



Barking & Dagenham

Borough Partnership

NEL ICS health inequalities funding 22/23: update on development of B&D bid

May 2022

Dr Mike Brannan, Consultant in Public Health

NHS
Barking and Dagenham,
Havering and Redbridge
Clinical Commissioning Groups

**Barking &
Dagenham**

NHS
Barking, Havering and Redbridge
University Hospitals
NHS Trust


Together First CIC
Barking & Dagenham Federation

NELFT NHS
NHS Foundation Trust

BD
COLLECTIVE

Final NEL ICS health inequalities 22/23 funding criteria



Place-based funding

- **£500k initial allocation** for leadership, partnership working and capacity building
- **Up to £600k** based on local inequalities (e.g. deprivation, needs of vulnerable populations, historic under-investment)

(£200k at NEL level for Quality Improvement support)

Funding objectives

- Supports **leadership** and **partnership** working and builds **capacity** for tackling health inequalities locally.
- Supports **improved understanding** of health inequalities affecting local communities.
- Maximises and accelerates local plans to tackle inequalities across health and care that takes a **life course approach** including babies, children and young people, as well as adults.
- Enhances **community resilience** and widens participation.

Criteria

- **Align** to the **ICS purpose**, approach and priorities; the **Core20Plus5 framework** and/or the **NHS Operating Plan** health inequalities priorities.
- Be based on **clear evidence that health inequalities exist**, that the projects are needed and will deliver an impact.
- Focus on reducing inequalities by **targeting deprived neighbourhoods and/or underserved groups**.
- Demonstrate **community/ service user participation in development and delivery** of the programme.
- Contribute to strengthened **partnership working** for health inequalities particularly with the **community and voluntary sector**.
- Demonstrate how the work will be **sustained post-22/23** to support the delivery of longer-term outcomes.
- Include a clear outcomes and **robust evaluation plan**.
- Provide **value for money**.

