Health Inequalities Funding Application Proposal

South East Essex Alliance Update September 7th 2022

Health Inequalities

Core20PLUS5 is the national NHS approach to support the reduction of health inequalities https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

Core20	**PLUS**	**5**
The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).	Key local population groups identified with a greater need i.e. ethnic minority communities, homelessness, drug and alcohol dependence, vulnerable migrants, sex and other socially excluded groups.	Five clinical areas of focus. I. Maternity II. Severe mental illness (SMI) III. Chronic respiratory disease IV. Early cancer diagnosis V. Hypertension case-finding and optimal management

Opportunity

- The ICS 5-year strategy outlines the reduction of health inequalities as a key ambition
- NHSE have allocated **£3.399m** to Mid & South Essex to support the reduction of Health Inequalities
- SEE Alliance allocation of **£922k** to embed innovative approaches
- Proposed apportionment of funding:
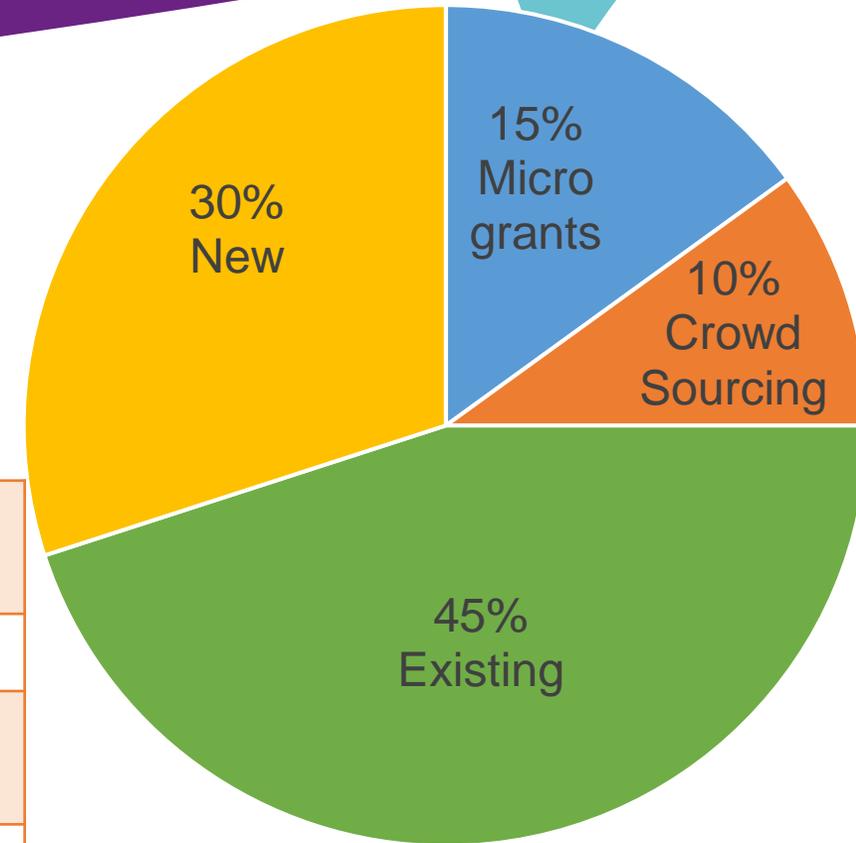 - Top slice 10% for evaluation

Remainder;
  - Core20 – up to 60%
  - PLUS – up to 40%
  - 5 – up to 40%

Proposal

The Health Inequalities SEE Group developed a proposed **model** for **effective utilisation** of available funds, the model was subsequently reviewed and agreed by the Alliance Committee.

