



**Bedfordshire, Luton
and Milton Keynes**
Integrated Care Board



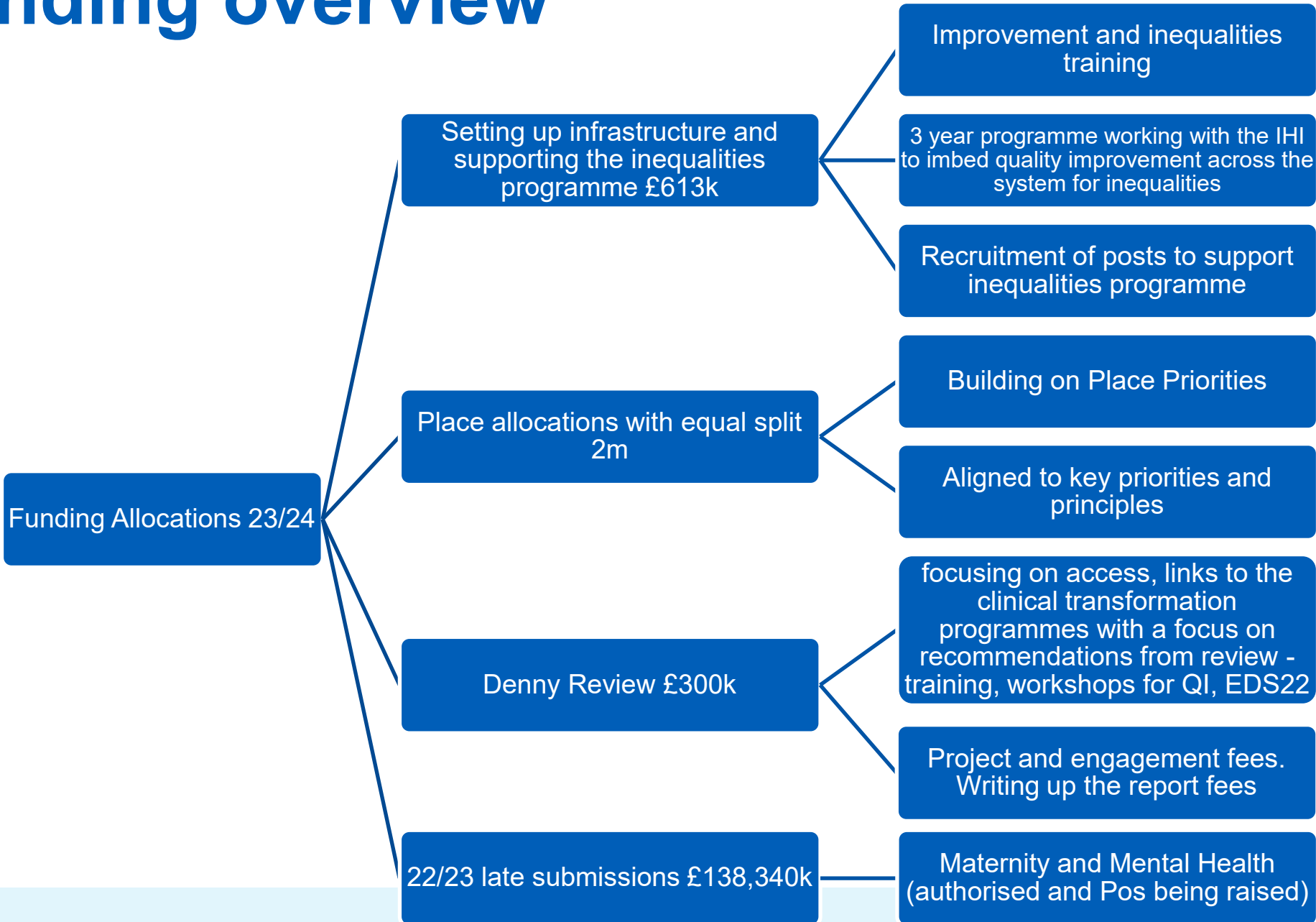
23/24 inequalities funding

Inequalities systems leadership group

Funding overview



**Bedfordshire, Luton
and Milton Keynes**
Integrated Care Board



£145,660
underspend TBC
through inequalities
leadership group

3

Maternity preconception project submission from 22/23 (authorised in 2022)



**Bedfordshire, Luton
and Milton Keynes**
Integrated Care Board

The inequalities fund of £39K will fund engagement opportunities in our communities across BLMK for our preconception program Healthy Mothers Healthy Pregnancy.

