



B&NES Health Inequalities Work Programme

- 1) B&NES Health Inequalities Fund (BHIF) Projects 2024/25**
- 2) B&NES Health Inequalities Network**

December 2024

NHSE Health Inequalities (HI) Funding Investment in B&NES 2022/23 to 2023/24

2022-23 – B&NES Health Inequalities Network

Established through HI Infrastructure Funding

- HI Manager (0.8) hosted by B&NES **Council** (Network Lead)
- HI Lead (0.8) at Royal United **Hospital** in Bath
- 2* x HI and Population Health Management (PHM) Facilitators based with **primary care** organisation (BEMS)

Community Wellbeing Hub Outreach Coordination and improved data infrastructure

Part of the funding was originally allocated to support data analysis and this has been redirected to support Core20PLUS5 projects in primary care

2023/24 Health Inequalities Fund

B&NES allocation of NHSE health inequalities funding from BSW ICB in 2023/24 (deferred to 2024/25)

Twelve B&NES Health Inequalities Fund (BHIF) projects were selected reflecting a range across adult and children and young people healthcare inequality priority areas.

The projects commenced delivery Jan/March 2024

1. BHIF Projects (2023/24)

Overview

In addition to 2022/23 infrastructure funding to address health inequalities, NHSE allocated £2.057m to the B&NES, Swindon and Wiltshire (BSW) Integrated Care System (ICS) in 2023/24. The funding was aligned to the three localities and B&NES ICA was allocated **£357,896** by BSW ICB to address health inequalities

A Task and Finish Group (TFG) was formed to develop a process for allocation of the funding. Membership of the TFG included representation from the following

- Local Authority: Public Health, Children's Services and Education, Sustainable Communities
- B&NES ICA
- BSW ICB
- 3SG/Third Sector
- Primary Care
- Community Health Services
- Royal United Hospital NHS Trust
- Avon and Wiltshire Partnership NHS Trust

A delegated panel was formed to review and score applications during October 2023.

BSW Priorities for BHIF allocation

BSW ICB Population Health Board identified the following priority areas for allocation of 2023/24 health inequalities funding

Core20Plus5 for adults

- Smoking cessation
- Cardiovascular disease
- Serious mental illness

Core20Plus5 for children and young people (focus on early years)

- Mental health and wellbeing
- Asthma
- Oral Health

Prevention

Restoring services inclusively

Data and intelligence

BHIF Applications Received

- In total **forty** applications were received across a range of settings including third sector and NHS health service provider organisations including primary care and acute hospital trust.
- The total funding requested across all forty applications was more than **£1.6million** and the funding available **£357,896**
- Applications addressed the breadth of the BHIF criteria, although notably there were less applications relating to asthma and oral health among children and young people

BHIF projects funded 2024-25 (deferred from 2023/24)

Bath City FC Foundation	Go Again, Health and lifestyle interventions at Bath City FC (1hr PA and one hour workshops)
Bath Rugby Foundation	Hi5! Inclusive afterschool clubs for children with SEND
BEMSCA	Community Connector at the Community Wellbeing Hub to support those from ethnic minority groups at hospital discharge
Bright Start Children's Centres	Perinatal Mental Health Support
DHI	Homeless Hospital Discharge (HHD) Service based at the Royal United Hospital. (1.0FTE)
Dorothy House	Develop new service/pathway for people experiencing homelessness to access palliative and End of Life care
HCRG Care Group	Community LD nursing capacity to support children's oral health
Mental Health Motorbike	Community based mental health support for motorcyclists (MHFA training and support)
Off the Record	1-2-1 mental health/listening service for CYP in Twerton and Whiteway
Southside Family Project	Targeted family support worker for vulnerable families in Twerton
Soundwell Music Therapy	Music/art therapy for people with psychosis and/or schizophrenia
VOICES	Trauma informed recovery service for domestic abuse survivors

Primary Care Based Projects (Total value £36k)

In addition to the BHIF projects the following primary care focused projects have been funded from the initial 2022/23 infrastructure funding

Autism Spectrum Disorder (ASD) Friendly GP Project (underway)

Development of a Toolkit to include resources and a Training and awareness Programme for primary care team

Primary Care Outreach at Pennard Court in Twerton & Whiteway (core20) Completed

Partnership approach to taking services to people in a manner that is acceptable to them – Pennard Court Care Home (*see next slide*)

Targeted Smoking Cessation Project (underway)

Identifying cohorts within target practices to run searches and explore innovative ways to engage patients to consider a quit journey, utilising the Swap to Stop programme

Pennard Court, an innovative partnership project

Pennard Court is a **35 unit supported housing residence** for people with sensory (primarily hearing) impairment and/or learning difficulties. It is located in Twerton, one of the localities which is among the **10% most deprived nationally** (IMD).

