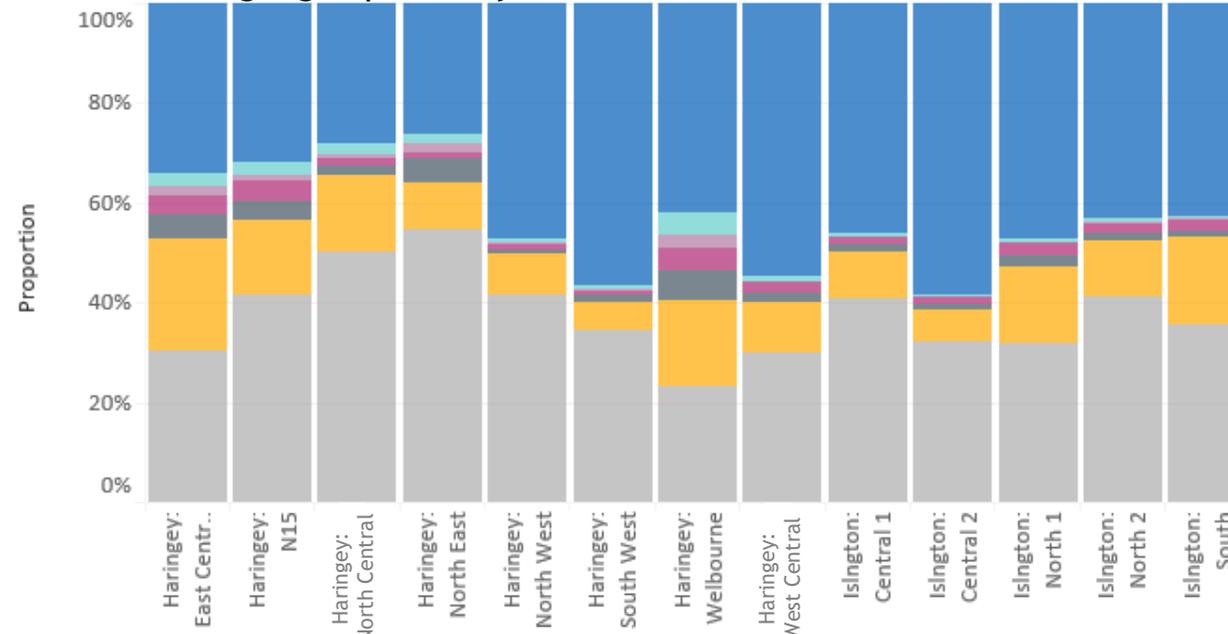
Proportion of
BAME Population
26.8%
164,930

Deprivation by PCN



Most Deprived
 Second Most Deprived
 Third Most Deprived
 Second Least Deprived
 Least Deprived
 Unknown

First Language Spoken by PCN



English
 Polish
 Romanian
 Spanish
 Turkish
 Other
 Unknown/NOS

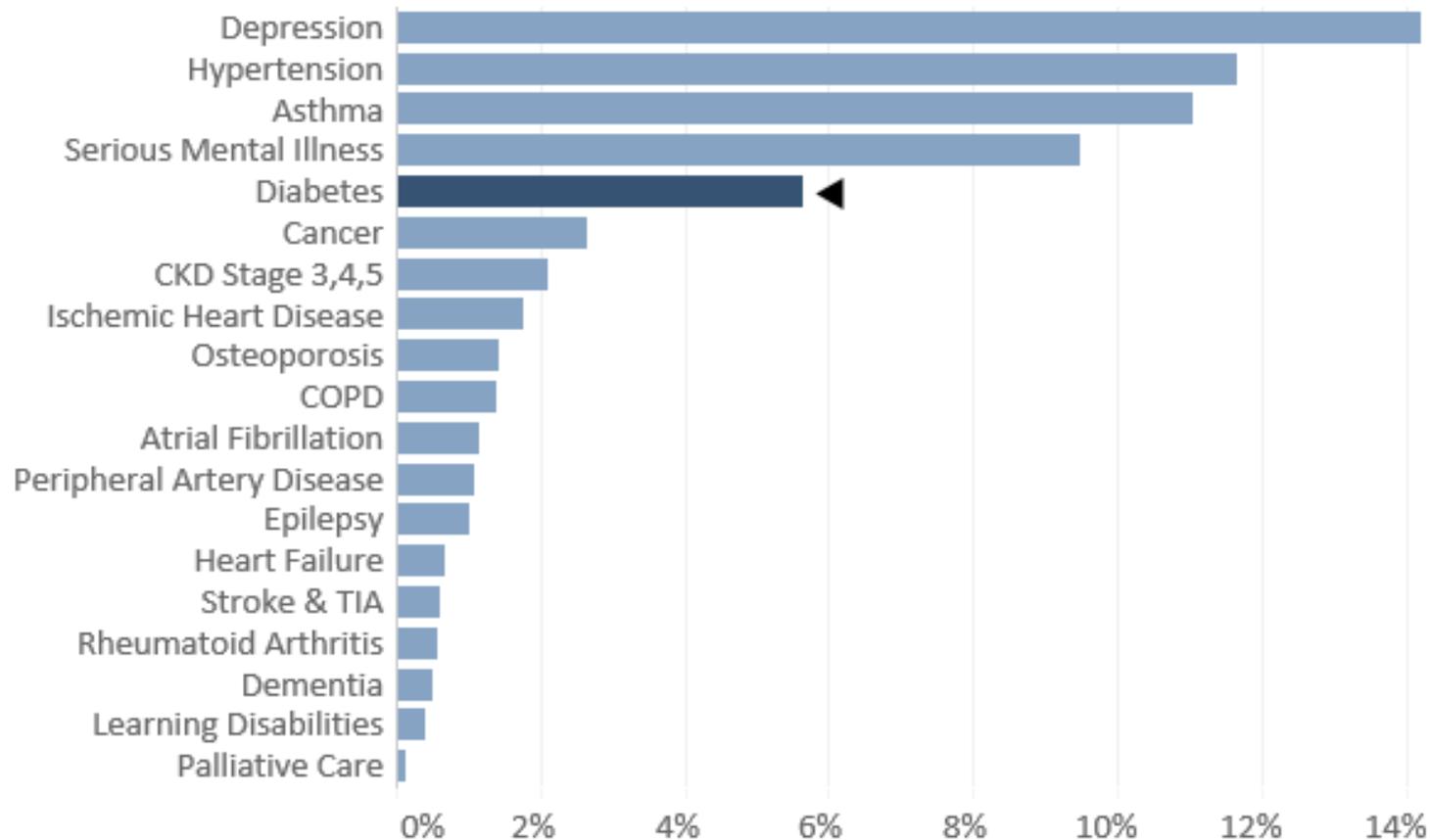


HealthIntent - LTC's in Haringey and Islington



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Prevalence of diagnosed LTCs in my population ▼



