Barking and Dagenham Health Inequalities Programme Plan- 2023/24

Developing the Plan
The plan for 2023/24 was developed through engaging place partners (health; local authority and voluntary, community, faith and social enterprise sectors) in a coproduction process. This process initially included a series of meetings with place partners between January-April 23 followed by a workshop at the April Place-based Partnership Board, to consider approaches to health inequalities and work towards consensus for what should be prioritised locally with the funding. The workshop participants included Elected Members of the Health and Wellbeing Board, Clinical and Care Professional Leads and representatives from community-sector led work from the 22/23 programme (Locality Leads and participatory grant making for CYP mental health). After, a cross-sectoral task and finish group was established to agree the priority, unsuitable and potential workstreams (those that require scoping to be considered either within or outside of the funded programme). Proposals were prioritised against a matrix of criteria ensuring alignment to: place priorities; ICP strategy priorities; 'what works' principles; NHS Core20Plus5 and whether it clearly invested in community coproduction/development and capacity of the sector. The Executive Group of the Place Based Partnership Board provided input and direction on plans before being shared prior to presentation at the ICB Subcommittee. Moving forward an ongoing working group at place for health inequalities will be established. The terms of reference are still to be agreed, though whilst the group will consider how to respond to and address inequalities more widely, it may also consider any emerging priorities and opportunities that unallocated funds could be used for.

Overview of Projects

The allocation for the financial year 2023/24 will be used to progress eight workstreams in total, six of which will be continued from the previous year- enabling us to build on learning, as well as funding two new priority areas.

A summary of proposed projects is below. Currently other potential workstreams to be considered, subject to further scoping are: Cross- sector work on a specific population (e.g. carers, SEND); CYP polio & MMR catch up campaign in schools and what's next (including challenges / opportunities) for B&D around homelessness.

Project	Continued from 22/23	Funding for 23/24	Funding for 24/25	Funding for 25/26
1. Community Locality Leads	Yes	£215k	215k	-
2. PCN Health Inequalities Leads	Yes	£75k	100k	100k
3. Participatory Grant Making For CYP Mental Health Support	Yes	£100k	£100k	£100k
4. Community Chest for Social Prescribing	Yes	£45k (With £45k match funding from LBBD)	£45k	£45k
5. Targeted Debt Advice	Yes	£120k	-	-
6. Pre-paid Prescription Certificates for Care Leavers	Yes (Was allocated funding through the Waltham Forest bid in 2022/23, with reporting to NEL BCYP Programme)	£6k	-	-
7. Epilepsy Specialist Nurse	No	£75k	£75k	£75k
8. Co-ordinator (Asthma & Allergy Friendly School Initiative)	No	£31k	-	-

Programme Management		£55k	£55k	£55k
Evaluation		£55k	£55k	£55k
Total Unallocated		**£777k** **£431k**	**£645k** **£132k**	**£435k** **£342k**

1. Community Locality Leads

Lead Sector: VCSE

Description: Each Locality Lead will continue to act as a focal point for their area, offering a triage service, discovering how, where and who people turn to for help and linking people up with appropriate support.

Continued from 22/23:

Yes, to further develop the model piloted. Last year five VCSE organisations were contracted and six Locality Leads appointed (across six geographical areas), providing local connections in communities and triaging support (also testing a role out with a network of community partners) for residents in need related to welfare; debt; housing; employment; social isolation and health conditions.

The first year focused on establishing Locality leads and their knowledge of the local "connecting places" and the resources residents turn to for support in their community; on working with partners and residents to design prototypes to meet challenges as identified by residents; and applying systems science to issues identified.

Through their Triage process, Locality Leads have held over 1500 conversations with residents, which informs their approaches. They are developing maps of 'connecting places', as identified by local residents; it is estimated that there are around 500+ such places in each locality.

Prototypes that Locality Leads are developing with residents include a Wellness Roadshow, Our House/ Street Champions and drop-ins for residents to talk about shared issues – such as parenting children with SEND - and be connected to others and specialist advice.

In 2023/24 work will be focussed on securing an external partner to identify opportunities for further development from the Community Locality Leads model piloted, and co-produce with systems partners an evolved model of asset-based practice where civil society is at the core of design and delivery within each of the localities.