This was a **multi-agency partnership project** involving St Michaels surgery, BEMs, B&NES public health team, BSW ICB, The Active Way and BSL interpreters

Project was identified and initiated through **engagement with the local GP surgery** to share PHM/HI data and agree shared priorities – the Practice highlighted the needs of their LD population and particularly low levels up uptake of vaccinations, screening and the annual health check.

Taking the services out to the community was an entirely **new way of working for the GP surgery** staff and the partnership approach was well received and residents felt more comfortable engaging in their own familiar environment

A full evaluation has been undertaken and **learning is being used to inform further outreach projects and scale up** across B&NES

Primary Care – Pennard Court Highlights

Vaccination:

Two residents who were apprehensive about having vaccines came to the first well being event. Following discussions with the staff there at the second event they came back and had their vaccinations. They fed back it was due to the relaxed and non-judgemental approach which enabled them to build trust in the healthcare staff.

Case Finding Hypertension:

Two residents were identified as hypertensive at the event and have already been followed up by their GP.

Bowel Screening:

Four residents ordered bowel cancer screening kits who hadn't previously considered this. Residents and staff had discussions about how to do this and some of the practicalities involved, making it more accessible for the residents.

25 MECC Conversations

**6 residents signed up for
The Active Way**

Pennard Court Partnership Project

(with St Michael's Surgery, BEMS, Public Health, The Active Way, BSW ICB, BSLI)

Identification

DNA rate of patients for Learning Disabilities Annual Health Checks was noted to be high at St Michael's GP surgery. Many of these patients were from the same address: an assisted living care facility for hearing impaired individuals.

Action

The main barrier identified was lack of appropriate translation and accessible information for this cohort. A multi-faceted approach of organisations across the health sector came together to do a health promotion day and a follow up clinical day providing vaccinations and health checks with provided translators.

Outcomes

10 Covid jabs, 3 flu jabs, 1 cervical smear, 5 learning disability health checks, 4 bowel screenings ordered, 6 referrals for active way, 25 MECC conversations

Evaluation of the BHIF Projects & Next Steps

BHIF projects have been running for **6 months** and completed Q2 monitoring (Q3 due Jan 2025)

At **System level** there is a **BSW group** which has **oversight of performance and monitoring**

At **locality** level, a delegated sub-group of the B&NES Health Inequalities Group (BHIG) met for deep dive into performance with a focus on

- Project Status (RAG) Milestones Achieved
- Reporting by Exception
- Any Risks
- Good Practice and Lessons Learned

An annual report (June 2025) will present more detail with high level outcomes, expenditure and performance across all funded projects to demonstrate impact and share learning.

BHIF Project leads to be invited to attend future BHIG meetings to present a 'spotlight' on their project

BHIF - Opportunities and Challenges

Opportunities

The application process has engaged a wider network and raised awareness around health inequalities, CORE20PLUS5 etc and the 12 successful projects have formed a network which is 'greater than the sum of its parts'

Referrals/promotion, signposting and linking up e.g. *SEND, Age UK/RUH Community Connectors project*

The funding has provided an opportunity to innovate, pilot and develop a service e.g. *Bright Start children's centres & development of a PIMH network; Oral health project; Dorothy House – working with partners to co-create a pathway and a service*

Developing an evidence base of 'what works'

The Funding has provided a vital 'bridge' between funding streams and a catalyst to attract further funding

Wider prevention initiatives and MECC

Challenges

Projects have highlighted the challenges of securing funding at a time of budget pressures

Short term funding presents difficulties in having time to demonstrate impact

Mobilisation & building trust can take time

Vulnerability of 3rd Sector means the landscape of support is changing



Outputs: BHIF Projects

Referral

- Referral pathways to local prescribers, family support services, and community well-being hubs.
- Supported access to specialized resources like trauma recovery centers and local agencies for complex needs.
- Connected individuals to mental health support, youth groups, and school services.
- Used RIVIAM and other tools to facilitate smooth referral processes for community and hospital services.

Workshops

- Hosted weekly after-school sessions, parent workshops, and summer programs for engagement.
- Webinars and visual resources for oral health, and tailored music therapy for mental health support.
- Organized events like the Kingswood Bike Event and Bath Spa Uni "Unplugged" wellbeing event.
- Delivered listening support, counseling, and sessions like the Freedom Course and Recovery Toolkit.