Key Messages:

Excluding mental health, Hypertension, Asthma, and Diabetes are currently the top three diagnosed LTC's within the GP registered population in Islington and Haringey (August 2021).

What can we do?

1. Focus on **better treatment** for those diagnosed.
2. Focus on **better detection** and early diagnosis.

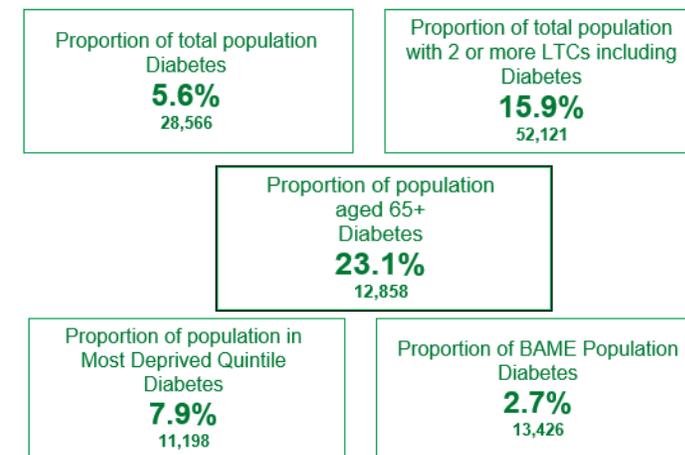
Using the data - Diabetes

Key Messages:

We can use HealthIntent to delve deeper into the patient groups within Islington and Haringey in order to better tailor our services to suit the needs of our population.

For example:

In North East Haringey, 325 patients with diabetes speak Turkish as their first language. Therefore, we should ensure that information regarding diabetes is printed in Turkish to best reach these communities.



Prevalence of diabetes in North East Haringey, broken down into deprivation quintiles



We are using this data in the diabetes health inequalities bid for Haringey, with discussions over how to target this group through measures such as Turkish-language clinics, and relevant information being made accessible at community sites

Example using the data:
9% of patients registered at Charlton House have diabetes and come from the most deprived quintile, compared to only 2% from the second most deprived.

Key Messages:
While 5.6% of the population living in Islington and Haringey have diabetes, this increases to 7.9% when living in the most deprived quintile.
13,426 people who identify as BAME have diabetes, which is 47% of the total proportion of diabetic people.

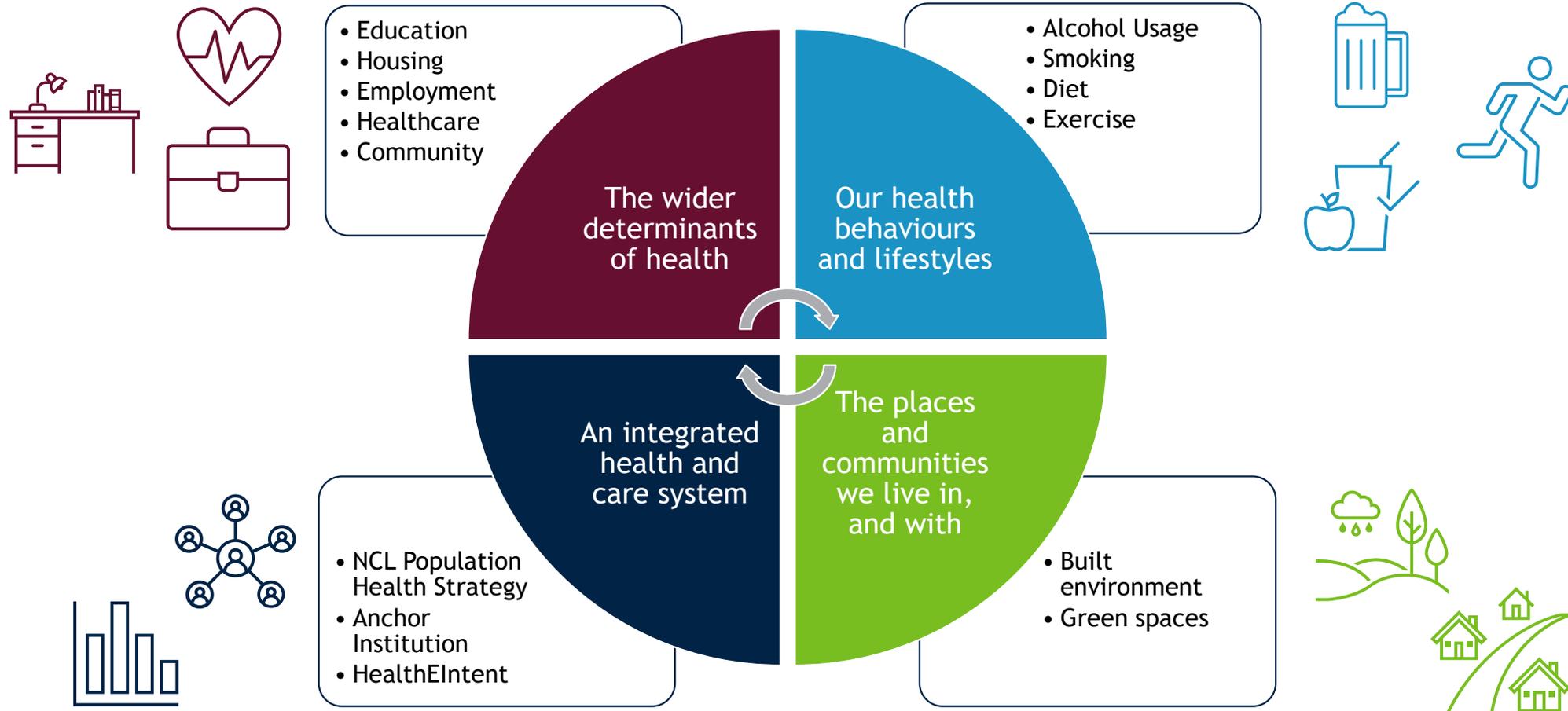


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Population Health Implications



Four Pillars of Population Health





The wider determinants of health and the places and communities we live in and with



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Key Messages:

These are the range of **social, economic and environmental factors** which impact people's health. They help to determine people's access to resources and opportunities.

