

Title of Report	Using North East London Health Inequalities money in City and Hackney
For Consideration By	Health and Wellbeing Board
Meeting Date	22nd September
Classification	Open
<u>Ward(s) Affected</u>	All
Report Author	Anna Garner, Head of Performance and Population Health, NHS North East London

Is this report for:

- Information
- Discussion
- Decision

Why is the report being brought to the board?

Update members on NHS North East London Health Inequalities funding award and next steps to implement projects in City and Hackney with this funding.

Has the report been considered at any other committee meeting of the Council or other stakeholders

City and Hackney Health Inequalities Steering Group

1. Background

City and Hackney have been successful in securing £900k under the NEL Health Inequalities fund. This has been awarded in for the two bids, as described below:

Allocation	Comments/ adjustments
£475k	Bid A: £475K awarded to support the embedding of proportionate universalism (see below for more details).
£400k	Bid B: The NEL panel made the decision to allocate £400k out of the £629K City and Hackney bid for several projects (see below for more details). City and Hackney Neighbourhood Health and Care board have agreed to top up these bids to £629K so the whole of the project bids can be funded.
£25K	Community chest for social prescribing. This funding would be to implement a micro grants programme for small VCSE organisations that social prescribers refer onto (a 'Community Chest') to (delivered in conjunction with NEL personalised Care programme).

Bid A

We have been allocated £475K from the NEL Health Inequalities money to fund a rigorous and systematic approach to embedding proportionate universalism (as proposed by Marmot) in City and Hackney in order to support people to improve outcomes proportionate to their level of need.

Marmot is very clear about the need for proportionate universalism in the tackling of inequalities; proportionate universalism is the resourcing and delivering of universal services (health, care and wider services) at a scale and intensity proportionate to the degree of need. In practice, this might mean e.g. identifying who isn't receiving the services they need, identifying barriers, ensuring equity of access, reviewing models of care so there is more of a 'tiered' approach, with different levels/types of support provided according to need, taking into account the different 'assets'/resources/networks that people have available to them (through a strengths-based approach).

This proposal seeks to build on what we are learning locally, including our experiences from working with our vibrant VCSE sector and diverse communities during the pandemic. It would be led by our existing Population Health Hub team and the additional funding would provide more capacity and capability to further test

and learn approaches, co-designing and coproducing solutions with residents, communities and the VCSE to truly accelerate progress.

Part of the money would fund the infrastructure to enable this (including changing culture to support the relentless focus on inequalities by supporting leadership in inequalities and partnership working, supporting improved understanding of health inequalities and the drivers of these, and widening participation and involvement of the community) and the majority of the money will be to support the implementation of initiatives to enable a proportionate universal approach to reducing health inequalities (including maximising local plans to tackle inequalities across the life course).

What is our aim?

To establish the infrastructure, culture and environment within the City of London and Hackney to work towards and deliver proportionate universalism

How will we deliver this aim?

- Identify a suggested package of support for pathways (e.g. experience of maternity services, management of LTCs in SMI population) – flexible according to needs of specific pathways (Appendix 1)
- Identify processes for meaningful resident involvement
- Establish clinical input to this programme and/or support the development of clinical and community leadership around health inequalities
- Identify key pathways to work with on this process – that align with the Core20PLUS5 areas along with the wider determinants of health
- Work with up to ten pathways to ensure a minimum high quality of service, with delivery models appropriately and sensitively adapted/tailored to ensure equity (rather than equality) of access, experience and outcomes - with greatest focus for those with high need
- Pilot solutions to achieve equity – and evaluate impact

Which pathways will we work on?

The first stage will be to identify key service areas/partners to work with (with input from residents on priority areas), this includes:

- Strand 1: five nominated clinical pathways from the CorePlus5 clinical areas (maternity, SMI, hypertension, COPD, cancer)
- Strand 2: four pathways/population groups and their broad population health needs (outside of the Core20PLUS5 pathways in strand 1) who are early adopters of this work and keen to be involved
- Strand 3: one service area relevant to the wider determinants of health

Projects in bid B

Projects	Funding
<p>Funding meaningful children and young people input to the piloting of CAMHS Youth Health Hub (pilot the establishment of a Youth Health Hub function in partnership with Primary Care, mental health services, community & voluntary sector, Public Health as well as local authority funded services). The aim is to create Health Hubs for young people aged 11 to 25 in neighbourhoods or locations, where young people can access a number of services in a safe and confidential way, breaking barriers and ensuring that they receive the support they need, when they need it from the right professional.</p>	£100K
<p>Funding community engagement and the piloting grassroots initiatives to improve childhood immunisations coverage (to compliment basket of interventions to improve coverage of childhood immunisations including pivoting the Covid vaccination 'call- recall' team to work on following up those who haven't received full complement of childhood immunisations and an immunisations support team in NE Hackney (where uptake is the lowest).</p>	£100K
<p>Interventions to support City and Hackney homeless population:</p> <p>Routes2Roots housing support workers (supporting homeless/vulnerably housed individuals who are in hospital to access housing options)</p> <p>Psychology interventions for homeless people (provision of individual and group- based interventions).</p> <p>A physical health nurse to provide outreach for homeless/vulnerably housed youth (aged 18-24), to offer an enhanced health check to identify MH/neurodevelopmental/communication needs, managing onward referrals and support linking back into services.</p> <p>Piloting a single assessment tool for use by multiple services providing support to homeless individual single assessment tool (to reduce burden on individual having multiple assessments by various organisations).</p>	£184K
<p>Foot care for housebound patients. Delivered via a local charity; offers a toenail cutting service for those unable to reach their feet or with other disabilities preventing them cut their own nails, and with no access to carer support. This service provides home visits for housebound</p>	£65K

patients, and satellite clinics with greater outreach to communities & St Leonard's site clinics.	
Improving access to employment support for residents with SMI. An additional IPS Employment Specialist for SMI patients, an additional Outreach Worker focused on SMI patients who could offer home visits and help support with smoking cessation and increasing attendance for annual health physical health checks, a project lead for IAPT with responsibility to establish pathways for IAPT and offers for all patients with LTCs, IAPT services especially where LTC is not well controlled.	£180K
TOTAL	£629K

1.1. Policy Context:

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

- Improving mental health
- Increasing social connection and
- Supporting greater financial security
- All of the above

Please detail which, if any, of the Health & Wellbeing Ways of Working this report relates to?

- Strengthening our communities
- Creating, supporting and working with volunteer and peer roles
- Collaborations and partnerships: including at a neighbourhood level
- Making the best of community resources
- All of the above

1.2. Equality Impact Assessment

Sole purpose of projects and full consideration to impact on equalities will be given.

1.3. Consultation

Has public, service user, patient feedback/consultation informed the recommendations of this report?

- Yes

No

Have the relevant members/ organisations and officers been consulted on the recommendations in this report

Yes

No

1.4. Risk Assessment

To be confirmed - will be assessed as we progress planning

1.5. Sustainability

To be confirmed - will be assessed as we progress planning

Report Author	Anna Garner Head of Performance and Population Health, NHS NEL anna.garner@nhs.net