

Report of the NHS Bradford City CCG to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 24 October 2019

M

Subject: Reducing Inequalities in City (RIC) Programme - Update

Summary statement:

This paper will:

- outline the approach undertaken to utilise the increased allocation to Bradford City CCG, and the creation of the Reducing Inequalities in City (RIC) Programme;
- describe the three priority areas within the RIC programme, and the prioritised interventions within these areas;
- describe the ways in which the funding allocation will be maintained to improve the health and wellbeing of people living within the city area, following the creation of a new CCG for Bradford district and Craven

Report Contact: Polly Masson
Phone: (01274) 237786
E-mail: polly.masson@bradford.nhs.uk

Portfolio: Healthy People and Places

1. Summary

On the 13 June 2019, the Health and Social Care Overview and Scrutiny Committee recommended that –

- *a report be submitted to the Committee in September 2019 on the additional allocated monies.*

This recommendation was based on a discussion about how the additional funding provided to NHS Bradford City CCG would be safeguarded following the creation of one CCG for Bradford district and Craven.

This paper will outline the work undertaken by NHS Bradford City CCG in developing an approach for utilising its increased allocation.

2. Background

Addressing areas of health inequalities is one of the core purposes of a clinical commissioning group and is enshrined in law. Recognising the need to improve progress in this area, NHS England has made reducing health inequalities a key element of the *NHS Long Term Plan*.

To support the delivery of the *NHS Long Term Plan*, NHS England has reviewed its funding allocation formula for 2019/20 – 2023/24. The new formula has a number of factors, including an element which focuses on supporting equal opportunity of access and reducing health inequalities amenable to healthcare.

As a result of this new funding formula, NHS Bradford City CCG has received an increased financial allocation of 15.3%, whilst other CCGs had on average a 5.65% increased allocation. This means that the uplift NHS Bradford City CCG has received above and beyond neighbouring CCGs is around £14 million.

From this increased allocation, NHS Bradford CCG had to effect the directions laid out in the NHS planning guidance, such as uplifts in mental health and community based services.

Where practicable increased funding which has directions attached to it is being used to target health inequalities in the city population. For example, proposals such as: at risk mental health states; culturally adapted behavioural action for IAPT; and an enhanced memory assessment clinic are being introduced as a result of the mental health contract uplift. Increases in staffing levels in school nursing and community nursing have been introduced as a result of the community services contract uplift.

After taking into consideration system requirements, the amount of uncommitted recurrent funding that can be attributed to reducing the high level of health inequalities and unmet need in the city population is £8 million. There is an additional £1.2 million for contingency in case of increased health care activity arising from addressing previously unmet need.

The clinical board of NHS Bradford City CCG is responsible for taking decisions about the allocation of this increased funding, having due regard to the collective decisions made by system partners (commissioners and providers) who are parties to the Strategic Partnering Agreement (SPA). There is a specific programme of work, called the Reducing Inequalities in City (RIC) Programme, to co-ordinate this activity and monitor effectiveness and impact.

3. Development of the Reducing Inequalities in City (RIC) Programme

Establishing priority areas

Significant work has been undertaken by the three community partnerships within the Bradford City area (central locality) to identify the specific needs of their registered populations. This has included feedback from the members of the community partnership teams, analysis of their specific health need assessment packs, and intelligence gathered from patient participation groups and engagement networks.

Building on this important work the clinical board determined that the RIC programme should focus on the priority areas identified by the community partnerships. These are:

- Pre-conception, maternity and children
- Primary and secondary prevention at scale to reduce premature mortality associated primarily with cardiovascular and respiratory conditions and cancer
- Ageing and dying well.

Proposals to reduce health inequalities have been developed within these three areas. (Please see below for further detail).

Developing an evidence-based approach to reducing health inequalities

To ensure that the increased allocation is used effectively, a small, dedicated research team has been commissioned by the CCG to support the design and delivery of the RIC programme through its five year duration. The Bradford Health Inequalities Research Unit (BHIRU) has been created in collaboration with Born in Bradford and the University of York to:

- Support the development of programme outcomes and logic model
- Help inform the selection of proposals for initial investment, and future investment
- Develop and co-ordinate the process for determining which proposals to implement (using a Delphi consensus model)
- Support the evaluation of commissioned projects

Proposal development

A RIC steering group has been created to co-ordinate the development of RIC proposals, and oversee the implementation and monitoring of associated projects. It is a multi-agency group consisting of representation from across the system, including public health, voluntary sector, health care provider and local authority colleagues.