There is a strong link between these determinants of health, social inequalities, and health disparities. This has only been furthered by the Covid-19 pandemic. By placing a focus on **population health and prevention** through these determinants, Whittington can improve the overall health and wellbeing of our communities. This will lead to a **reduction in hospital admissions and preventable mortality**.

72% of 5 year olds in **Haringey** and 66% in **Islington** are reaching a 'good level of development' at the end of reception. It is significantly lower in Islington compared the London average (71%).



Education



Housing

Around **3,200** households (28 per 1,000 households) in **Haringey** and **900** households (9 per 1,000) in **Islington** are living in temporary accommodation. The rate is almost double in Haringey compared to London (15 per 1,000).



Healthcare

Patient satisfaction with GP services is **highest** in the more affluent west of Haringey.



Employment

About **one in ten** people aged 16 to 64 years are claiming an out-of-working benefit in Haringey (9%) and Islington (10%). This is higher than the London (7%) and England (8%) averages. Islington has the **second highest** proportion of out-of-claimants in London, and Haringey has the **6th highest** proportion.



Environment

Air pollution is clustered in areas of deprivation, caused by road transport.

Access to green spaces is also lower in areas of higher deprivation.



Social networks

In Haringey, **29%** of residents over 50 live alone compared to 3% of residents aged 16-24.