This would then inform the commissioning of a next iteration of the model, which is expected to run from February 2024 – March 2025.

Funding 23/24:

£215k (TBC) for:

- ~£100k for three months extension of existing Community Locality Leads.
- £TBCk to support coproduction process.

2. PCN Health Inequalities Leads

Lead Sector: Health

Description: PCN Health Inequalities Leads (PCN HILs) will continue to develop relationships and provide leadership to move towards the Fuller Report's 'integrated neighbourhood teams of teams' model. This project will provide the six PCNs with capacity to undertake activities as suggested in NHS England guidance on Tackling Neighbourhood Health Inequalities.

Continued from 22/23:

Yes, during 22/23 PCN HILs championed progress on CORE20Plus5 priorities, including SMI health checks and a young carers register. HILs are contributing to activities across the wider Health Inequalities Programme, including Partners in Practice, Planning NHS services in Community Hubs and Locality Leads.

For the upcoming year each PCN Health Inequalities Lead will continue with one session a week to:

- Develop a wider PCN health inequalities plan aligned with priorities (Core20Plus5).
- Lead focussed action on delivering Core20Plus5 (e.g. SMI physical health checks)
- Work with their locality lead to develop an understanding and relationships with their community to support community engagement in decision making.

Funding 23/24:

£75k for:

- 6x PCN HIL capacity for 1 session a week (at £348.50 a session)
- Programme Clinical Director for 2 sessions/month- undertaken by one of the PCN Clinical Directors

3. Participatory Grant Making for CYP Mental Health Support

Lead Sector: VCSE

Description: The years project aims to continue building capacity within the VCS by bringing organisations together to design a range of projects that tackle effective early intervention for low level adolescent mental health issues.

The model has a central focus on relationship and collaboration between participating partners. Projects taken forward are decided by the group and organisations bring their expertise and unique 'lens' of the issues and potential solutions to the table.

Continued from 22/23: Yes, as there was a demonstrated demand for the service (due to oversubscription of some elements).

Last years funding was distributed across 8 grassroots organisations, supported by BDCVS and:

- Provided community-based and school-based workshops; 1-2-1 and group mentoring; counselling sessions; a trusted adult scheme and safe transport.
- Included establishing a practitioner peer support network for workers working with CYP, exploring emerging mental health and a support & training hub.

An evaluation is currently being drafted, but early analysis shows:

- An increase in resilience levels with the WEMWBS measurement across all projects.
- Self-reported increase in resilience and support for Practitioners.
- Self-reported increase in capacity for 8 local organisations.

This years projects will include the development of:

- The practitioner peer support network
- Training and support for practitioners working with CYP
- Project mentees to be Mental Health First Aiders
- CYP peer support network

And the continuation of fast track counselling and practitioner supervision.

Funding 23/24:

£100k for:

- Facilitating the collaborative process (22k)
- Projects (70k)
- Training and capacity building to upskill smaller VCSE groups (8k)

4. Social Prescribing Community Chest

Lead Sector: Local Authority, with VCSE Leads

Description: The Community Chest for social prescribing is a micro-grant fund for local VCFSEs that social prescribers refer on to, designed to address health inequalities; foster integrated ways of working and support the evolution of social prescribing.

Continued from 22/23: Yes

Last years focus/projects: 15 projects led by grassroots community organisations were funded, from wellness and mindfulness sessions for mothers and daughters, to conversational English sessions for adults with English and a Second or Other Language. Funding was allocated through a participatory budgeting process and overseen by a steering group of VCSE organisations.

This year's funding will be informed by the learnings of the model used in 2022/23 in Barking and Dagenham and in other Places across North East London (each Place-based Partnership sponsored a Community Chest for Social Prescribing project and took different approaches).

Funding 23/24:

£45k funding for voluntary sector organisations.

5. Targeted Debt Support

Lead Sector: Local Authority

Description: Proactive outreach to residents improved their health outcomes and reduced their debt by offering holistic support for debt and general health and wellbeing.

Key outcomes are a: reduction in resident debt; improvement in physical/mental health outcomes; increased financial support (residents) and improved debt recovery (council).

Continued from 22/23: Yes

Last years pilot was a proof of concept to test the approach, 221 phone contacts have been made between April- end of May (full cohort not contacted yet), with the final evaluation to be done in August/September.

