

TITLE OF REPORT: **Acceptance and Use of Funding Transferred from the Integrated Care Board to Public Health and Wellbeing for Public Health Priorities**

REPORT OF: **Alice Wiseman, Director of Public Health**

Purpose of the Report

1. To seek approval from Cabinet to receive funds from the Integrated Care Board (ICB) via a section 256 (NHS Act 2006) Agreement for use on (1) health inequalities supporting people with multiple and complex healthcare needs, (2) vaccine inequalities and (3) to support the operation of the Deep End Network Programme and Steering Group.

Background

2. Those in our most deprived communities live shorter lives, in poorer health, than their more affluent neighbours. In Gateshead, this means that the gap in life expectancy for males is 10.8 years, and for females is 8.8 years, between those living in the most and least deprived areas.
3. There are inequalities in vaccine uptake, with inclusion health groups such as migrants, offenders and people from ethnic groups having low vaccination uptake.
4. In 2017, the number of homeless people in Gateshead experiencing multiple and complex needs, including homelessness, substance misuse or crime was estimated at 3,325, with 245 people experiencing all three. Locally, evidence was identified of significant and long-standing health inequalities faced by people experiencing homelessness.
5. In 2020, recognising the pressures faced in GP practices covering areas of blanket socio-economic deprivation across our Integrated Care System (ICS), the Deep End Network Programme was established to provide support. The Programme facilitates collaboration across local authority (including Gateshead Council, acting as lead authority for the Programme), GP, community & voluntary sector and other partners to advocate for wider systemic change in healthcare funding, work collaboratively to change the way primary care is delivered and to create positive change for practices and communities.
6. The North East and North Cumbria (NENC) ICB has decided to support improvement in inequalities in healthcare across a number of domains. The ICB have identified funds that it feels would be better used by the Council to secure more health gain and to tackle health inequalities through public health.

7. **£36,052** has been allocated to the Council to reduce inequalities in vaccine programmes. The intended model for using this funding is to harness the Council's ability to assess their own communities, and to invest in interventions, which address specific, local inequalities. This is based on the learning from the COVID campaign, but the use of this funding will be applicable across all vaccination programmes.
8. Of the £9million allocated over a 3-year period to all 13 Local Authority's within the North East as part of the CORE20Plus5 approach to support people with multiple and complex needs, **£631,026** has been allocated to the Council to support people with multiple and complex health needs associated with drug, alcohol and mental ill health to access healthcare. The funding relates to the period 2022/23 -2024/25 the exact phasing of the projects will be subject to further discussion with the ICB and will be included as part of the s256 agreement.
9. **£686,764** has been allocated to the Deep End Network and Gateshead Council is acting as lead authority for this Programme. The Deep End Network consists of 38 GP practices in areas of highest deprivation across the region. Resource is allocated to support workforce issues, education, advocacy and to embed research methods and evaluation.
10. The ICB proposes to transfer the identified funds to the Council via a Section 256 (NHS Act 2006) Agreement.

Proposal

11. It is proposed that the ICB funding is accepted and spent according to the priorities set out in this report. ICB Vaccine inequalities funding would be used in one or more of the following parameters:
 - Better information for communities and professionals
 - Increased accessibility
 - Empowering communities
 - Partnership workingThe funding would also be used to harness the third sector as an important contributor to building community assets and understandings of vaccinations.
12. ICB Health inequalities funding for multiple and complex healthcare need will commission a service through the QE hospital, including a Health Inequalities team consisting of:
 - Speech and language therapy (SALT) provision
 - Inequalities nurse
 - Support team
 - Provision for transporting patients to attend appointments
13. Gateshead aims to be a pioneering pilot for a Health inequalities team that work across Gateshead, hosted in secondary care but working out in the community, with partner organisations and Voluntary and Community Sector organisations. The model will see us working collaboratively to ensure strong oversight and equitable reach, thereby achieving maximum impact.
14. Deep End Network Programme funding will be spent on behalf of the Programme Steering Group and according to their instruction. The Programme Steering Group

will ensure all instructed spend is below procurement threshold value and allocated according to where the most value and benefit to service users across the Network can be demonstrated. The Programme Steering Group will act in accordance with the Council's Contract Procedure Rules when instructing the Council to spend the funding. The Programme Steering Group will strive to deliver in the following areas as part of their work plan:

- Workforce – tackling capacity issues to enable practices to develop new ways of working;
- Education – improving understanding of inequalities;
- Advocacy – for resource allocation that accounts for deprivation; and
- Research – to seek to embed research methods and evaluation to assess need and intervention.