The places and communities we live in, and with

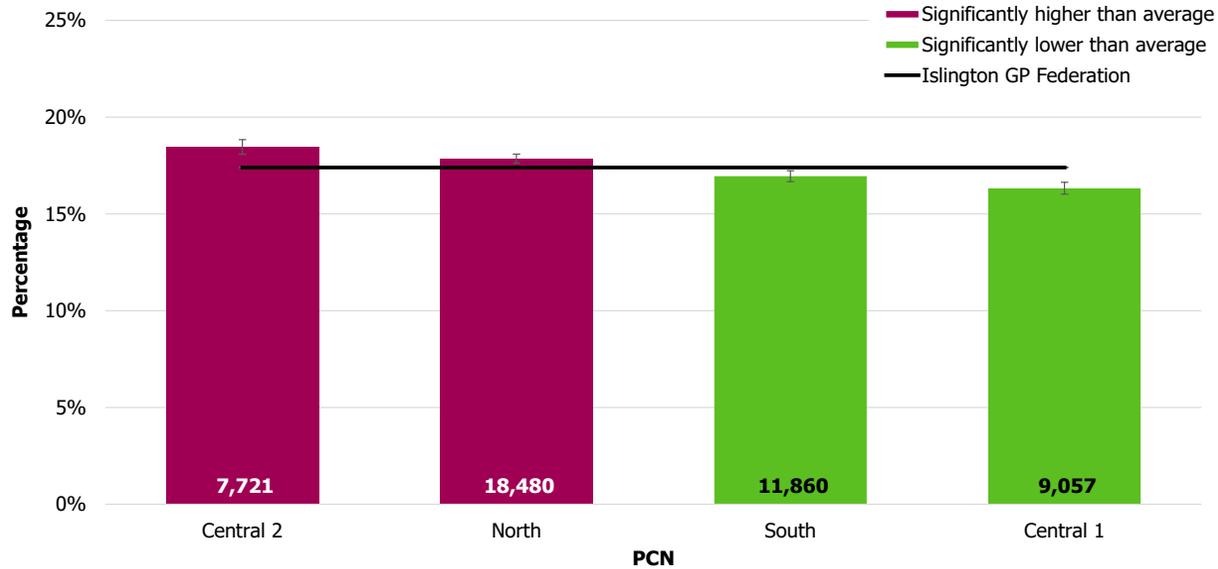
The wider determinants of health



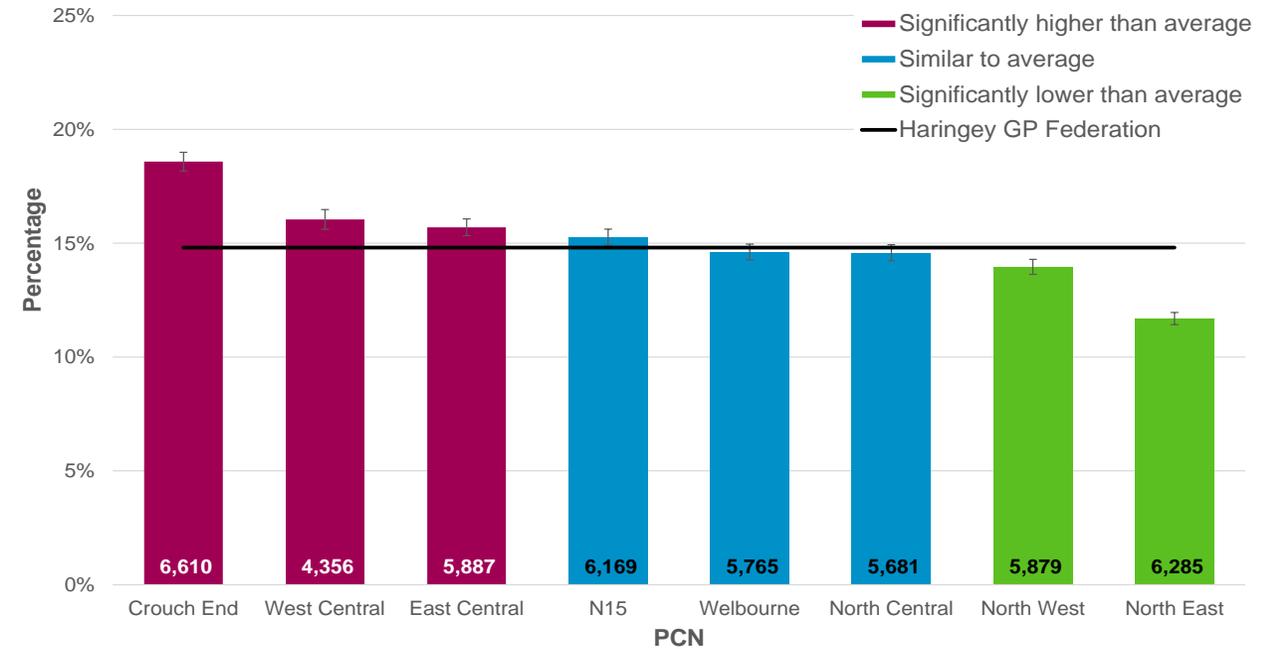
Health behaviours and lifestyles

Smoking

Prevalence of Smoking in Islington



Prevalence of Smoking in Haringey



Note: PCNs based on November 2019 groupings. Prevalence based on patients identified as tobacco smokers.
Source: HealthIntent 2020 [Extracted on 21st October 2020]

Note: Prevalence based on patients identified as tobacco smokers.
Source: HealthIntent 2020

Things to Note:

Haringey and Islington's smoking-attributable hospital admission rates have remained steady since 2009/10. Islington remains significantly higher than London and England, whilst Haringey is closer to the comparator averages.

Haringey has a significantly higher smoking prevalence for those in intermediate occupations (37.8%) compared to Islington (18.1%). Haringey also has a higher prevalence for those in routine and manual occupations (31.2%) compared to Islington (23.4%).

We have set up a Stop Smoking Action Group, and are looking at how we can embed this in the clinical pathway



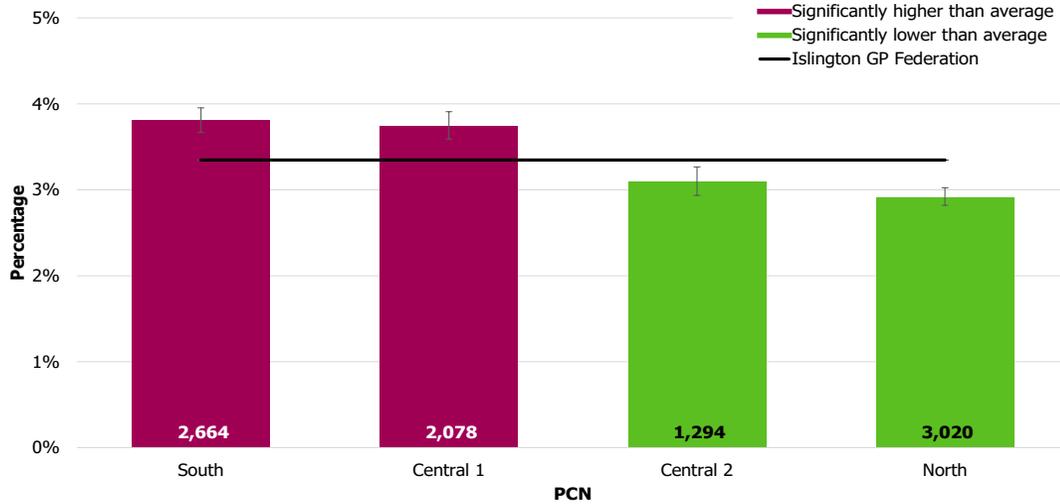
Health behaviours and lifestyles

Alcohol

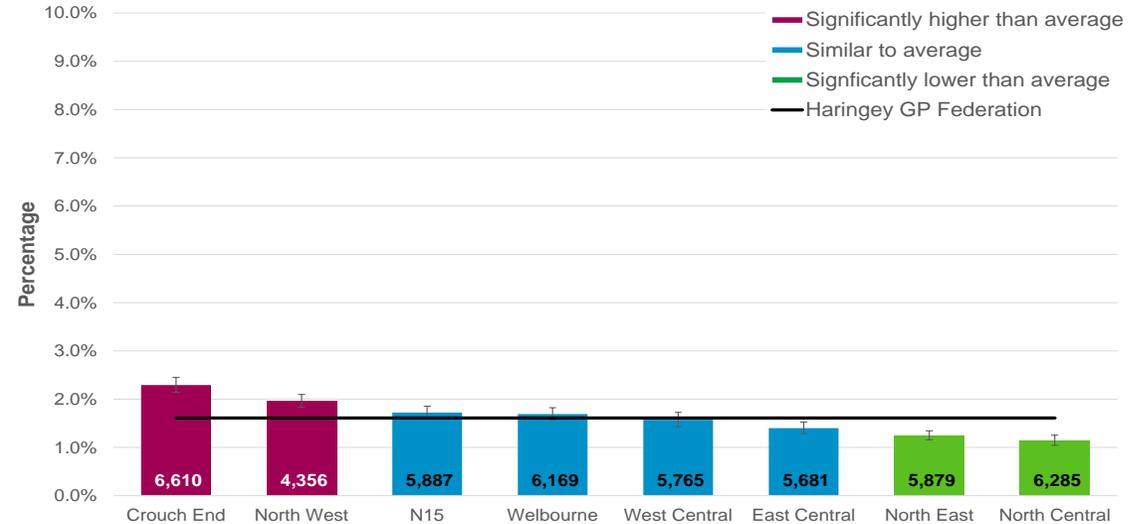


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Alcohol Dependency in Islington

