

## HWB/CIC Committees in Common

26<sup>th</sup> June 2023

<b>Title:</b>	<b>Health Inequalities Programme Plan for FY23/24</b>		
<b>Open Report</b>	<b>For Decision:</b> No		
<b>Wards Affected:</b> Barking and Dagenham	<b>Key Decision:</b> No		
<b>Report Author:</b> Dr Mike Brannan, Consultant in Public Health- LBBD	<b>Contact Details:</b> E-mail: <a href="mailto:mike.brannan@lbbd.gov.uk">mike.brannan@lbbd.gov.uk</a>		
<b>Sponsor:</b> Matthew Cole, Director of Public Health- LBBD			
<b>Summary:</b>  After securing £1.1 million of funding (for financial year 22/23) to address health inequalities, the Barking and Dagenham Place-Based Partnership will receive a further 777k funding annually, for the remaining three years from August 2023 from North East London Health and Care Partnership.  The attached, provides an outline of how the plan was developed and an overview of the eight projects to be taken forward this financial year (six of which are continued from last). Projects undertaken in year 22/23 will complete evaluations and summarise learning by August and this will be used to finalise the 23/24 programme.  Monitoring of quarterly progress, risks and accounting for spend or funding slippage, by exception will continue to be overseen by the Barking and Dagenham Place-based Executive Group.			
<b>Recommendation(s)</b>  The Committees in Common is recommended to:  <ol style="list-style-type: none"><li>1. Approve the proposed project plan for the financial year 23/24.</li><li>2. Consider how a wider and more strategic approach to health inequalities should be developed and structured.</li></ol>			
<b>Reason(s)</b>  The Health and Wellbeing Board and the ICB Sub-Committee are the designated official signatories for health inequalities programme plans.			

## 1. Introduction and Background

- 1.1 NEL ICS was allocated £6.5m of funding in 22/23 from a national health inequalities pot from NHS England and undertook a process to allocate most of this money to Place-based Partnerships. Barking and Dagenham was successful in securing the full amount of funding available from the NHS North East London ICB of £1.1m for FY22/23 and delivered a place-based programme across all sectors.
- 1.2 The NEL ICS will receive £6.6m funding annually for three years from April 2023. Whilst most of the funding allocated will again be to place-based partnerships, some allocation will support system-wide collaborative work that supports delivery at place and improved equity of outcomes across NEL.
- 1.3 Barking and Dagenham has been allocated £777k annually for 23/24, 24/25 and 25/26. Up to an additional £400k will be contributed from the LBBD Public Health Grant in 23/24 should there be a need, given the reduction in ICB funding.
- 1.4 Principles for 2023/24 programme funding (agreed by NEL Population Health and Integration Committee) are:
  - Clearly focussed on tackling health inequalities in deprived neighbourhoods, those living in poverty and 'underserved' groups (carers; people with learning disabilities and autism; people who are homeless);
  - Driven by data, evidence and insight, and supported by co-production with communities/groups;
  - Contribute to meeting the outcomes in the ICP strategy;
  - Include plans for mainstreaming/ sustainability to support longer term impact;
  - May provide additionality and benefit to existing work as well as opportunity to test new ways of working;
  - Contribute to strengthened partnership working for health inequalities;
  - Contribute to increasing equity of funding/outcomes across NEL;
  - Commitment to minimise bureaucracy for those receiving the funds.
- 1.5 Proposals for this year's programme were prioritised with system partners against a matrix of criteria, ensuring alignment to: Place-based partnership priorities; ICP strategy priorities; 'what works' principles; NHS Core20Plus5 and whether it clearly invested in community coproduction/development and capacity of the sector.
- 1.6 Funding for 22/23 was limited to confined projects that could be delivered within six months. The new opportunity of three years funding has allowed development of a longer-term approach, e.g.:
  - Mixture of programme lengths across the three years.
  - Unallocated money to enabled 'pipeline development' of new projects.
  - Greater focus on delivery of place priorities / impact.
- 1.7 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.