The agreed model proposed the **£922k** allocation would be **shared** against following **categories**:

10%	Top sliced to enable appropriate evaluation with an external evaluation partner	£92,000
Remaining funds (rounded up/down);		
45%	Development of **Existing Projects** which are already demonstrating benefit	£373,500
30%	**New Projects**	£249,000
10%	**Crowd Sourcing**	£83,000
15%	**Micro Grants**	£124,500

15% Micro grants
10% Crowd Sourcing
45% Existing
30% New

Expression of Interest Process

- **Expression of Interest (EOI)** process advertised widely across SEE system
- **56** EOI's were received and ranked via a **Value/Effort** Matrix as pre-agreed by Alliance Committee and Health Inequalities SEE Group members.
- **Value** was determined by focus & impact on; Core20PLUS5, PHM dataset priorities and shared H&W strategy priorities
- **Effort** was determined by; Workforce requirements, estates and resource needs and impact on demand for other services (unintended consequence)
- **75%** of Alliance membership organisations voted for their top 5 EOI's based on the above

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Existing Projects

- The Health Inequalities SEE Group identified **existing projects** from the voting process and matched them against the financial envelope agreed for existing projects.

- The Health Inequalities SEE group determined that all **existing** projects receiving **MULTIPLE votes** would be **selected** for funding:
  - **Total** Existing project budget: **£373,500**
  - **7** Projects receiving **multiple** votes

- The Health Inequalities SEE Group determined the **12 remaining bids** which received at least **1 vote** would be **further assessed** by SCC and ECC Public Health Consultants. The projects were ranked and the top **6** were **selected** for funding

- This leaves a potential **deficit** of approx. £22,400 we are in discussions with bidders to identify cost savings or economies of scale to enable funding all 13 initiatives selected.

New Projects

- **New projects** followed an identical process and mapping against the financial envelope for new projects

- The Health Inequalities SEE group deemed **1** project too **large** to consider as a test and learn or pilot under this funding envelope, this bid was **removed** from the process

- The group determined that **all** remaining **new** projects receiving **MULTIPLE votes** would be **selected** for funding:
    - **Total** New project budget: **£249,000**
    - **7** Projects receiving **multiple** votes

- This leaves a **deficit** of approx. **£14,100,** we are in discussions with bidders to identify cost savings, economies of scale or match funding opportunities to enable funding all 7 initiatives selected

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	

Shortlisted Projects

Of the 20 projects shortlisted how are they geographically spread?

- 8 are for delivery in SOS specifically
- 4 are for delivery in CPR specifically
- 6 are for delivery in BOTH localities

Of the 8 in SOS there is scope for 2 of these to be scaled up to deliver in CPR and we are in discussions to see how this may impact the financial envelope.

Mapping has taken place to ensure spread across the most deprived areas of our communities.

Micro Grants & Crowd Sourcing

- **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
- **Micro Grants** are a quick and easily accessible way to help community projects at a grassroots level
- We are actively supporting a **system wide approach** to Micro Grants
- We are communicating with **bidders** to ensure they are able to **mobilise at pace** if and when proposals are approved
- **Governance** and **procurement** processes are being explored for both options above, including a **finance framework** to deliver any approved funds to bidders

Evaluation

- We are actively seeking to commission an **Evaluation Partner** for the Existing & New projects (as a minimum)
- We would seek to **share** this resource with other **Alliances** to have a consistent approach and a wider view of impact, successes and feedback
- A series of evaluation **methods** may be utilised based on the outcomes and expectations of each project i.e.;
  - ✓ **User Surveys**, online surveys are a cost effective way of obtaining the views of a wide range of project users
  - ✓ **Focus groups or interviews** with **project users** provide more in-depth feedback about the impact of a programme and users' views about its effectiveness
  - ✓ **Interviews** with **professionals** gather open ended feedback about their experiences of running the project and the impact seen on users
- Aspiration for interim reports at 6 & 9 months with a final report at 12 months

Next Steps

Following review by a system wide panel, the SEE Alliance process and **outline proposal** was **approved** (w/c 15/08/22), next steps are;

- Review and **finalise cost efficiencies** against the 20 Existing and New programmes to ensure affordability and value for money
- Continue to **review digital platforms** for the Crowd Sourcing element of the proposal
- **Engage with system partners** to develop the Micro Grants element of the proposal
- Develop a **robust governance framework** for each element of the proposal
- Develop a **financial framework** to ensure due diligence, appropriate check and challenge and delivery modes for approved funding to bidders
- Continue to **communicate with bidders** to ensure they are able to mobilise at pace if and when proposals are approved.

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