15. It is proposed the Cabinet delegate authority to the Director of Public Health to enter into such funding agreements (likely a Section 256 NHS Act 2006 Agreement) as will be required in consultation with the Strategic Director, Resources and Digital and the Strategic Director, Corporate Services and Governance, in order to progress the transfer of funding from the ICB to the Council, as outlined in this report.

Recommendations

16. It is recommended that Cabinet:
- (i) Approve the acceptance of ICB funding for the purposes outlined in this report.
 - (ii) Delegate authority to the Director of Public Health to enter into such funding agreement as necessary, in consultation with the Strategic Director, Resources and Digital and the Strategic Director, Corporate Services and Governance, to facilitate the funding transfer.

For the following reason:

To secure more health gain than an equivalent expenditure of money in the NHS and enable effective delivery and reporting and the success of the programmes.

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Policy Context

1. As outlined in the Council Strategic Approach, Thrive, we want to help our communities not just survive, but to flourish, prosper and succeed. We have committed to five pledges to help and guide us when we make decisions. These are:
 - Putting people and families at the heart of everything we do.
 - Tackle inequality so people have a fair chance.
 - Support communities to support themselves and to support each other.
 - Invest in our economy to provide opportunities for employment, innovation and growth.
 - Work together to fight for a better future for Gateshead

2. The Health and Wellbeing Strategy has been adopted as the corporate plan of the Council and is the delivery mechanism for Thrive. Its evidence based strategic priority areas aim to address the wider determinants of health through a place-based approach. They include:
 - Give every child the best start in life, with a focus on conception to age two
 - Enable all children, young people and adults to maximise their capabilities and have control over their lives
 - Create the conditions for fair employment and good work for all
 - Ensure a healthy standard of living for all
 - Create and develop sustainable places and communities
 - Strengthen the role and impact of ill health prevention

Background

3. People in the 10% most deprived areas are most likely to attend emergency services and are most likely to not attend appointments for scheduled elective care. Inappropriate use of help services can add strain to healthcare systems that are already stretched. Provision of support at presentation seeks to increase their chances of better health and diminish accessing acute services repeatedly.

4. In 2018, Gateshead Health and Care System group undertook a mapping exercise that identified 12 multi-agency meetings and groups taking place in Gateshead to identify, plan or discuss support for people experiencing Multiple and Complex needs. Professionals across these groups were unaware of other groups, and individuals could have their situations discussed in multiple contexts.

5. Following this, a scoping exercise was undertaken which involved meeting with the Gateshead Health and Care System board, where a project oversight panel was established. The primary recommendation was that the Gateshead system commits to doing what is necessary to transform itself into a system that is structured around people.

Proposal

6. Targeted reductions in Health Inequalities linked to the CORE20Plus5 approach include supporting the five priority actions for addressing health inequalities:
 - Strengthening leadership and accountability
 - Restoring NHS services inclusively
 - Mitigating against digital exclusion
 - Ensuring datasets are complete
 - Timely and accelerating preventative programmes

A key part of the Core20PLUS5 framework is the need to target specific action to Inclusion Health Groups. This programme will be delivered at place, designed locally to support people with multiple and complex health needs associated with drug, alcohol and mental ill health to access healthcare. It will build on the £12.5m secured across NENC Councils to support people with drug and alcohol issues with housing, employment, treatment and enforcement as part of the national Drugs Strategy.