We are aiming for 4 community meetings per place in MK, Beds, Central Beds and Luton. Healthwatch in all 4 areas as well as maternity voices partners in Mk, Luton and Beds have been commissioned to convene the community events particularly with our vulnerable communities and ethnic and diverse communities. We have agreed Memorandum of understanding with all the 4 health watches and MVPs with clear deliverable outcomes.

At the community events we will promote all the resources we have developed with National Charities TOMMY's and Diabetes UK. Our local obstetricians will also be at hand to deliver the local program of education on preconception – 'May be baby'. Healthwatch colleagues are also running a survey for us in the community to understand what communities know about preconception.

Total Amount - £39,712

(MOUs have been signed and Pos raised)

2

Mental Health submission from 22/23 (authorized in 2022)

Dementia Support Alzheimer's society Project aims

Amount £48,933

Alzheimer's society plan to recruit a Central Bedfordshire Community Development Coordinator for this project.

- They will take the lead on reaching socially marginalised groups to reduce health inequalities and strengthen the dementia knowledge of the local workforce.
- They will be supported by our External Partnerships Team who will deliver face-to-face training for professionals as well as providing 100 free licenses to access virtual training.
- Through this project, we hope to increase Central Bedfordshire's dementia diagnosis rate. This currently stands at 60.2%, under the national target of 66.7%.

Serious Mental Health illness Rethink Mental Health Project aims

Amount £49,695.03

Rethink would like to fund a 1.0 FTE (35-hours a week) Lead Physical Activity Navigator to provide a selection of physical health interventions using 121 and group-based approaches.

- The role will be supported by a cohort of wellbeing volunteers who will be equipped with relevant training/skills to enhance delivery, working in partnership to deliver sessions.
- Both the Navigator and volunteers will have a key role in supporting people in the project to address their unmet needs around physical health and will ensure that existing physical health resources in the community are utilised to help people integrate and gain confidence to use community assets and facilities.
- The Navigator will also identify where people using the service need to access other services for physical/mental health and refer/signpost people to these to ensure they get the help they need, when they need it.
- The Navigator will be supported/managed by our existing service manager in the Milton Keynes Recovery and Inclusion Service and supported by Head of Community Services as strategic lead.

Total = £98,628.03

Staffing Structure

Role	Responsible for
Head of Quality and Inequalities 8D	<ul style="list-style-type: none"> • Leadership and Accountability: To provide dedicated leadership and oversight for the inequalities program within the BLMK ICS, with the advisors of the Inequalities Systems Leadership Group. This role would ensure that addressing inequalities in healthcare remains a priority at the strategic level. The Deputy Director would be responsible for setting goals, developing strategies, and coordinating efforts to reduce health disparities across the system with the ICS Inequalities Leadership Group. • Collaboration and Partnership: The Deputy Director would serve as a liaison and collaborator with various stakeholders and with a dotted line to the Directors of Public Health. They would engage with local authorities, VCSE, patient advocacy groups, and other relevant partners to build partnerships and develop joint initiatives. This collaboration would facilitate a comprehensive and coordinated approach to tackling inequalities. • Data Analysis and Monitoring: this role would work closely with data analysts and Scientists aligned to the Population Health Intelligence Unit to identify disparities, track progress, and evaluate the impact of interventions. This data-driven approach would provide insights for evidence-based decision-making and continuous improvement of the inequalities program. • Integration with Quality Improvement Efforts: They would ensure that efforts to address inequalities are integrated into broader quality improvement initiatives within the BLMK ICS. They would work closely with other leaders and teams to align strategies, share best practices, and leverage existing quality improvement frameworks. This integration would foster synergies and maximise the impact of both quality improvement and inequalities programs.
Inequalities programme Manager 8b	<p>Overall, an Inequalities Programme Manager would provide leadership, coordination, and expertise to drive the BLMK ICS's efforts in tackling health inequalities. By managing the program's development, implementation, evaluation, and stakeholder engagement, they would help create a more equitable and inclusive healthcare system for the population in BLMK. will work closely with the prevention lead, population health programme manager, VCSE Partnership Lead and the Growth and Sustainability Lead to ensure there is a joined-up approach to inequalities. They will work alongside the Improvement Advisors and aligned to the Population Health Intelligence Unit.</p>
Inequality Improvement Advisors x2 8a	<p>Four Improvement Advisors will be aligned to Place providing improvement coaching and guidance, for design and delivery of the learning system around each area of transformation and associated pathways in health and care across BLMK. This approach will also enable involvement of people with lived experience and those with experience of caring for and supporting the population of interest throughout the work. The Improvement Advisor will also support the development of improvement capability across the system, in support of the inequalities programme. This will involve delivering improvement science teaching to diverse groups, both within and outside the healthcare system.</p>

