

# MSE Integrated Care Partnership, 28<sup>th</sup> September 2022

## Agenda Number: 09

### Health Inequalities Funding

#### Summary Report

##### 1. Purpose of Report

To provide an update on the allocation and utilisation of the Health Inequalities funding that was made available to the Mid and South Essex Integrated Care system through the NHS.

##### 2. Executive Lead

- Name: **Jeff Banks**
- Job Title: **Director of Strategic Partnerships**

##### 3. Report Author

- Name: **Emma Timpson**
- Job Title: **Associate Director Health Inequalities and Prevention, Mid and South Essex ICB**

##### 4. Responsible Committees

Not applicable.

##### 5. Link to the ICP's Strategic Objectives

- Improve healthcare outcomes for residents in Mid and South Essex
- Tackle inequalities in access, experience and outcomes

##### 6. Financial Implications

The system is in receipt of £3.399m for 22/23 to support the reduction of Health Inequalities, we understand this funding to be recurrent in nature, forming part of our baseline moving forward.

The MSE Health and Care Partnership Board apportioned funding to the Alliances: accounting for population size, overall need, avoidable mortality in the under 75s, and inequalities between areas in mid and south Essex (although it does not take account of inequalities within each alliance area).

The funding apportionment was further refined by the Health Inequalities Funding Panel to reflect system wide opportunities:

- **Microgrants scheme** – three out of four Alliances proposed or were supportive of a Microgrants scheme. The panel agreed the opportunity should be available across all local communities and groups within the

ICS footprint. A single centrally administered process that would reduce the administrative burden was proposed but with decisions about awards made by Alliances

- **Projects with system wide application** – The proposals received from South East and Thurrock Alliances included projects that had system wide application it was agreed the full costs of such projects shouldn't be borne by one Alliance. Therefore an allocation of £163k was set aside for projects with system wide application.

The funding apportionment to the Alliances is therefore:

- Basildon & Brentwood £604k
- Mid Essex £734k
- South East Essex £840k
- Thurrock £443k

The System wide programmes were allocated £778k funding for:

- Establishment of a population health improvement board & oversee delivery across ICS, extension of anchor work and small contingency
- Microgrants scheme centrally administered but with decisions about awards made by Alliances
- Evaluation framework to provide a suite of tools which support project evaluation and learning
- Projects that have a system wide application across all four Alliances.

## **7. Details of patient or public engagement or consultation**

Part of the funding will be utilised to offer a Microgrants scheme of between £500 and £1500 to small-scale Voluntary, Community, Faith and Social Enterprise Sector organisations who wish to undertake projects or initiatives which address health inequalities and the wider determinants of health. Working with the four Alliances and the Communication and Engagement Team, a locally appointed organisation will be promoting the Microgrants scheme to local communities.

## **8. Conflicts of Interest**

Organisations represented within the Integrated Care Partnership have submitted bids as part of the Alliances' expression of interest processes. The Alliances have established processes for prioritisation of bids and managed local Conflicts of Interest in accordance with the Policy. The Health Inequalities Funding Panel will note and manage Conflicts of Interest in accordance with the Policy when prioritising the system wide projects.

## **9. Recommendation/s**

The Integrated Care Partnership is asked to note the progress on the allocation of the Health Inequalities funding.



Mid and South Essex  
Integrated Care  
System



Mid and South Essex

# Health Inequalities Funding Update

20 Sept 2022

[www.midandsouthessex.ics.nhs.uk](http://www.midandsouthessex.ics.nhs.uk)

# Objectives of the Alliance based Health Inequalities Fund 2022/23

- Reducing health inequalities is key ambition of ICS and Alliances
- Application of NHS Core 20 plus 5 framework
- Seek innovative and collaborative approaches to address underlying causes of health inequality
- Strong focus on outcomes, where possible contribute to elective recovery
- Population focused and therefore organisationally agnostic
- Demonstrate development of relationships within or across Alliances
- Target most deprived communities including BAME groups
- Proposals are financially sustainable

# Alliance based processes for Health Inequalities Fund 2022/23

- Principle of subsidiarity applied, with local Alliances based processes
- In excess of 100 Expression of Interests (EOI) received across 3 Alliances
- **South East Alliance** bids prioritised and due diligence commenced for 20 shortlisted projects across 18 organisations
- **Thurrock Alliance** bids prioritised and due diligence for 10 shortlisted projects across 20 organisations
- **Basildon and Brentwood Alliance** EOI received and currently being prioritised
- **Mid Essex Alliance** process being implemented and are working with ECC to transfer funds to enable utilisation across 3 years rather than one year.

