

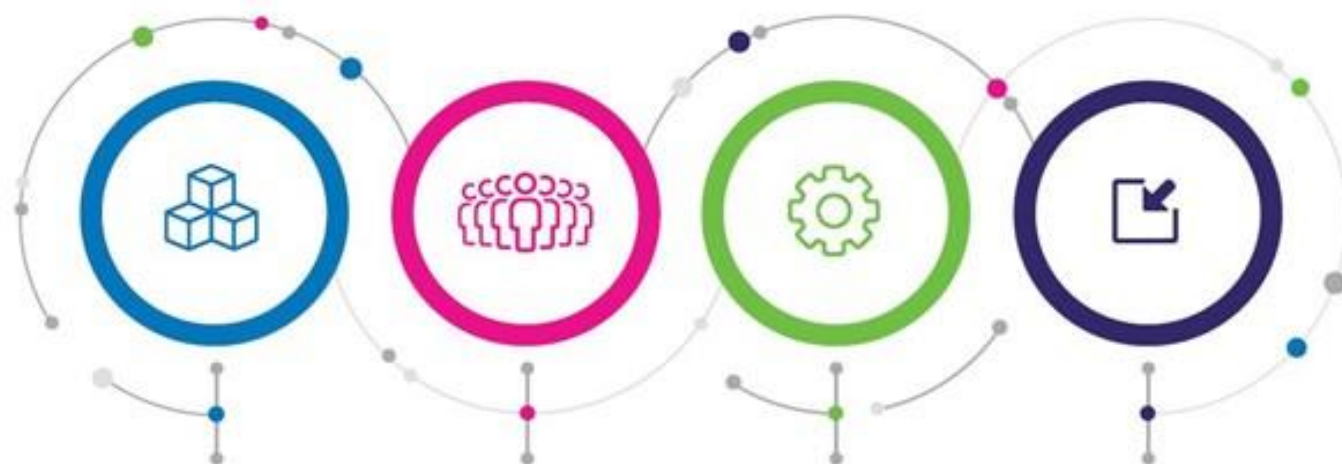
# Inequalities programme for Harrow

Seb Baugh, Public Health Consultant and Lisa Henschen, Managing Director,  
Harrow Borough Based Partnership

# Introduction

- Within the Borough Plan of the health and care partnership for Harrow, the Borough Partnership committed to the objective to reduce health inequalities through embedding a robust population health management approach at a borough and neighbourhood level.
- To achieve this, three components of a core work programme were identified:
  - Set our Harrow Population Health Management methodology and implement at borough and neighbourhood level
  - Aligning data and intelligence across partnership organisations
  - Delivery of core 20 plus 5 programme
- And a 2022/23 delivery priority was agreed:
  - Establish a community capacity building and leadership programme for Harrow to support community groups access to help them address issues which are important to them.
- The purpose of this report is to set out progress on the delivery priority and provide an overview of the health inequalities funding allocation for Harrow and how that will support delivery of the partnership's objective.

# Using Population Health as a tool to tackle inequalities



## THE BUILDING BLOCKS

- Information governance
- Data capture and linkage
- Digital maturity

## UNDERSTANDING YOUR POPULATION

- Dashboards and benchmarking
- Population segmentation
- Risk stratification
- System engagement

## DESIGNING CHANGE

- Opportunity analysis
- Predictive modelling
- Business cases
- Evaluation tools

## IMPLEMENTING INTERVENTIONS

- New models of care
- Digital tools
- Behaviour change
- Workforce planning

DATA DRIVEN

PATIENT CENTRIC

OUTCOMES FOCUSED

*“PHM - improving population health by data-driven planning and delivery of proactive care to achieve maximum impact.”*

# 1) Establishing a community capacity and leadership programme for Harrow

# Why a community leadership programme?

Harrow has high number of people living with long term conditions. Of particular importance in harrow is diabetes, rates are increasing with data showing harrow to have nearly 10% of the adult population to have diabetes, higher in Black and Asian population groups.

Research has shown the importance of the first 1000 days (Health and Social Care Committee, 2019) of a child's life. Harrow has the highest proportion of children aged 5 with tooth decay, rising from 39.6% in 2017 to 42.4% in 2019 and continues to rise, Childhood obesity is disproportionately higher in more deprived groups, and in black ethnic groups (in year 6 prevalence in black ethnic groups was 26.1% compared to 18.1% in white groups and 20.1% in Asian groups for combined years 2013/14 to 2017/18).

The levels of health inequalities in Harrow, was made worse by the Covid-19 pandemic. Our communities were heavily impacted by the challenges of the pandemic which shone a light on a range of inequalities across Harrow. This disproportionately affected people living in specific areas and on specific groups of people – particularly BAME groups.