Anecdotal evidence from frontline officers suggests that the approach is beneficial, and residents have appreciated being proactively contacted for support (need varied based on need). Currently 18.5% of those contacted are engaging and those unreached will be contacted by letter. Follow up/check in calls will take place (with those initially successfully contacted) at the end of July.

This years funding will continue activities to refine the approach tested to make it scalable and sustainable post 2024, subject to amends following the full evaluation due in September.

Funding 23/24:

£120k for:

- Identification and targeting (30k)
- 3 x Link Workers (80k)
- Partnership development and management (10k)

6. Pre-paid Prescription Certificates for Care Leavers

Lead Sector: Local Authority

Description: This is a NEL wide scheme providing Care Leavers aged 18-24, who are eligible for your leaving Care service- a pre-payment prescription certificate (PPC) so they do not need to pay for items prescribed by their GP. Within B&D 176 care leavers are currently eligible (and a further 116 already receiving free prescriptions).

Continued from 22/23: Yes, with the following undertaken to date:

- A monthly working group established with representation from each Borough leaving care teams, NEL designated nurses and NEL medicines management
- Eligible cohorts agreed
- Process and model developed so eligible (i.e. those who do not already get free prescriptions) care leavers can be provided with a PPC
- Created a communication toolkit for teams
- Monitoring and evaluation datasets agreed
- MOUs agreed with LA DCS to support implementation

This years funding will support these next steps:

- Engagement commissioned from Healthwatch on the wider care leaver health compact with additional funding from the safeguarding team
- Leaving care teams providing data on eligible cohort to support business planning
- Addressing sustainability and ensuring NHSBSA low income scheme is being promoted and utilised especially for UASC
- Monitoring LA implementation and offer of the PPC

Funding 23/24: £6k

7. Epilepsy Nurse Specialist

Lead Sector: Health

Description:

The Epilepsy Nurse Specialist will facilitate a greater understanding of epilepsy to the child & family but also to universal services. The role will support the provision of: clinics in the community and in special schools; specialist advice, training and awareness raising; care planning; working collaboratively with community and tertiary services and providing a point of contact to families.

The role has a participatory approach and will strengthening partnership working through liaising with specialist and universal service health care colleagues, those in general practice, schools and with children/ their families, promoting shared and coordinated care.

The role aligns with:
- B&D place priorities (providing the best start in life for our babies, children and young people: Increasing access to services - for CYP and Families with SEND).
- ICP strategy (improving life expectancy across NEL and the gap between most and least deprived areas/ those living in poverty and the wealthiest is reduced).
- CYP Core20PLUS5 priorities (epilepsy is one of the 5 clinical priorities).

Key Outcomes:

- Increased compliance with medication and understanding when a child is experiencing side effects
- Increase in school attendance
- Reduction in A&E and walk in centre attendance
- Reduction in unplanned admissions

Continued from 22/23: No

Funding 23/24: £75k for 1 WTE, Band 7 Epilepsy Nurse Specialist (including non pay costs).

8. Co-ordinator- Asthma & Allergy Friendly School Initiative

Lead Sector: Health

Description:

This role will support and enable schools to gain Asthma and Allergy Friendly schools (AAFS) programme status through engaging with settings (focussing on those within PCNs that have the highest levels of deprivation and poor air quality) to achieve the specific standards for asthma and allergy management and provide links to GP practices, school nursing and secondary asthma specialists as well as working with children and parents/carers to increase knowledge and confidence.

The role has a participatory approach and will strengthening partnership working as it will be split between two boroughs and settings (BARTS/BHRUT); depends on working in partnership with schools, children, parents and primary and secondary care.

Provision aligns with:

- B&D place priorities (providing the best start in life for our babies, children and young people: to thrive in inclusive schools and settings).
- ICP strategy (improving life expectancy across NEL and the gap between most and least deprived areas/ those living in poverty and the wealthiest is reduced).
- CYP Core20PLUS5 priorities (asthma is one of the 5 clinical priorities and recommends that as part of the ICS system action to reduce inequalities, the AAFS initiative should be encouraged).