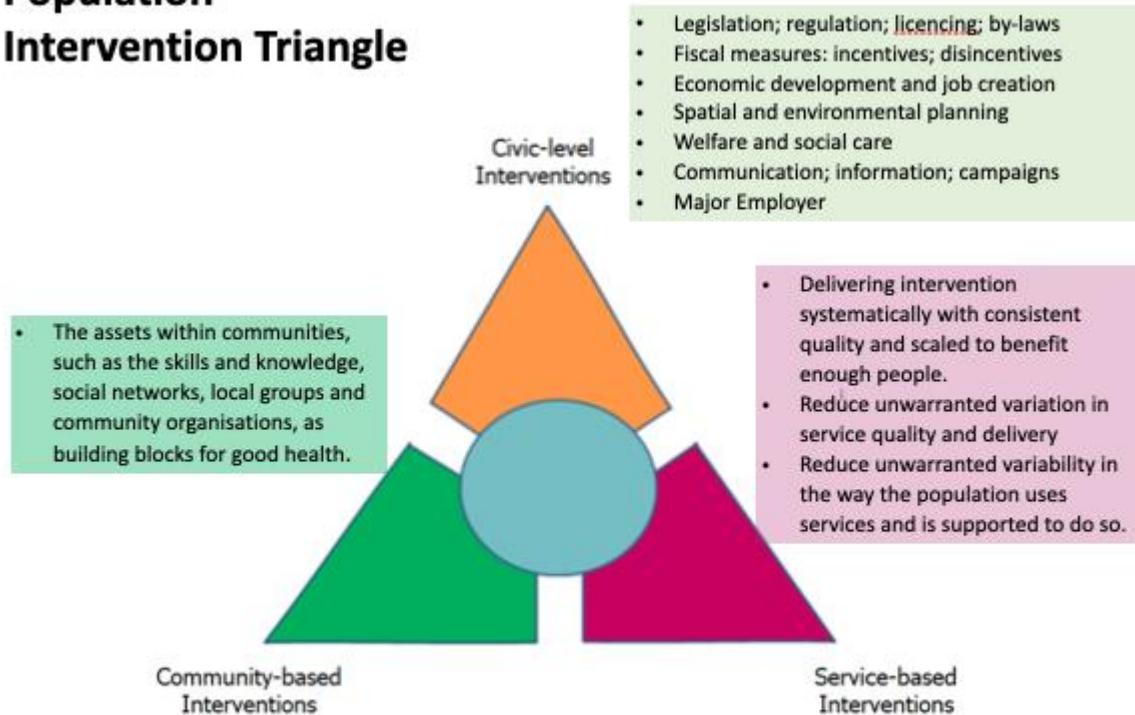
Process

- 11 May Initial discussion with B&D Delivery Group
- 11 May - 6 June Coproduction with system partners
- *System-level* – B&D Delivery Group Subgroup
 - *Community* – Community Solutions, BD Collective, Care City
 - *Primary Care* – Together First
 - Council – Commissioning (CYP), Insights and Innovation Team
 - *Secondary Care* – NEFLT B&D Leadership Group
- 20 May Final process determined by ICS
- 6 June NEL Community of Practice to support proposal development
- 16 June Present final proposal to B&D Delivery Group Subgroup
- 17 June Bid submitted
- 27 June Decision communicated to Place-based Partnerships
- 11 July Start implementation

What works for population level change

Different types of intervention

Population Intervention Triangle



Principles of effective interventions

1. Evidence-based
2. Outcomes orientated
3. Systematically applied
4. Scaled-up appropriately
5. Appropriately resourced

Priorities – National, ICS and B&D

NHS England CORE20PLUS5

Target population:

- 20% most deprived
- ICS chosen groups

Clinical areas:

1. Maternity
2. Severe mental illness
3. Chronic respiratory disease
4. Early cancer diagnose
5. Hypertension case-finding

NHS Operating Plan

1. Restore NHS services inclusively
2. Mitigate against digital exclusion
3. Ensure datasets are complete and timely
4. Accelerate preventive programmes that proactively engage those at greatest risk of poor health
5. Strengthen leadership and accountability

NEL ICS

System priorities:

1. Employment & workforce
2. Long-term conditions
3. Children and Young People
4. Mental health

CORE20PLUS5 clinical areas

1. Continuity in maternity care
2. Annual Health Checks for people with SMIs
3. Vaccine uptake and focus on COPD
4. Early cancer diagnosis
5. Hypertension case finding

PCN Health Inequalities DES

1. PCN Health inequalities lead
2. Planned interventions for a population experiencing health inequality

B&D Health and Wellbeing Strategy

Best start in life

1. % children prepared for school at age 5

Early diagnosis and intervention

2. ED&I for Cancer, Liver Disease, Mental Health, Diabetes and Sexual Health.

Building Resilience

3. Support for those with Adverse Childhood Experiences
4. Aspiration through increased level of educational attainment, skills and employment
5. To improve physical and mental wellbeing
6. Ageing Well
7. Zero tolerance to domestic abuse

Mapping alignments / synergies



Aims, objectives and selection criteria

Aims:

Build capacity and increase the effectiveness of initiatives to reduce health inequalities for people, families and communities across Barking and Dagenham

Objectives:

1. Build **sustainable leadership, partnership working** and **capacity** to address health inequalities and health equity **across the health and care system** (including communities) that utilises the unique contribution of each actor.
2. Build on existing opportunities to undertake and evaluate **specific interventions** that will have the greatest impact to reduce local inequalities (e.g. geographic, specific groups, historic under-investment).