In response to this, the partnership commissioned VAH to conduct a programme of work to help address some of the health inequalities that exist for minoritised Harrow residents. Through this work, over 2,000 individual black and minoritised communities with a particular focus on seldom heard black heritage communities were reached. A set of recommendations were made and the community champion programme will have a crucial role to play in addressing some of the recommendations made.

# Evidence based practice

**The evaluation of the Hammersmith & Fulham Kensington & Chelsea Westminster, Maternity Champions Programme** shows compelling evidence of the progress, effectiveness, and impact of the programme. **3,545 families with babies reached.**

- Local children services benefited from improved reach, appropriate access, and enhanced partnership working. This helped to unlock joined-up working, resource-sharing, and created extra capacity for the local 0-5 years pathway.
- Parents and babies benefited from an improved maternal health literacy around feeding and birth preparation, improved understanding of the alternative/more appropriate support services in addition to GPs and hospital urgent care, (for example, pharmacist, health visitors) - <https://www.kcsc.org.uk/sites/kcsc.org.uk/files/Evaluation%20of%20Maternity%20Champions%202020%20-%20Envoy%20Final%20BiB%2020.11.2020.pdf>

**Brent Health Matters Programme (BHM)** shows evidence of how new ways of working improve community outcomes and reduce health inequalities. The programme works in collaboration with Health and Social care services, voluntary sector services and voices from communities to reduce health inequalities in Brent. The programme focuses on improving the uptake of preventative services, particularly vaccinations and improving health outcomes for a range of long-term conditions. Although there hasn't been a formal evaluation, data so far show:

77% of eligible Asian / Asian British patients received reviews for diabetes compared to 74% in practices not supported by the programme

- Cervical cancer screenings in practices supported by the programme (53% of eligible patients) compared to 49% in practices not supported by the programme
- Practices supported by the programme completed the nine key care processes for 16.7% of eligible patients, compared to 13% in practices not supported by the programme

# The Harrow community champion programme

The community champion programme aims to address and reduce health inequality, and promote healthy living and well-being by building on the skills, experience and knowledge within local community. The programme will seek to build connections with communities in the most deprived areas in Harrow by delivering preventative initiatives that support children, families, and communities to stay healthy and well.

Local residents are recruited to become community champions through voluntary sector organisations. Champions will benefit from the opportunity to undertake free accredited training, as well as the opportunity to develop skills and experience.

The programme will:

- Deliver Health and Wellbeing events days to offer people the opportunity to meet and learn from others in an informal environment with the aim to build capacity for cross-agency collaboration and network building.
- Deliver health and wellbeing interventions across four priority areas:
  - Health checks through a community outreach approach
  - Awareness raising and preventative interventions for diabetes and hypertension
  - Maternal and family health support
  - Promotion of good mental health and wellbeing

The proposal to implement the model has been agreed by the partnership. The financial envelop allocated to the programme is 300k for 18 months. The programme will be a proof of concept for a more sustainable model.

# High level delivery timescales

Month	Deliverables	Month	Deliverables
Nov 22	Programme commences	Sep 23	Delivery
Dec 22	<ul style="list-style-type: none"> <li>• Programme manager and champions recruited</li> <li>• Community health checks programme commences</li> <li>• Small grants programme process commences</li> <li>• Finalise referral pathways/design with all stakeholders.</li> <li>• Set up quarterly reporting meeting with provider</li> <li>• Evaluation Plan</li> </ul>	Oct 23	Delivery and 6 month report
Jan 23		Nov 23	Delivery
Feb 23		Dec 23	Delivery
Mar 23		Jan 24	Delivery
Apr 23		Full mobilisation and initial six month report	Feb 24
May 23	Delivery	Mar 24	Delivery and evaluation complete and future plans agreed
Jun 23	Delivery	Apr 24	Delivery
Jul 23	Delivery	May 24	Contract ends.
Aug 23	Delivery		



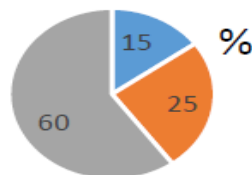
## 2) Health inequalities funding allocation for Harrow

# North West London process and allocation



## NWL ICB PPHMI Board agreed option for health inequality funding split

- Distribution to borough based partnerships
- ICB PPHMI programme
- Additional inequality schemes