And contributes to reducing associated health inequalities because:

- Emergency admissions for asthma are associated with deprivation
- Exposure to air pollution is a driver of asthma development, along with poor quality housing; second hand smoke; diet; obesity and socioeconomic status
- Asthma requires self management, which is harder for those with low health literacy

Key Outcomes:

Health outcomes for children:

- Improved inhaler use
- Accurate register of all asthma/allergies
- Less days from school lost
- Less GP visits
- Less hospital admissions

Continued from 22/23: No

Funding 23/24: £31k for 0.5 WTE, Band 5 Coordinator (including on costs and travel)

Capturing Learning and Evaluating Projects

Its proposed learning and evaluation will be undertaken/captured in the following ways to establish success and identify improvements. This may be provided through quarterly updates and or included the final, annual summary.

For some projects, this may be undertaken by the project leads and for some programmes such as the Community Locality Leads and PCN Health Inequalities Leads evaluation by an external provider may be carried out.

Proposal	Learning and Evaluation
1) Community Locality Leads	Collation of qualitative evidence by the Locality Leads, detailing: • The challenges and successes • Participant feedback • How areas of focus have been/ can be systemised for wider roll-out

	• Demographic data of those engaging with model
2) PCN Health Inequalities Leads	• Qualitative feedback from HI Leads • Quality and breadth of emerging health inequalities plans • Connections between PCNs and community • Improved understanding of gaps and barriers to care within specific communities
3) Participatory Grant Making For CYP Mental Health Support	• Evaluation forms • Increased WEMWBS scores • Case studies • Self reported feedback (e.g. on social isolation)
4) Community Chest for Social Prescribing	• Number of: - Referrals from social prescribing link workers - People directly engaged with - Training sessions • Data and feedback from those engaging with projects - Individual demographics - Happiness, physical and mental wellbeing and attendance at work/education and ability to take part in their community • Achievements from those directly involved in the projects delivery
5) Targeted Debt Advice	• Number of: - Participants engaged (responses to texts; acceptance of support) - Payment plans or budgeting plans set up - Enforcement action written off/withdrawn - Referrals made to services (and subsequent engagement) • Comparison of scores between cohort against a control group • Case notes and improved outcomes across other risk categories
6) Pre-paid Prescription Certificates for Care Leavers	• Demographics of young people • Number of cards provided • Young peoples feedback

	• Challenges faced to implement systems to provide PPC
7) Epilepsy Nurse Specialist	• Family and friends survey outcomes • Adherence to agreed KPIs/evidence of performance: - Including face to face, telephone and indirect contacts
8) Co-ordinator (Asthma & Allergy Friendly School Initiative)	• Number of: - Schools acquiring AAFS status - Staff trained - Parent champions

The Financial Plan

A total of 777k is available from NHS NEL and up to £400k may be allocated from the Public Health Grant for 23/24 if required to invest in any potential/'pipeline' projects, once fully scoped.

This plan is currently based on a commitment to fund projects outlined, in principle with contract reviews after 1 year to provide flexibility with allocation for the remaining years. Projects will be subject to learning and evaluation and this will be concluded at the end of July, after which further development of approaches may be required. A flexible approach ensures that any underspend can be reallocated towards new projects and/or carried forward into the next year.

To ensure projects that have demonstrated impact continue after 3 years, we will look to identify suitable alternative routes and funding streams within the system and make the case for its continued support, to ensure sustainability.

Preferred Contracting Arrangements

Contracting arrangements are to be determined, but are likely to be the same as last years funding i.e. transferred form NHS North East London ICB to LBBD under a S256 agreement for distribution under grant agreements to the project delivery leads of the workstreams.

However, for NHS partner led projects- such as the Epilepsy Specialist Nurse and Asthma and Allergy Friendly School Co-ordinator it may be more suitable for the ICB to directly pay NHS Trust organisations.

Governance Arrangements

Our Place Executive Group is accountable for the delivery of the plan, are provided with issues and monitor ICB returns on a quarterly basis.

An ongoing B&D health inequality working group will be formed. Whilst this won't focus on this particular programmes delivery, it may act as a forum to steer plans for this programme and discuss emerging issues, priorities and opportunities ahead of the Executive Group.

Outside of this, any issues may be fed into the NEL Health Inequalities Funding Working Group; to the NEL Population Health and Health Inequalities Steering Group or NEL Population Health & Integration Committee.