QI training and working with the Institute of Healthcare Improvement (IHI)



Bedfordshire, Luton
and Milton Keynes
Integrated Care Board

<p>QI training delivered by key stakeholders £70,000</p>	<p>ELFT and CNWL to provide a one day workshop for all staff which provides practical training for pocket QI. Further training provided will include leadership and coaching training which are both 6 months worth of training for those key members of each Place and system wide projects. This will make up the overall infrastructure for a system of learning with project leads and project coaches.</p>
<p>Institute of Healthcare Improvement</p>	<p>The IHI is renowned for its expertise in quality improvement methodologies and tools. They can assist BLMK ICS in identifying and addressing gaps in healthcare delivery, particularly related to inequalities. Their knowledge and experience can help design and implement strategies to improve equitable access, reduce disparities, and enhance the overall quality of care.</p> <p>Adopting a quality improvement methodology by building strategic guidance from planning and design, implementation support, and capacity building to support improvement transformation. 3 year programme at £250k per year</p> <p>This will be through:</p> <ul style="list-style-type: none"> • Expertise in Quality Improvement • Data driven approaches linked to the Population Health Intelligence Unit • Best Practices and Learning Collaboratives • System Level Approaches • Implementation support and sustainability

Staffing costs

Support costs for 23/24 are based on 9 months of the new structure, starting on 1st July. For Q1 we will have costs per the extended MoU for programme support costs. *Should the posts start later in the year, the costs will be amended to that affect*

This is the calculation of pay costs for the new structure for 9 months. There is an added 5% pay award.

	Annual Pay cost	FTE	Full Year	9 months
Band 8d	106,797	1.00	106,797	80,098
Band 8b	74,958	1.00	74,958	56,219
Band 8a	64,578	2.00	129,156	96,867

Total cost of staffing = £22,2504
 Q1 training = £70,000
 Total = £292,504

Extended costs for programme lead and QI advisor (currently being paid out of inequalities funding and is excluded from ongoing costs past July once above posts are in place)	
Programme Lead 8c	21,173
Band 8a HI support advisor	15,744
Supervision 8b	1,616
General non pay	787