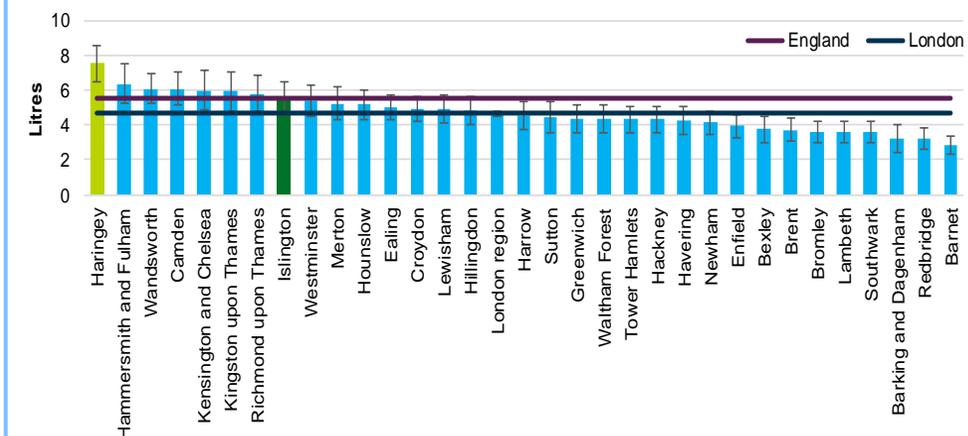


Alcohol Dependency in Haringey



We are a core member of the NCL Alcohol meeting, which met for the first time in October 2021

Off-trade alcohol sales



Haringey ranks highest in London (out of 32 boroughs) for litres sold per adult through the off-trade, significantly higher than the London average of 4.7 litres and England average of 5.5 litres. Islington ranks 8th highest with 5.3 litres, similar to London and England.

A total of 1,561,000 litres of alcohol was sold through the off-trade in Haringey in 2014, compared to 1,007,000 litres in Islington.

Source: LAPE, 2017; CGA Strategy/Nielsen, 2014



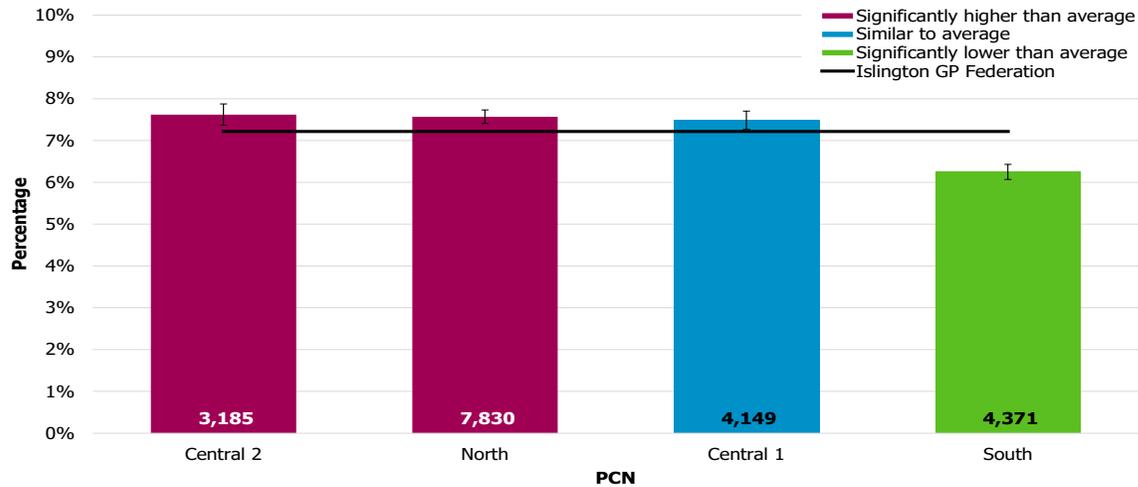
Health behaviours and lifestyles

Diet and Exercise

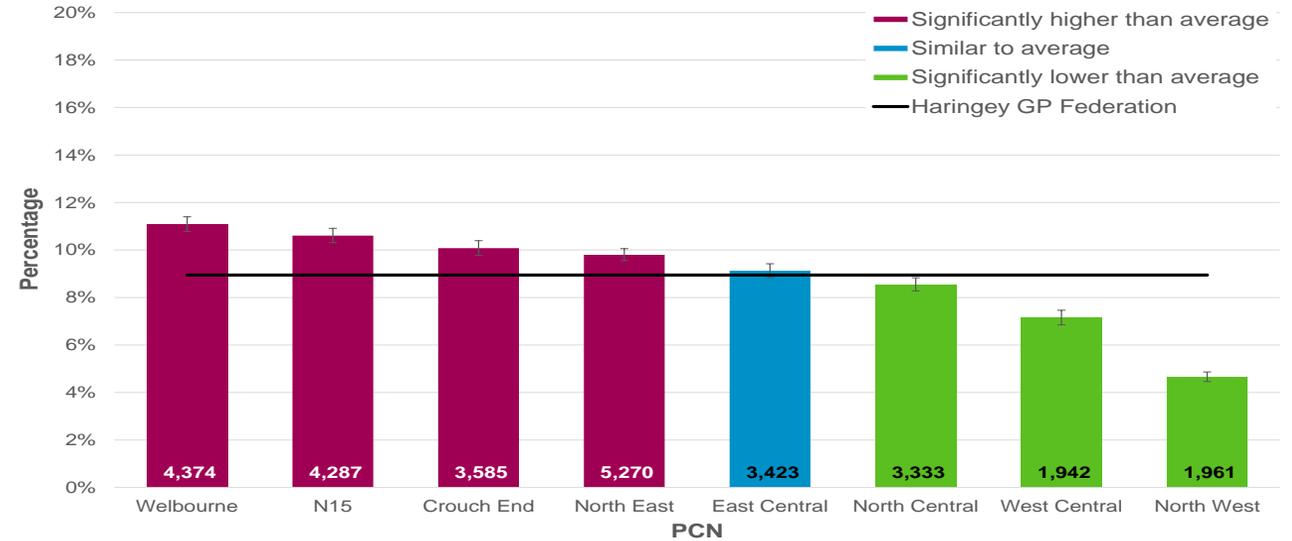


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Prevalence of Obesity in Islington



Prevalence of Obesity in Haringey



Note: PCNs based on November 2019 groupings.
Source: HealthIntent 2020 [Extracted on 21st October 2020]

Source: HealthIntent 2020

Things to Note:

Haringey (28.2%) has a similar proportion of inactive adults as London and England, whilst Islington have remained lower than its comparators since 2012.