Health Promotion

- Delivered workshops and interventions on healthy living, smoking cessation, and best practices for mental health.
- Engaged in oral health awareness through resources and home visits for children, including those with learning disabilities.
- Raised awareness of socio-emotional mental health issues for children and young people.
- Offered free arts therapy for mental health recovery and distributed resources raising awareness of domestic abuse.

Recruitment

- Recruited family support workers and youth mentors; trained staff as Mental Health First Aiders.
- Strengthened school partnerships and collaborated with local health connectors (e.g., Age UK BANES, BEMSCA).
- Engaged staff from frailty and children's centers, hospice partners, and homeless link workers.
- Recruited a Perinatal Family Support Worker and three practitioners for additional services.

2. The B&NES Health Inequalities Network

Core Network Team

Sarah Heathcote,

Health Inequalities Manager, B&NES

Veronica Kuperman,

Health Inequalities Lead, RUH

Kieran Matley,

Health Inequalities and Population Health Management Facilitator,

BEMs

The HI Network supports local implementation of the 3 phases of the BSW Inequalities Strategy

The BSW Inequalities Strategy will be delivered in three phases from 2021-2024:

1. Awareness Raising

- Training
- Making inequalities 'everybody's business'
- Engagement

2. Healthcare Inequality and the C20+5

- Improving data quality
- Focus on 20% most deprived
- PLUS groups (adults, CYP)
- 5 clinical focus areas (adults, CYP)
- Equality Delivery System (EDS)
- Making Every Contact Count (MECC)

3. Social, economic and environmental factors

- Priorities at place including education and prevention (Swindon) and Transport and accessibility (Wiltshire)
- System priority: Good work and education, and skills for accessing good work
- Anchor Institutions
- Prevention
- Obesity
- Smoking

Phase One: Awareness Raising Making Addressing Inequalities Everyone's Business

Health Inequalities Network Approach

Creating a legacy for sustained focus on HI through

GOVERNANCE

- RUH HI working group and steering group
- B&NES Health Inequalities Group (BHIG)

INFLUENCE

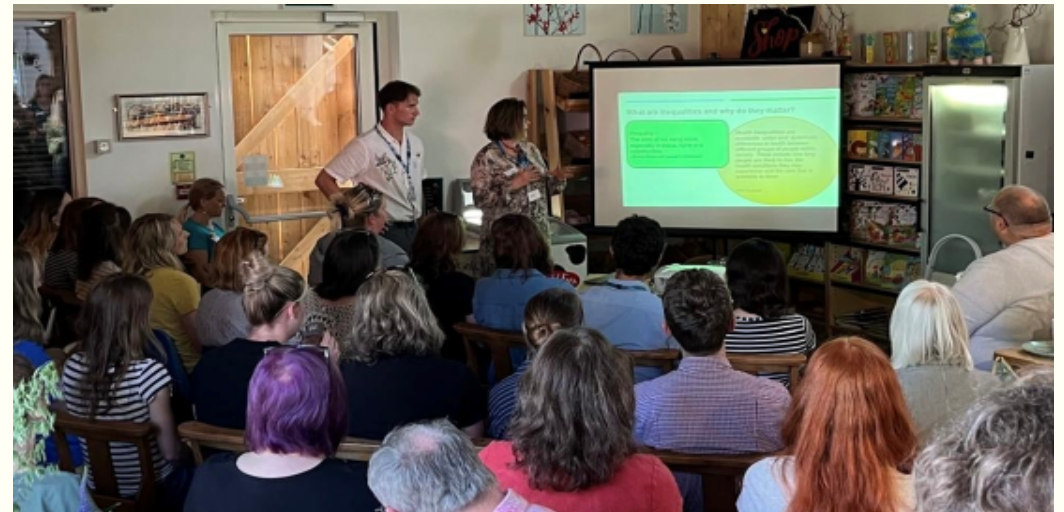
- Health and Wellbeing Strategy implementation
- Whole Systems Health Improvement Framework
- PCN management meetings - HI agenda item
- PCN HI Data Packs
- RUH staff accreditation
- B&NES Health Inequalities Funding (BHIF)
- Commissioning (Community Services, Healthwatch)
- Research Engagement Network (seldom heard groups)

Training and Engagement

- Delivery of learning sessions on HI for staff groups
- Supported co-design of HI training programme for NHS analysts and clinical leads
- HI awareness raising campaigns at the RUH

Presenting and engagement at wider forums e.g. PCN Network Meetings, Community Events