<b>Project</b>	<b>Continued from 22/23</b>	<b>Funding for 23/24</b>	<b>Funding for 24/25</b>	<b>Funding for 25/26</b>
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 LBBDD)	£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		<b>£777k</b>	<b>£645k</b>	<b>£435k</b>
Unallocated		<b>£431k</b>	<b>£132k</b>	<b>£342k</b>

- 1.8 Delivery will commence from September 2023 after current workstreams have been evaluated at the end of July and a final decision can be made on projects for 23/24.
- 1.9 Whilst there is a commitment in principle to fund workstreams in future years for projects set to continue, securing further the yearly funding will be subject to annual evaluations / learning demonstrating impact against priorities.
- 1.10 Any further projects that are new, will look at proof of concept and evaluation/learning will inform decisions for the following year focusing on: 'does/could it work'; whether the initiative/ intervention is reaching known groups/ residents who do not typically engage with services and its scalability and sustainability.
- 1.11 The cross-sector, place-based coproduction process continues to create learning itself, including:
- The majority of funding is highly siloed (i.e. aligned with specific conditions) which is increasingly unhelpful and to an extent precludes funding flowing to where it can have most benefit (e.g. targeted services for CYP with additional and / or multiple needs are poorly served).
  - Value of these relatively small pots of funding is how we use them to create sustainable change in culture and practice in the wider systems (i.e. £6.5m for health inequalities versus £4.5bn health economy at NEL level).
  - Given the rigidity of the existing systems, how to be move at pace to place based that utilises and synergises the unique contribution of the different sectors (NHS, SC and community) to work differently recognising the unsatiable need / demand for services and futility of 'more of the same'.
- 1.12 The B&D Executive Group will continue taking on the role of monitoring projects, including outcomes. Places are to return a quarterly monitoring template to the ICB, accounting for spend and any risks to delivery or funding slippage by exception.

## **2 Issues and Proposals**

- 2.1 Areas for priority have been identified for this years programme and up to 400k for this year is available from the public health grant to supplement funds, if needed. There is a requirement to properly review proposals and their impact to decide whether they could be supported. However, the window for 23/24s submission was narrow and there is currently no ongoing process for submitting a proposal against the additional funding.
- 2.2 Additionally, there is a need to develop a common 'health inequalities 'narrative' for the Partnership, as well as improving alignment of the approach to health inequalities at place. Many projects being funded are siloed and we need to begin developing a strategic approach to addressing health inequalities and equity at place in the short to long term.

2.3 To address these two issues, it's proposed a:

- Suitable process to identify, review and agree proposals for new workstreams to be supported, is established.
- Strategic place-based approach to health inequalities that goes beyond this specific funding is developed, starting with mapping action taking place across the system.

### **3 Consultation**

The plan was developed through engaging place partners in a coproduction process through a series of meetings 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.

After, a task and finish group was established to agree priority, unsuitable and potential workstreams (those that require scoping to be considered either within or outside of the funded programme). The Executive Group of the Place Based Partnership Board then provided input and direction on plans ahead of being presented to the ICB subcommittee.

### **4 Mandatory Implications**

N/A.

#### **4.1 Financial Implications**

The funding of £777k to the Barking and Dagenham Partnership is yet to be confirmed, but again may be transferred by S256 agreement from NHS North East London ICB to the London Borough of Barking and Dagenham through invoicing. The London Borough of Barking and Dagenham will allocate funding to relevant partners and managing and evaluating delivery.

Management capacity is included and within yearly costs.

#### **4.2 Risk Management**

The following risks and/or challenges have been identified:

- A. Effective development of approaches for workstreams continuing in 23/24 is dependent on successful evaluation of 22/23 delivery.
- B. Without financial support from the inequalities programme, gaps in provision arise for core services that could address health inequalities for specific groups.
- C. Information flow and awareness of overlap with existing wider system work (e.g. homelessness, SEND) to prevent double funding.
- D. Clear plans are still to be developed for NEL top slice of funding.
  - With a decision on the system ambition and NEL health inequalities academy to be coproduced in coming months.
- E. Consideration to how the impact of projects will be sustained post the 3-year funding period.

#### **4.3 Patient / Service User Impact**

This work will continue to support reducing health inequalities and improving health equity across residents and communities in Barking and Dagenham. It will include increasing community involvement in decision making and delivery of health and wellbeing support.

#### **4.4 Crime and Disorder**

N/A

#### **4.5 Safeguarding**

N/A

#### **4.6 Property / Assets**

N/A

#### **4.7 Customer Impact**

This work will continue to support reducing health inequalities and improving health equity across residents and communities in Barking and Dagenham. It will include increasing community involvement in decision making and delivery of health and wellbeing support.

#### **4.8 Contractual Issues**

N/A

#### **4.9 Staffing issues**

Any recruitment within projects would only be for the length of the funding allocated to each individual workstream.

**Public Background Papers Used in the Preparation of the Report:** None

**List of Appendices:**

**Appendix 1:** Barking and Dagenham Health Inequalities Place Plan 23/24