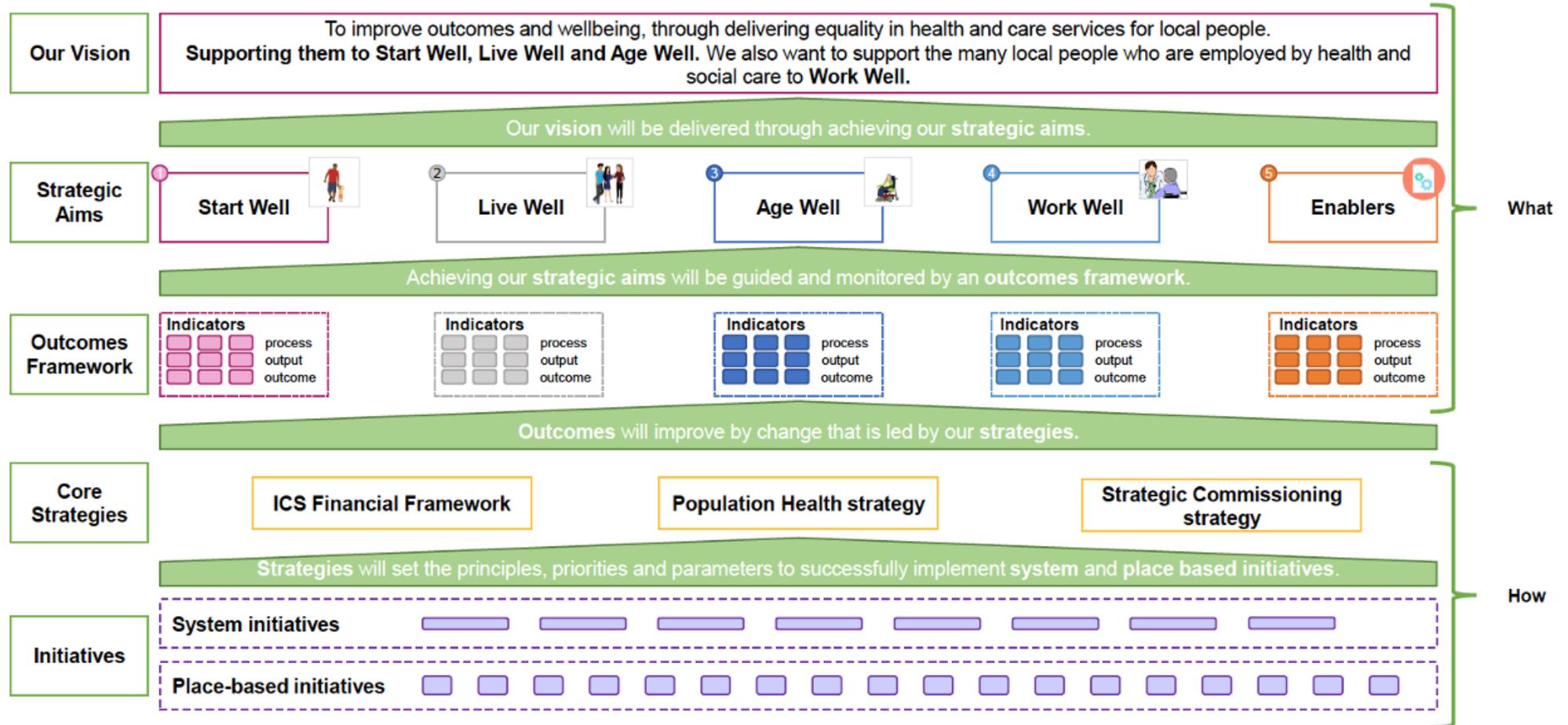
The proportion of adults meeting the recommended 5-a-day in Islington (58%) and Haringey (58%) is significantly higher than the London (49%) and England (52%) averages. Islington and Haringey are the 3rd and 4th highest achieving boroughs for this indicator in London.



An Integrated health and care system



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What

How

Whittington Health has developed multiple **place-based and system initiatives** which feed into the Population Health strategy and help achieve the NCL strategic aims.