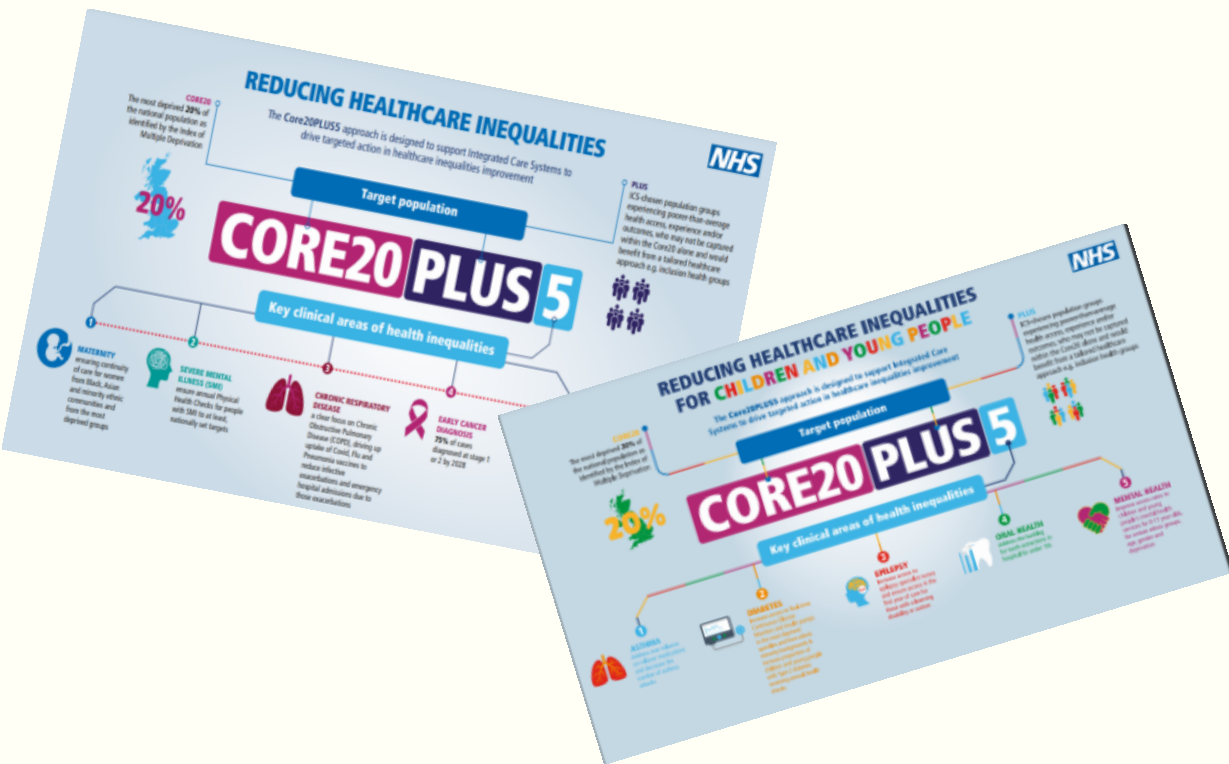
Nature Based Practice Event, Bath City Farm June 2024



Phase Two: Tackle Healthcare Inequalities – 5 NHS Priorities & CORE20PLUS5

Implementing the NHS 5 Key priorities

1. Restore service inclusively
2. Mitigate against digital exclusion
3. Ensure datasets are timely and complete
4. Accelerate preventative programmes
5. Leadership and accountability.



Network Approach

The BHIF (2023/24) guidance, application criteria, and allocation process addressed all 5 of these priority areas

Other examples

- RUH digital inclusion pilot
- RUH Waiting Well Portal
- RUH Missed appts and waiting list analysis
- Population Health/ HI Packs for PCNs
- Screening and vaccinations outreach work in localities and population groups (Core20PLUS) where uptake is low
- Establishment of a governance systems e.g. RUH health inequalities working group and steering group. Health inequalities is now a standing agenda item at PCN meetings

Addressing Healthcare Inequality at the RUH

Digital Inclusion and Treating Tobacco Dependence (health coach) projects are now well established and going well.