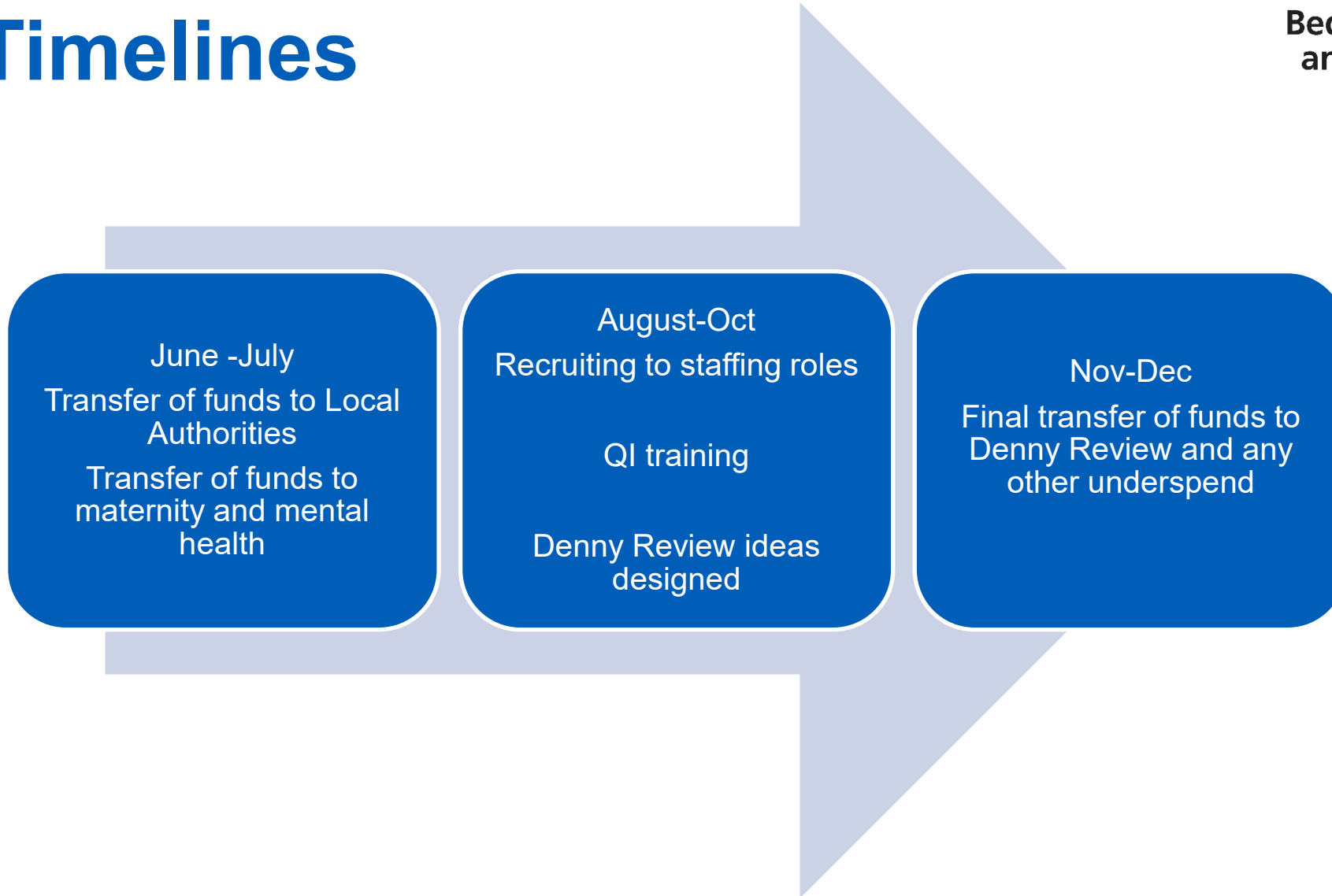
9

Amounts summary – draft (to be discussed and agreed)

Funding allocations	Amount (£3.197k)
Late submissions for mental health and maternity from 22/23 to be funded from 23/24	£39,712 maternity £98,628.03 mental health £138,340
Staffing structure and training to support the inequalities programme <ul style="list-style-type: none"> • Staffing Structure (9 months) • IHI 3 year programme (per year) • Improvement training 	£293,000 £250,000 £70,000 £613,000
Denny Review – place and system wide working from recommendations	£300,000
Allocation to Place as an equal split to develop proposals, against some agreed principles	£500,000 each = £2m
Underspend – TBC and for discussion in future inequalities leadership groups Options could include: <ul style="list-style-type: none"> • Clinical programmes for Core20+5 • funding for one big project such as obesity • Split funding into one of the above areas • Any support posts that are missing from staffing structure 	£145,660

10

Timelines



Health Inequalities System Leadership Group Terms of Reference

1. CONSTITUTION

The Health Inequalities (HI) System Leadership Group is jointly established by statutory and other partners across Bedfordshire, Luton and Milton Keynes.

These Terms of Reference (ToR) set out the purpose, membership, responsibilities and reporting arrangements of the Group.

2. PURPOSE OF THE GROUP

The Group has been established to review and agree on the design of the BLMK Inequalities strategy through a holistic data-driven and evidence-based approach, and to oversee its implementation.

Collectively, the Group will provide advice and guidance to inform decision makers who will take decisions compatible with the relevant organisation's delegation arrangements. Such advice will be based on evidence and insight provided by sources including the BLMK ICS Population Health Intelligence Unit.