Selection criteria:

1. Evidence-based
2. Supports and increases effectiveness of existing work
3. Sustainable benefit
4. Life course (i.e. at least 50% aimed at CYP and families)
5. Deliverable within 9 months

Proposal: leadership, collaboration and infrastructure (£500k)

1. Community infrastructure to support access, referral and resilience for health - £215k

- Consolidate COVID response community health and wellbeing leadership infrastructure of 6 locality leads, neighbourhood networks and comms support

2. Knowledge and skills development and peer learning support - £65k

- Cross-system development programme including: Early years providers learning set on roles and signposting; Primary care workshops; Secondary and community care workshops; Facilitated learning set for PCN leads; Community group-led induction to communities (across 19 wards)

3. Whole systems approach to debt and mitigating impacts on health pilot [pump prime] - £140k

- Identify and engage 'at risk' through One View/gov.notify; Case management by Link Worker with signposting to debt advice and social prescribing for; and Debt Protocol partnership of anchor partners

4. Social prescribing 'community chest' pilot [co-investment] - £40k

- Co-investment with NEL and ComSol into piloting support for community organisations as SP providers

5. Data support - £?k

- Development of common health inequalities dashboard and analytical support for PCN health inequalities leads

Subtotal = £460k (excluding management support and evaluation)

Other options: leadership, collaboration and infrastructure

- **Neighbourhood network hubs** – Infrastructure to support to support integration of Neighbourhood network with health settings (e.g. MDTs and ARRS to engage in Neighbourhood Networks) - £200k
- **'BD Can' fund** – Community-run fund supporting community-led solutions on health or services delivery issues - £200k
- **Digital poverty** – Building on WF Federation digital exclusion champions - £?k
- **Dementia diagnosis** – Partnership between PCNs and NELFT to undertake dementia diagnosis for individuals not eligible for NHS Health Checks (e.g.) - £?k
- **Expanding Barking Riverside model of care** – Piloting Barking Riverside Model of care at Thames View – £?k

Proposed: Addressing the greatest local inequalities (up to £600k)

1. Supporting access to services for people with no recourse to public funds – £65K

- Community-based pilot to raise awareness across residents and professionals/volunteers of support for NRPF

Cost = £65k

2. Community pop-up support / clinics - £125k

- Weekly clinic promoted by local trusted voices in 4 community settings focussed on CYP and family health.

3. 'Cradling' culture' maternity pilot - £32k

- Pilot volunteer 'Community doulas' to support women with English as second language in 3-9 months pregnancy

Cost = £32k

4. Case finding for hypertension - £46k

- Building on unmet needs analysis, practices to identify and assess at risk patients.

5. PCN child safe guarding multi-disciplinary teams - £100k

- Co-ordination, setup and running CYP MDTs at PCN level

6. Identification of CYP at safeguarding risk in GP practice - £100k

- Develop & operationalise template to identify at risk vulnerable children in practices for referral to timely support

7. Health education on screening for Eastern European communities - £20k

- Coproduction with communities of a communication plan to promote screening to Eastern European communities

Subtotal = £488k (excluding management support and evaluation)

Other options: Addressing the greatest local inequalities

- Cancer and frailty screening through enhanced 50+ health checks - £100-150k
- Mental health peer support for BAME and LGBT patients in every GP practice - £?k
- Call-recall for 65-70yo patients to encourage health checks – £71k
- Blood pressure monitors in community spaces – £105k
- Family health promotion for vulnerable populations (e.g. BAME communities) - £36k
- Tailored telephone needs assessment and support for people with Serious Mental Illness - £9k
- Targeted employment support for people with health barriers (including carers) - £?k
- ‘Quick start’ job fair of anchor employers - £?k
- Needs assessment and support for carers - £302k (plus £540k recurring)
- Emergency ‘Rescue pack’ for patients with COPD - £236k
- Workplace health promotion, assessments and signposting - £106k

Key questions for discussion

1. Do you agree on the overall approach?
2. Do you agree with proposed **priority interventions** and their potential **to reduce inequalities** and this funding can add value?
3. What **other funding** can be Are there any essential **alignments / synergies** not identified?
4. Where should **programme management** sit?
5. How should it align with **PCN health inequalities leadership** roles?