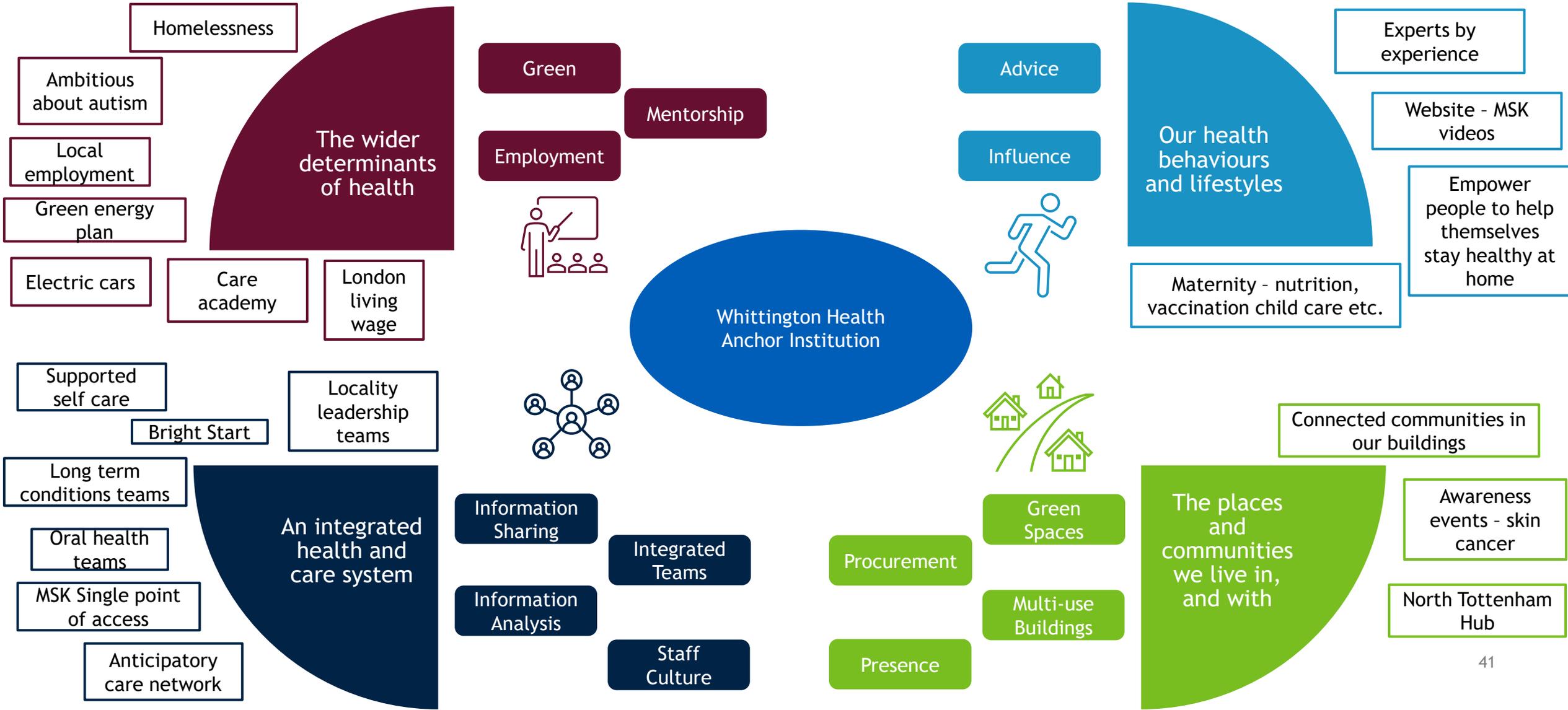
An integrated health and care system



What are we already doing?



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Anchor Institution Gap Analysis

Whittington Health

OCTOBER 2021

Whittington Health 





What does it mean to be an Anchor Institution?



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Areas for action

Dimensions	Themes	Anchor Institutions can...
Employer	<ul style="list-style-type: none"> Recruitment Pay and conditions Training, development, and progression Healthy workplaces 	<ul style="list-style-type: none"> Recruit in ways that provide equality of opportunity and maximise scope for local people to secure good jobs Pay the living wage, and go further to support people in stretching take home pay, e.g. via pensions, non-pay benefits and poverty proofed HR policies Commit to lower paid staff receiving their potential via inclusive personal and professional development, flexible working, transparent progression pathways and excellent management Support mental and physical health e.g. via facilities, policies, culture, advice
Procurer	<ul style="list-style-type: none"> Local supply chains Social value from procuring goods and services 	<ul style="list-style-type: none"> Engage with local suppliers and increase the proportion of spend with them Use procurement processes to deliver social value e.g. for communities, employees, environment
Bricks and mortar	<ul style="list-style-type: none"> New development Best use of land and assets 	<ul style="list-style-type: none"> Procure developments in ways which create local jobs, skills, and apprenticeships with focus on young people and those facing disadvantage Design buildings/spaces to create vibrant places with community, health and environmental benefits Enable access and use by local communities
Service delivery	<ul style="list-style-type: none"> Core service delivery and disadvantaged communities Links to community anchors 	<ul style="list-style-type: none"> Design and deliver services so that they reach and benefit disadvantaged communities Work with local 'community anchor' organisations to better deliver and gain uptake of services, especially by disadvantaged communities
Corporate and civic	<ul style="list-style-type: none"> Internal anchor ownership External civic role and partnerships 	<ul style="list-style-type: none"> Recognise the organisations as being an anchor, then embed inclusive anchor dimensions into organisational vision/mission, values, culture/communications, behaviours, leadership, corporate planning and budgeting Champion anchor collaboration, take civic responsibility, learn, share, promote the services of other anchors, lead by example



What are we already doing?

Employment

We act within the Islington Anchor Network, taking a collaborative approach across the sector. This network looks at what 'good employment' entails, how to best recruit locally, and how to procure in a socially conscious way

We are a London Living Wage accredited employer

We are founding members of the Islington Health and Social Care Academy

Our staff are mentoring youth in Tottenham

53% of our staff come from NCL and 30% from Haringey and Islington

We are working with Nasfiyat on how best to talk about the importance for BAME staff to access psychological support

We are also introducing bike loan and salary sacrifice schemes for our employee's with lower wages to help combat digital exclusion within their homes

Corporate and Civic

We are championing the role of anchor institutions through participating in council activities and driving the agenda in this area locally.



What are we already doing?

Service Delivery

Inequalities Bids	Respiratory (Islington)
	<ul style="list-style-type: none"> We are leading a strength-based respiratory wellness programme in North Islington with peer coaches
	<p>Long Term Conditions (Haringey)</p> <ul style="list-style-type: none"> Diabetes bid currently looking to target the Turkish population where prevalence is disproportionately high Heart Failure bid is doing further investigative work into data and targeting
	Parent Craft workshops provided in the most deprived wards
Locality Leadership Teams (LLTs)	North Islington leadership team, most recently discussing areas of need from a worklessness perspective
	Haringey Boards: Start Well, Live Well, Age Well, Place Board
Digital Inclusion	Discussions over how we can further support this bid are underway, with data and analysis on the impact of this project due to come back to the Trust this month
Stop Smoking Action Group	Recruitment is underway for a band 7 coordinator and a band 6 midwife. The midwifery stop smoking champion has increased to a 2-day per week job. Considerations over how we embed this in the clinical pathway.
HealthIntent	Rollout across the Trust, with a demo day happening with the Long-Term Conditions team and a demo for the community team on their away day in October 2021
Tynemouth Road	We have appointed a contractor who is making changes to the Tynemouth Road estates. This health hub will hold universal and specialist CYP services. Works to be completed by November 2021, with the hope of full project completion in March 2022. This will especially support East Haringey.
Maternity	<ul style="list-style-type: none"> We have started segmenting out data so we can understand the outcomes for women of different backgrounds New continuity of carer team that is based in highest deprivation area in Haringey
Community Diagnostic Hub	Assisting with the fast diagnosis of cancer
NCL Alcohol Group	Whittington Health is a core member of this group, that first met in October 2021
Talking Tottenham	A mental health community center, that offers a drop-in service and holds MDTs

