

Report for: Health and Wellbeing Board

Date of Meeting:	17 January 2023
Subject:	NWL ICB Health Inequality Funding
Responsible Officer:	Carole Furlong - Director of Public Health.
Public:	Yes
Wards affected:	All wards
Enclosures:	N/A

Section 1 – Summary and Recommendations

This paper sets out the approach that the Harrow Borough Based Partnership are taking to support addressing health inequalities. The Partnership have received funding from North West London Integrated Care Board (ICB) to facilitate this, and this paper summarises the programme and expected outcomes as a result of non-recurrent and recurrent funding until March 23/24.

Recommendations:

The Board is requested to note the Partnership approach to tackling health inequalities in Harrow.

Section 2 – Report

Background

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. They arise because of the conditions in which we are born, grow, live, work and age. These conditions influence how we think, feel and act and can impact both our physical and mental health and wellbeing. Within this wider context, healthcare inequalities are about the access people have to health services and their experience and outcomes. In Harrow, we know that people in our poorest neighbourhoods die more than 4 years earlier than people in the wealthiest parts of Harrow. Individuals with significant vulnerabilities, such as rough sleepers, will die considerably younger still.

The Harrow Joint Management Board provides Strategic and Executive Leadership to the Harrow Borough Based Partnership (BBP). It sets strategic direction to the Health and Care Partners in Harrow and holds them to account against agreed outcomes of the partnership and alignment to culture, values and behaviours agreed within the partnership. It is the overarching decision-making body for development and implementation of integrated care, action to tackle health inequalities and the improvement of outcomes and reduction of variation for Harrow, acting under delegated authority from sovereign organisations.

Harrow Borough Based Partnership are working in collaboration across the borough to embed approaches that support addressing health inequalities. Developing Population Health Management (PHM) capability and capacity is one aspect of this proposal. This will enable improving population health by data-driven planning and delivery of proactive care to achieve maximum impact.

The three, system wide capability, building blocks required to deliver PHM include:

- Infrastructure – ensuring that we have appropriate: information governance processes in place; data capture systems and the possibility to link data; understanding around the data sets we have available within the system; the workforce available to undertake population health management
- Intelligence – the infrastructure and data to support providing actionable insights and intelligence to enable addressing the needs of our population. This includes: being able to undertake population segmentation to ensure we better understand the needs of specific communities in our population; risk stratifying cohorts amenable to targeted interventions; transforming data & datasets into intelligence that informs decision making for policy makers.

(Note: Segmentation is grouping the local population by what kind of needs or care they require. Risk stratification means understanding who, within each segment, has the greatest risk of needing intense care such as a hospital admission)

- Interventions – being led by the evidence base to inform what interventions will be delivered that will have maximum impact for our populations. Key aspects to this include: understanding the evidence base; implementing the interventions and models of care; evaluating impact against agreed outcomes and indicators.

This ambitious health inequalities and PHM programme is being funded by North West London ICB. The specific initiatives being funded from the programme include:

- A winter wellness scheme for Harrow focusing on; a clinical outreach programme, warm hubs supporting community engagement, community-based ‘conversation cafes’, increasing capacity of the Support and Wellbeing Information service Harrow (SWiSH) service to address particular needs around the poverty agenda.
- A vaccination and immunisation programme targeted at community groups that have poorer uptake than others
- Development of PHM infrastructure and intelligence to increase the boroughs capacity and capability to deliver PHM and address health inequalities
- Population health approaches in Harrow broadly

The programme is currently commissioning an evaluation partner to support understanding the impact of developing the infrastructure, intelligence and interventions across Harrow, and how this has an impact on health inequalities in the borough. This will support the development of tackling inequalities and PHM in the borough in the future.

Expected outcomes of the programme

Some of the expected outcomes and benefits of the programme include:

- Accelerating delivery of Core20PLUS5, including recruitment of Core20PLUS5 connectors, for example:
 - increasing the number of people identified with undiagnosed high blood pressure to reduce the risk of cardiovascular events;
 - increasing the uptake in COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

(Note: Core20PLUS5 is a national approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement. The five clinical areas

include: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding)

- Improvement in population health management approach capabilities (engagement, analysis, methodical coproduction facilitation, health economics), for example:
 - development of a consistent approach to capturing qualitative feedback across VCS and statutory services;
 - Improving the knowledge and capability of PHM across the system and partnership
- Improvement in preventative care, for example:
 - an increase in the use of proactive and preventative care included in interventions / models of care as a result of PH intelligence and analysis;
 - we should see an impact on individual level outcomes, e.g. improved mental wellbeing, reduced social isolation, and an increase in physical activity levels
- Building of qualitative evidence (case studies, experiences of residents, patient journeys), for example:
 - case studies of people and communities using services and their experience of them to support improving their experience and reducing inequalities.

Financial Implications/Comments

There will be no direct impact on the council's financial position as a result of this programme of work.

The non-recurrent funding for the health inequalities programme is directly from NWL ICB. Some of the funding will be used to bolster existing programmes of work that the council commissions, therefore increasing capacity.

The financial envelope for this programme of work for 22/23 and 23/24 is as follows:

	22/23	23/24
Non-recurrent funding	£287,551	n/a
Recurrent funding	£205,394	£492,944
Total	£492,945	£492,944

There are no additional direct financial implications arising from this report.

Legal Implications/Comments

Section 116A of the Local Government and Public Involvement in Health Act 2007, stipulates that it is the responsibility of the local authority and integrated care boards to prepare a local health and wellbeing strategy.

The Health and Social Care Act 2012 provides responsibility to the Health and Wellbeing Board for the oversight of the local health and wellbeing strategy.

A key responsibility of the Health and Wellbeing Board is to therefore have oversight and accountability of the proposed strategy and this is reflected in the Board's terms of reference.

Risk Management Implications

1. Co-ordination of the winter wellness scheme could become challenging to manage and deliver due to the multi-faceted nature of the initiatives and interferences with the warm hubs. **Mitigation:** an operational working group is pulled together to support a collective approach to delivery, with clear roles, responsibilities and expectations from partners
2. Securing clinical resource to deliver the programme; the Partnership is in active conversation with their providers to scope options.
3. Delays to implementation whilst procurement is undertaken. This will be mitigated through approval of a business case in advance of the 2023/24 financial year to allow processes to be completed.
4. Delays to recruitment, mitigated through existing fixed term Contracts running into the new financial year
5. A number of priorities to be addressed, mitigated through PHM governance structures agreeing clear programme priorities
6. Sustainability of PHM once recurrent funding ceases, mitigated through the PHM resources to be involved in a training and development plan to embed PHM in BAU

Risks included on corporate or directorate risk register? **No**

Separate risk register in place? **No**

The relevant risks contained in the register are attached/summarised below.
n/a

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? **No**

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Statutory Officer: Donna Edwards

Signed on *behalf of the Chief Financial Officer

Date: 03/01/2023

Statutory Officer: Sharon Clarke

Signed on *behalf of/by the Monitoring Officer

Date: 03/01/2023

Chief Officer: Senel Arkut

Signed by the Corporate Director

Date: 03/01/2023

Mandatory Checks

Ward Councillors notified: **NO**, as it impacts on all Wards

Section 4 - Contact Details and Background Papers

Contact: Seb Baugh, Consultant in Public Health,
sebastien.baugh@harrow.gov.uk

Background Papers: N/a

If appropriate, does the report include the following considerations?

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| 1. Consultation | NO |
| 2. Priorities | NO |