CYP CORE20PLUS5

Established a CYP Core20Plus5 working group with Lead Paeds nurse, Paeds clinical lead and Paeds service manager. The group will report into CYP committee as a rolling item agenda

Ethnicity Recording Campaign *in development*

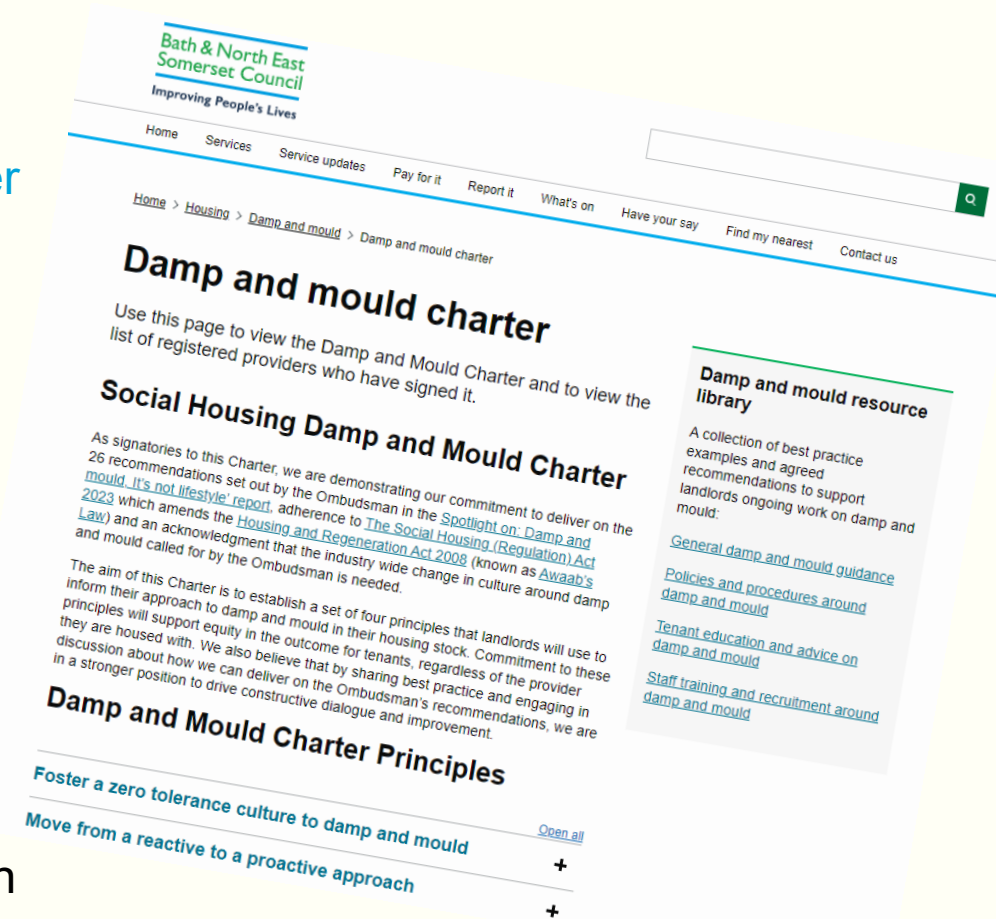
- Coordination of T&F group for to improve accurate recording of ethnicity information **(PLUS group)**
- Taking a network approach working with partners from 3rd sector, community groups and with primary care, acute, local authority to design and deliver the campaign.
- Plan to roll out the campaign to wider partners (primary care, community health services etc) following initial pilot at RUH.

Phase 3 - Social, Economic and Environmental Factors

Wider determinants will be considered as part of the Dynamic Delivery Plan

Some examples of Place-Based activity underway to address the wider determinants of health inequalities

- **The Active Way** three-year pilot to increase active travel via social prescribing in areas/settings in B&NES with higher health and wellbeing needs.
- The **Local Plan** is informed by community engagement work with seldom heard groups
- Programme of work on **food insecurity** in B&NES
- **B&NES Damp and Mould Charter**
<https://beta.bathnes.gov.uk/damp-and-mould-charter>
- **Civic Agreement** signed 30th May – marking collaboration between B&NES Council, RUH, Bath Spa University and University of Bath
- **RUH Anchor Strategy** to deliver positive change across all domains of anchor influence including employment, procurement, and environmental impact



B&NES Health Inequalities Dynamic Delivery Plan

Working with the BHIG we are developing a delivery plan focused on implementation of key strategic priorities and specifically focusing on CORE20PLUS5 Adults and CYP

This includes:

- Addressing gaps in our understanding identified through PHM
- Continued training and awareness raising
- Oversight of the BHIF and additional primary care projects
- Continued work with PCNs to agree HI clinical priorities including progressing areas identified - uptake of cancer screening, smoking cessation, immunisations, High Intensity Users

- Inclusion of RUH Health Inequalities Lead work programme including digital inclusion, TTD, RUH as an anchor institution
- Ensure equal focus on CYP
- Community voice and co-production
- Ensure Social, economic, and environmental determinants of health are addressed in line with Marmot principles for health equity
- Legacy planning for a sustained focus on addressing health inequalities in B&NES