5 months, assuming recurrent spend starts no sooner than Nov'22

	Max part year effect of recurrent schemes in 22/23	Max full year effect of recurrent schemes in 23/24	Funds available in 22/23 for non-recurrent schemes
<b>Notional allocation 2022/23</b>			
BBP Brent	£ 326,523	£ 783,655	£ 457,132
BBP Ealing	£ 301,946	£ 724,670	£ 422,724
BBP H&F	£ 140,440	£ 337,056	£ 196,616
BBP Harrow	£ 205,394	£ 492,944	£ 287,551
BBP Hillingdon	£ 256,303	£ 615,127	£ 358,824
BBP Hounslow	£ 233,482	£ 560,356	£ 326,874
BBP K&C+Westminster	£ 291,413	£ 699,391	£ 407,978
PPHMI Exec	£ 438,875	£ 1,053,300	£ 614,425
Additional inequalities schemes	£ 731,458	£ 1,755,500	£ 1,024,042
<b>Grand Total</b>	<b>£ 2,925,833</b>	<b>£ 7,022,000</b>	<b>£ 4,096,167</b>

Health inequality funding is less than 0.2% of the total ICB funding allocation. It is intended as a **catalyst** for change in mainstream funded service improvement.

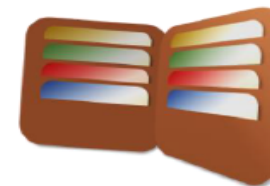
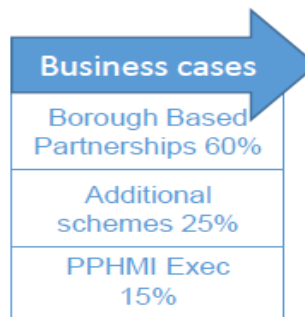
**Recurrent funding** can be used for multi-year proposals. Where possible, this should be time-limited transformation funding to deliver self-sustaining improvements.

Borough Based Partnership funding should be used to build population health management capabilities, reflecting existing capabilities and local health equity ambitions.

NHSE Health Inequality funding allocation is held in the ICB corporate reserve until a business case is agreed



ICB corporate reserve



PPHMI budget with sub-parts for each Borough Based Partnership & PPHMI Exec



Spend and impact tackling health inequalities

PROCESS STEPS IN DEVELOPMENT BY MULTI-AGENCY TASK & FINISH GROUP 05 Oct'22

- 1 BBP develop areas of spend in accordance with local priorities and agreed principles for how the funding is to be used.

PPHMI Exec reviews pre-existing requests in accordance with agreed principles for how the funding is to be used.

**PPHMI principles**

  - Aligned to three pillars (identify and tackle inequalities; PHM building blocks; partnership working on wider determinants)
  - Aligned to three categories (infrastructure; innovative partnerships; coproduction)
  - Clear strategic ownership (system; borough; neighbourhood)
  - Leverage existing funding opportunities and assets by mapping, integrating, and enhancing existing capabilities [for multiyear schemes]
  - Accelerate delivery of existing priorities aligned to Core20plus5 and inequalities priorities
  - Clear and proportionate accountability for expected outcomes, spend, and **reviews of impact**
  - Clear governance to manage conflicts of interest
  - Commitment to share learning
- 2 **TBC** Multi-agency task and finish group to rapidly put in place support for business case development, equality health impact assessment, and approval. Particular focus on the additional schemes and non-recurrent 2022/23 funding.

As PPHMI budget holder, Toby Lambert remains accountable for how the health inequality funding is used. He will confirm the value is within the BBP value and has met the PPHMI principles before formally approving. Once the business case is approved, the funding is vired to the PPHMI programme budget with a locality analysis code.
- 3 BBP/ PPHMI Exec begins recruitment, seeking quotes, or procurement in line with ICB financial governance, and decides any MoUs or contract awards.

As PPHMI budget holder, Toby Lambert formally agrees the contract award.

# Allocation of the Harrow funding

- The strategy and plan for allocation of the Harrow element of the Health Inequalities funding is being overseen by the Population Health Management and Inequalities workstream of the Borough Based Partnership
- Priority is being given to allocation of the non-recurrent element in order to support Harrow citizens and target action to reduce inequalities over the winter period.
- Plans for the recurrent elements will be developed through November and December. This will consider infrastructure and intelligence elements required in Harrow

# Allocation of the Harrow funding

- Network of community based “warm hubs” to deliver a range of initiatives and interventions to support proactive and preventative care
- A business case to support these areas has been submitted to North West London and covers:
  - Targeted clinical outreach for specific priority areas: tailoring of provision based on need in locality, aligned with CVD, diabetes, MSK health, respiratory health and mental wellbeing
  - Supporting engagement in warm hubs. Warm hubs to be provided with grant funding to support the delivery of a number of activities aligned with specific priorities e.g. MECC, physical activity, healthy cooking and eating, reducing falls risk
  - Capacity to develop and maintain MECC winter materials
  - A community-based “Conversation Café” that promotes a proactive and preventative service, addressing resident’s potential needs early, rather than a service that reacts to crisis and increasingly waiting lists
  - Improvement in population health management approach capabilities to develop a consistent approach to capturing data and qualitative feedback across VCS and statutory services