

## Expression of Interest

### Black Country and West Birmingham Health Inequalities Improvement Programme 2021/22

Expressions of interest are invited for both Voluntary, Community and Social Enterprise Sector (VCSE) and Local Authority partners to support the work on Health Inequalities Improvement underway across the Black Country and West Birmingham ICS.

Over half the population of the Black Country and West Birmingham live in the most deprived national quintile. There is variation across our five places with Dudley in particular having fewer people living in areas in national IMD quintile 1 and more people living in quintiles 4 and 5. Further, 35% of the population of Black Country and West Birmingham is from Black and Ethnic Minority communities. This is higher in our under-18 population with 44% of the population being from Black and Ethnic Minority communities. This is significantly higher than England at 23%.

The work of the BC&WB Health Inequalities Improvement Programme and Delivery Plan 2021/22 aligns to the five National Health Inequalities Priorities:

1. Restoring NHS Services Inclusively
2. Digital Exclusion
3. Complete and Timely Datasets
4. Accelerate Preventative Programmes
5. Strengthen Leadership

The National Core20PLUS5 approach further sets out the clinical contribution to the wider system to address Health Inequalities (See Appendices for further information).

The BC&WB Health Inequalities Delivery Plan 2021/22 aims to describe the ambition, objectives and plan for tackling health inequalities in 2021/22. Developed through engagement with BC&WB stakeholders, co-designed and backed-up with robust data and evidence and to particularly target the inequalities that have been exacerbated and/or highlighted by the Covid-19 pandemic. It also sets out the main local priorities – Diabetes. Other priorities include childhood obesity, adult obesity, mental health access, smoking cessation, elective restart and Covid-19 vaccine uptake.

To reflect Place-based variation, localised priorities and the needs of the population, Place's also have their own Health Inequalities Implementation Plans given the vast majority of improvement delivery will be driven at Place.

Recognition of the knowledge and expertise within partners organisations particularly LAs and VCSE is fundamental to the BC&WB Health Inequalities Programme, addressing Health Inequalities as a golden thread across the System, all of our commissioning and in terms of connectivity with our communities. Helping to ensure integrated delivery of the Health Inequalities Plan within Place and across Place where community networks span.

Another core area we have been exploring and are interested in testing out further is the impact of Health Coaching in Primary Care.



## Overview

VCSE and Local Authority Partners across the BC&WB are asked to set out proposals for Health Inequalities initiatives to address Core20PLUS5 and local priorities for between £50,000 to £100,000 of non-recurrent funding and support this year. Health Coaching / Community Champions initiatives could be one of the proposed projects or initiatives.

The following criteria must be considered when developing your proposals for funding:

- How the funding could be used (specific details of idea / initiative);
- Why this would be of value;
- An indication of the level of funding required and efficiency / value for money of your initiative;
- How the initiative supports:
  - The Core20PLUS5 approach (see Appendix 1 for details)
  - BC&WB Local Priorities to address Health Inequalities, including, childhood obesity, adult obesity, mental health access, smoking cessation, elective restart, diabetes, respiratory and Covid-19 vaccine uptake.
- Cultural competence;
- Deliverability of the initiative;
- Key measures of success and evaluation.

Based on the expressions of interest received from the VCSE and Local Authorities across the BC&WB, proposals will then be reviewed and prioritised to take part in this based on population need (ethnicity and deprivation) with a focus on the Core 20+5 including local priorities. Furthermore, once any VCSE and Local Authority projects have been identified we will work with the individual organisations and teams to further define the proposal, develop the evaluation process and identify any further support required.

## Expression of Interest

Once signed off by the appropriate Director these will need to be submitted to the CCG's Senior Officer for Partnerships and Inclusion, Ramjeet Matharu [ramjeet.matharu@nhs.net](mailto:ramjeet.matharu@nhs.net) by **Friday 28 January 2022**.



## Appendix 1: Core 20PLUS5 Approach – Reducing Healthcare Inequalities

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement.

- **Core20:** the most deprived 20% of the national population as identified by the Index of Multiple Deprivation.
- **PLUS:** ICS chosen population groups experiencing poorer than average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups.
- **Key clinical areas of health inequalities:**
  1. **Maternity** – ensuring continuity of carer for 75% of women from BAME communities and from the most deprived groups;
  2. **Severe Mental Illness (SMI)**- ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities);
  3. **Chronic Respiratory Disease** – a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations;
  4. **Early Cancer Diagnosis** – 75% of cases diagnosed at Stage 1 or 2 by 2028;
  5. **Hypertension Case-Finding** – to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

## Appendix 2: Core20PLUS5 Respiratory Inequalities



Core 20 represents the most deprived 20% of the national population as identified by the Index of Multiple Deprivation. 53% of BCWB population live in these areas. 5 represents 5 key clinical areas of health inequalities – one of these is Chronic Respiratory Disease.

The Academy commissioned the Strategy Unit to undertake analysis of emergency hospital admissions to help identify where health inequalities due to socioeconomic status and ethnicity are largest. This identified that socio-economic inequality is highest for admissions related to diseases of the respiratory system.

This insight was shared with a sub-group of the Respiratory Clinical Learning Network who developed a range of hypothesis about the causes of this inequality. These included hypothesis around the inequalities in the accessibility and impact of interventions across the pathway including smoking cessation, pulmonary rehab, COPD annual reviews, medication reviews, rescue packs, virtual wards and the impact of wider determinants of health in particular social isolation.

Core20Plus Connectors embedded with target PCNs focusing on people living with COPD in the most deprived areas in BCWB could support the target population to feel more known to primary care, provide coaching around lifestyle modification and support knowledge and confidence to access other services that could improve their health and reduce risk of an emergency admission.

£80,000 could potentially fund 2 Core20PLUS community connectors who could be embedded within a MDT in one or two PCNs. The Respiratory CLN can continue to provide input to design this new model of care. We would identify interested and passionate PCNs to implement the model. The Academy can provide expertise to evaluate the model and work with the system to understand how if successful this can be spread.