7. Priorities for service development will need to be identified and implemented at local place, between LAs and their NHS partners, to ensure that critical gaps and areas for improvement are tailored to local needs.
8. The funding for supporting people with multiple and complex healthcare needs is being allocated on condition of the following:
 - Alignment of the proposal, to delivery of the Core20Plus5, in particular the 20% most deprived areas our population reside in and inclusion health groups.
 - Regular reporting on progress, with accountability through the new NENC ICS Healthier and Fairer Governance structure, which is currently being finalised.
 - Consideration to the evaluation and impact of the proposal.
 - Production of a workforce plan to support the proposal.

To meet the conditions outlined, this will involve a contract direct to the QE hospital, who are uniquely placed in their position as the Trust and current provider of associated services.

9. The funding for the Deep End Network Programme support will be spent according to the instruction of the Deep End Network Programme Steering Group, of which Gateshead Council is the lead local authority. The Programme Steering Group will ensure all instructed spend is below procurement threshold value and allocated according to where the most value and benefit to service users across the Network can be demonstrated. The Programme Steering Group will, at the point of instructing the Council to spend the funding, provide assurance that it has acted in accordance with the Council's Contract Procedure Rules.
10. The Deep End Network Programme work plan identifies the following key areas for delivery with the funding:
 - Workforce: To provide additional capacity and resource for Deep End practices, attract new primary care professionals to work in Deep End practices and develop new ways of working to address need (via pilot projects, such as embedding psychologist support in primary care, protected time to review opioid/gabapentinoid prescriptions etc).

- **Education:** To develop primary care training to improve understanding of inequalities and attract staff to train and work in Deep End practices. This will include developing and expanding the Deep End Fellowship Scheme, improving links with local universities, embed Deep End medicine as part of medical school teaching curriculum and increase the number of Deep End practices who are training practices.
- **Advocacy:** To actively advocate and push for resource allocation that meaningfully accounts for deprivation. To build strong links with other Deep End Networks across the country who are also advocating for this change and build a community of practice for Deep End clinicians.
- **Research:** To develop our network by engaging with and learning from our members and other Deep End Networks and disseminate this learning beyond the Deep End to all primary care practices. To embed research methods and evaluation to assess impact of need and intervention in the Deep End, bringing research to areas which are typically under-represented in academia.

Consultation

11. The Portfolio Holder for Health and Wellbeing has been consulted on the contents of this report and the proposed funding uses.

Alternative Options

12. The alternative option would be to not accept the funds, along with their potential impact on health inequalities; supporting people with multiple and complex healthcare needs, health inclusion groups with low vaccine uptake and GP practices serving the most deprived practice populations across the our ICS footprint. This would result in reduced access to resources that support action to reduce health inequalities.

Implications of Recommended Option

13. Resources:

- a) **Financial Implications** – The Strategic Director, Resources and Digital confirms that the additional costs associated with delivery of the projects will be met in full by the funding transferred to the Council under the s256 agreement with the ICB.

With regards to the Deep End Network Programme only, following a review of the governance processes to be implemented and level of potential risk to the Council, this can be taken forward with the Council as the accountable body.

- b) **Human Resources Implications** – There are no Human Resource implications arising directly from this report.
- c) **Property Implications** - There are no Property Implications. Provision for supporting people with multiple and complex healthcare needs commissioned within the Queen Elizabeth (QE) hospital. Deep End Network Programme funding will support work within GP practice.

14. **Risk Management Implication** - The proposal will reduce the risk of the Council not delivering committed actions through the Health and Wellbeing Strategy by providing additional resources for action on health inequalities.
15. **Equality and Diversity Implications** - Receipt of this funding will enable action on health inequalities, focused on people with multiple and complex healthcare needs and inclusion health groups with low vaccine uptake.
16. **Crime and Disorder Implications** – Action to tackle health inequalities for people with multiple and complex healthcare needs may have a positive benefit on factors contributing to crime and disorder.
17. **Health Implications** - Potential for significant long-term health benefits for Council residents, by addressing health inequalities.
18. **Climate Emergency and Sustainability Implications** – There are no climate emergency or sustainability implications arising from this report.
19. **Human Rights Implications** - There are no human rights implications arising directly from this report.
20. **Ward Implications** – There are no ward implications arising directly from this report.