Item	Feature	Recommended action
Recruit in ways that minimise discrimination, provide equality of opportunity and maximise scope for local people to secure good jobs.	Methods of recruitment	<p>Recruit more local candidates through targeted outreach to hit anchor network targets</p> <ul style="list-style-type: none"> • Consider staff needs assessments around health behaviours • Continue to prioritise diversity and inclusion in our recruitment and band progression as per workforce plan. • Focus on increasing compliance with appraisals and furthering development opportunities as per workforce plan
	Nature of apprenticeship offer	
	Flexible working	
Pay the living wage and then go further to support people in stretching take home pay	Living wage	
	Pensions	
	Non-pay benefits	
	Contract types	
Commit to lower paid staff reaching their potential	Training, development and progression	
	Leadership and management	
	Measuring performance	
Support mental and physical health through facilities, policies, culture, advice, etc.	Supporting physical and mental health, wellbeing and resilience	



Dimension 2- Procurement Dimension score 2



Item	Feature	Recommended action
Engage with existing and potential new suppliers and increase the proportion of spend with local suppliers	Monitor/analyse local spending	<p>New procurement to include social value with 20% weighting, including local value and employment</p> <ul style="list-style-type: none"> • Set targets to procure locally and in partnership with local suppliers • Work with procurement team to explore procuring in a way that is environmentally conscious
	Enable SMEs to submit proposals	
	Engage with local suppliers on contract opportunities and requirements	
	Identify and address local supply gaps	
Use procurement to deliver social value (for communities, employees, environment)	Apply SV goals and scoring widely in competitively tendered contracts	
	% of total marks allocated to SV in scoring of tenders	
	Coverage of workforce issues - employment, pay and conditions	
	Coverage of wider social, health and environmental issues	
	Extent and nature of supplier engagement (with new and existing suppliers)	
	Monitoring and enforcement	



Item	Feature	Recommended action
Design and procure new development in ways which deliver social value and local benefits	Use procurement to create jobs and skills benefits from the construction and end use of large developments	<p>Create a Trust Environmental Policy and Carbon Net Zero Action Plan</p> <ul style="list-style-type: none"> In the process of estate project procurement, local employment will be considered as part of the Social Value (SV) score Ensure a sound and up-to-date Environmental Policy is made and the Trust is compliant (e.g. ISO 14001)
	Put focus on those who most need work and skills - e.g. unemployed people and those leaving education	
	Build high environmental standards into design spec and procurement	
	Design new buildings/spaces to maximise benefits for local and deprived communities, and involve them in the process	
Manage land and physical assets to maximise local benefits	Good environmental practice, management and improvement	
	Enable community access, use and management of assets	
	Strategic land and asset planning	



Item	Feature	Recommended action
Design and deliver core services so that they reach and benefit disadvantaged communities	Knowing your place and service users, including those facing poverty and disadvantage	<p>Deliver inequality funding projects, and work with localities to amplify public health messages</p> <ul style="list-style-type: none"> • Business plans to include detailed action plans on how ICSUs and corporate services are going to identify and tackle health inequalities • Ensure all service leads and lead clinicians have access to HealthIntent to assess need and tailor our services. • Develop an informed approach to respond to emerging health inequalities, modifying resource allocation when necessary. • Improve and increase our partnership working (eg. CDH , locality leadership teams, NAPC PCN work) • Reinvigorate Make Every Count training and methodology. • Work on reducing preventable mortality by improving unhealthy behaviours in the community such as smoking, unhealthy eating, and inactivity. • Further develop the QI prevention work across the Trust. • Consider resources necessary to do this
	Reviewing service delivery to reach and benefit diverse and disadvantaged communities	
Work with local ‘community anchor’ organisations to better deliver and gain uptake of services, especially by disadvantaged communities	Embedding joint working	



Dimension 5- Corporate and Civic Dimension score 2

Item	Feature	Recommended Action
Recognise the organisation as being an anchor, then embed inclusive anchor dimensions into organisational vision/mission, values, culture, communications, behaviours, leadership, corporate planning and budgeting	Corporate leadership and commitment	Agree priorities and targets with the Anchor networks and work collaboratively to deliver them. <ul style="list-style-type: none">• Develop and implement the Board Seminar in order to increase corporate leadership and commitment and agree priorities and targets.• Allocate financial resources to those initiatives supporting the local development of the community, linking in with needs identified through HealthIntent.
	Inclusive anchor thinking evident in values, culture and communications	
	Incorporation into key documents and statement - vision, mission, corporate plan, etc.	
	Manage financial assets to create positive impacts	
	Resource allocations that support impact as an inclusive anchor	
Act as a champion for anchor collaboration, civic responsibility, learning, sharing, promoting the services of other anchors and leading by example	Collaborate with other local anchor institutions	
	Collaborate and share experience beyond the local area	



Whittington Health
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Our Health Inequalities Strategy

Whittington and NCL's Approach



Strategy and Action Plan



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Strategy

Actions

Lead, influence and partner with others using data to prioritise actions that reduce inequalities

Corporate and Civic

Agree priorities and targets with the Anchor network and work collaboratively to deliver them.

Co-design and deliver joined up services so they reach and benefit disadvantaged communities

Service Delivery

Deliver inequality funding projects, and work with localities to amplify public health messages

Be a positive presence and influence in the health of our communities through trusted advice and holistic approach

Service Delivery

Reinvigorate Make Every Count training and methodology.

Create local jobs paying the living wage, caring for the mental and physical health of our staff

Employment

Recruit more local candidates through targeted outreach to hit anchor network targets

Design vibrant community spaces that improve health and benefit the environment

Bricks and Mortar

Create a Trust Environmental Policy and Carbon Net Zero Action Plan

Create social value through our procurement

Procurement

New procurement to include social value with 20% weighting, including local value and employment

Thank you