# Funding Panel



- Funding Panel established chaired by Jeff Banks with representation by Jo Cripps, Kirsty O'Callaghan, Jen Kearton, Emma Timpson and Ian Wake (deputy in attendance)
- Met on 16 August to review Alliance plans
- Key outcomes:
  - ✓ Alliances would be supported to work with partners to manage funding within appropriate governance regarding
  - ✓ Due diligence process agreed and circulated
  - ✓ Identified projects with scope for system wide application
  - ✓ Support for Microgrant scheme centrally administered but with local Alliance decision making
  - ✓ Development of a system wide Evaluation framework to provide a suite of tools to support measurement of impact and shared learnings
  - ✓ Alliance funding apportionment revised to reflect above
- Panel will meet on a monthly basis to approve plans, prioritise projects with system wide application and monitor progress

# Funding apportionment



- NHSE have allocated **£3.399m** to Mid & South Essex to support the reduction of Health Inequalities
- MSE Partnership Board apportioned funding to the Alliances:
  - Basildon & Brentwood **£604k**
  - Mid Essex **£734k**
  - South East Essex **£840k**
  - Thurrock **£443k**
- System wide programmes **£778k**:
  - Establishment of a population health improvement board & oversee delivery across ICS, extension of anchor work and small contingency
  - Micro-grants centrally administered but with decisions about awards made by Alliances
  - Evaluation framework to provide a suite of tools which support project evaluation and learning.

# SE shortlisted Projects

Of the **20** projects shortlisted

5 x Focus on CVD case finding and aim to alleviate system flow pressures	2 x Focus on loneliness and improved access to services
2 x Focus on mental health and financial resilience	2 x Focus on increased cancer screening
1 x Focus on suicide prevention	2 x Focus on food market and nutrition
1 x Focus on veterans mental health and access to services	1 x Focus on lifestyle interventions to increase activity levels in the older population
1 x Focus on family and childhood mental health and resilience	2 x Focus on dental and access for deprived and the young
1 x Focus on mental health through the green agenda	

- **Crowd Sourcing** enables 'crowds' i.e. staff, professionals and stakeholders within our system to put their wealth of **knowledge** and **front line experience** into developing ideas to support the reduction of health inequalities
- We are actively reviewing **digital platforms** to support the Crowd Sourcing element of the proposal



# Thurrock shortlisted Projects

## The 10 projects shortlisted

ASOP & SLH PCN Obesity Transformation Project	Improving health outcomes, by reaching out to seldom heard groups with cancer information
Improving lifestyle risk management through Motivational Interview – training for Primary Care	Community-Generated Inequalities Solutions - Reference & Investment Board Pilot
Workplace Health Champions to provide smoking cessation to employees and referral to NHS health checks	Improving access to health services for Thurrock's Gypsy, Roma, Traveller and Showman communities
Enhancing safeguarding, health, and mental wellbeing for vulnerable young people and young parents	Improving access to health services for Thurrock's homeless communities
Health & Digital Literacy	Open Dialogue training to support people with SMI

# Microgrant scheme



- Micro grants budget £100k across four Alliances with System administered management fee of £15k
- Mini procurement being undertaken, engaged with CVS & Community infrastructure providers
- Submission deadline extended based on feedback from bidders to 26<sup>th</sup> September
- Mobilisation from October

# Evaluation framework & toolkit proposal

## Phase 1: designing and setting up evaluation framework and toolkit

- = Surveys of project users with questions on personal impact of the project/subsequent outcomes, ease of access to/accessibility of the project, overall satisfaction with the project and suggestions for improvement
- = Inclusion of project data
- = Feedback from project staff/mangers via an online survey and interviews with key staff from the 5 largest projects on lessons learnt from running the projects
- = Feedback from Alliance staff via interviews on lessons learnt from the process of setting up and managing the programme and future sustainability/replicability

## Phase 2: Analysis and reporting of evaluation findings

- = Seeking to develop automated processes to analyse and report on the evaluation findings
- = Tapping into University of Essex expertise in automation and AI
- = Potential to use Data Innovation Vouchers to part fund the cost
- = As a back-stop there is the option of using existing (manual) methods to analyse and report on the findings

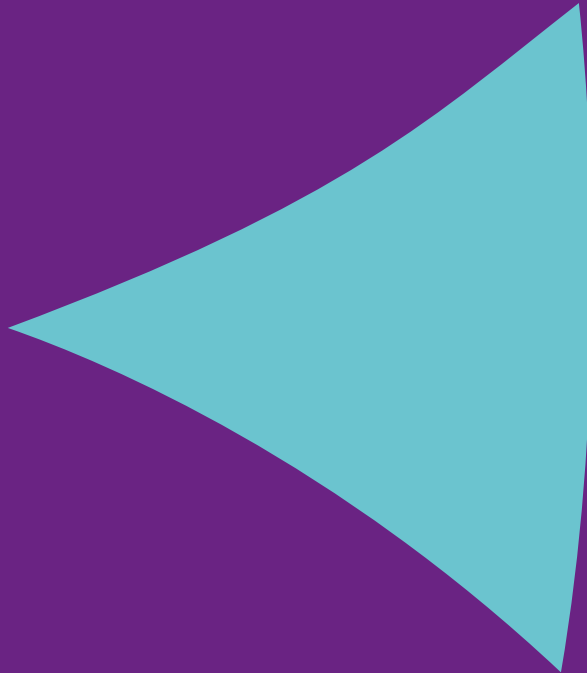
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# Emma Timpson


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