Task and finish sub groups have been established to develop proposals within each of the priority areas. These proposals have been developed using:

- feedback from earlier City specific schemes (e.g. women’s health network)
- needs identified in local strategies and health needs assessments
- learning from programmes, services and interventions that already exist
- learning from previous community engagement work and service user feedback

The proposals developed via the RIC programme have undergone a robust prioritisation process created by the BHIRU and public health colleagues to ensure only those proposals most likely to reduce or mitigate health inequalities are funded. See appendix 1 for the evaluation criteria used in this process.

The proposals prioritised for implementation planning are shown in the table below:

Ref	Scheme Name	Priority area	Prioritisation score
-----	-------------	---------------	----------------------

12	Tier 3 - Weight Management Service for Children and Adolescents	Children	9
1	Central Locality Integrated Care Services (CLICS)	All	9
19	BEEP exercise referral service (specific focus on type 2 diabetes and muscular skeletal conditions)	Premature mortality	9
23	Improving Health for Homeless People in Bradford City	Premature mortality	9
28	Welfare Benefits Advice	Premature mortality	9
36	Psychologically informed environments for people who are homeless	Premature mortality	9
15	Young people's social prescribing pilot	Children	8
5	Reducing the harm from smoking in pregnancy: a community approach	Children	8
4	Practice and community response to increased genetic risk associated with close relative marriage	Children	8
11	Living Well schools	Children	8
3	Making Every Contact Count (MECC) training (Pre Conception)	Children	8
2	Health messaging	All	8
18	Conversations for Change (motivational interviewing) training for staff	Premature mortality	8
20	Culturally Appropriate Bowel Screening (CABS) messaging	Premature mortality	8
21	Living Well Pharmacies	Premature mortality	8
24	Reducing premature mortality by developing skills and increasing capacity in general practice teams	Premature mortality	8
25	Proactive care team	Ageing well	8
26	Holistic approach to dying well	Ageing well	8
27	Dementia specialist nurses	Ageing well	8
35	CAMHS - mental health support teams for city schools and communities	Children	8

Developing implementation plans

The prioritisation process has just been completed and work is now starting on developing the implementation plans for prioritised proposals.

This initial range of proposals covers a broad scope, which aims to both reduce future health inequalities and mitigate against existing inequalities. This approach has been taken to ensure we are able to:

- implement some of the smaller scale projects in 2019/20, either as a proof of concept or the expansion of existing, successful projects
- work with system partners, via community partnerships, to co-design projects such as the central locality integrated care service (CLICS) and related projects such as the pro-active care team
- work with the BHIRU to develop a future pipeline of evidence based activities which focus on our priority areas

As the RIC programme infrastructure is developed, consideration will be given on how to improve the levels of community engagement and co-design in future proposal development.

Managing the increased allocation in the new CCG

The increased allocation to Bradford City CCG is a recurrent commitment for the period 2019/20 through to 2023/24, and has been made to specifically support the reduction in health inequalities in the City population.

For this reason a specific RIC programme has been set up to oversee the implementation and monitoring of the five year programme of work.

The commitment to ensure that the increased funding is retained for its specified purpose in the proposed new Bradford district and Craven CCG has been made in the heads of terms agreement. This outlines the requirement to use City CCG's increased allocation for the registered population of the three central community partnerships.

The challenging financial position within our local place has led to questions about the prudence of this approach. Despite this, the commitment remains in place. The Bradford Health and Care Partnership Board confirmed in the September 2019 meeting that the RIC funding would be used to address health inequalities in the City population, and not to manage financial risks in the system.

4. Options

Not applicable

5. Contribution to corporate priorities

The work of the RIC programme directly aligns to the Joint Health and Wellbeing Strategy, and contributes to the overarching outcomes of:

- Increase in life expectancy at birth for males and females
- Increase in healthy life expectancy in males and females

6. Recommendations

The Health and Social Care Overview and Scrutiny Committee is asked to:

- Receive and note the activity undertaken in the development of the RIC programme and its associated projects
- Receive and note the CCGs' commitment and actions taken to ensure that the increased allocation is retained and used to address health inequalities for the City population

7. Background documents

None

8. Not for publication documents

None

9. Appendices

Appendix 1 – Criteria used for prioritising proposals via the Delphi consensus model