3. DELEGATED AUTHORITY

There are no formal delegations for this Group as each member organisation is autonomous and any decisions will need to be taken through organisational decision-making structures. This means that members with delegated spending authority (e.g. the ICB's Chief Nursing Director) will be able to make spending decisions for the budgets in their control, under advice from the Group.

4. MEMBERSHIP

Chair and vice chair

The Group will be chaired by the Chief Nursing Director for the ICB, who is joint SRO for the programme. A vice chair is shared between the Directors of Public Health.

Members

The Group members will be appointed by the organisations participating in the Group and representing the interests shown below.

Organisation	Member
East London NHS Foundation Trust	Chief Executive (joint SRO)
Luton Borough Council	Director of Public Health

Organisation	Member
Milton Keynes City Council, Central Bedfordshire Council, Bedford Borough Council	Director of Public Health
Bedford Borough Council	Chief Officer for Public Health and Population Health Intelligence Unit Lead (system wide)
Central North-West London NHS Foundation Trust	Chief Strategy and Digital Officer
Central North-West London NHS Foundation Trust	Deputy Chief Medical Officer
East London NHS Foundation Trust	Chief Quality Officer
BLMK Integrated Care Board	Chief Transformation Officer
BLMK Integrated Care Board	Deputy Chief Nursing Director
BLMK Integrated Care Board	Associate Director for Growth and Sustainability
BLMK Integrated Care Board	Inequalities lead
BLMK Integrated Care Board	Prevention lead
(Acute Hospitals)	TBC
(Primary Care)	TBC
BLMK Integrated Care Board	BLMK VCSE Partnership Lead

When determining the membership of the Group, active consideration will be made to increase equality, diversity and inclusion.

5. MEETING QUORACY AND DECISIONS

The Group shall meet on a fortnightly basis and additional meetings may be convened on an exceptional basis at the discretion of the Chair.

Quoracy

There must be a minimum of 50% of the membership in attendance including at least one representative from the ICB. Quoracy will only be used to determine if an effective meeting can take place and the Chair may decide to go ahead with an inquorate meeting.

Decision making and voting

The nature of the Group is to inform decisions and as such it has no decision-making powers. Any conclusions and recommendations will be reached by consensus.

6. RESPONSIBILITIES OF THE GROUP

The responsibilities of the Group include the following.

- Reviewing and recommending actions/services focusing on priority activities of the HI Programme including oversight of the Population Health Intelligence Unit (including Population Health Management), and growth and sustainability
- Reviewing and mitigating risks that have been escalated through relevant Board and other meetings relating to health inequalities and ensuring they are captured on relevant risk registers.

- Encourage the leadership to support organisational, functional, place and PCN level plans to address inequalities and link to PCN direct enhanced services for inequalities (DES).
- Develop ways for each ICS priority to include the identification and tackling of HI.
- The group will have a clear responsibility for the development of the BLMK inequalities strategy.
- Develop clear priorities embedded within the HI strategy that link and strengthen Place priorities.
- Support the underlying principles to the successful delivery of the inequalities programme, such as co-production, Quality Improvement, working in partnership with individuals, communities and cross-organisational boundaries.
- Foster collaboration and maintenance of a culture that is needed to reduce inequalities across the system.
- Oversee Quality Improvement project progress as a sponsor of the projects.
- Advise budget holders on appropriate use of health inequalities funding.
- Promote effective partnership working, co-production and quality improvement to reduce inequalities and the subsequent impact on health and wellbeing.
- To ensure that there is good linkage with the Bedfordshire Care Alliance and MK Integrated Care Partnerships and the BLMK Health and Care Strategy.
- To oversee the Population Health Intelligence Unit development.
- Providing direction of the interconnection of sustainability with inequalities and quality.

7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

Each member is accountable to their own organisation and is responsible for providing reports to their organisation as appropriate.

8. BEHAVIOURS AND CONDUCT

Values

All Group members will work together to achieve shared goals and ambitions and will act in accordance with their own organisation's values.

Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

9. DECLARATIONS OF INTEREST

All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

10. SECRETARIAT AND ADMINISTRATION

The Group shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed as agreed by the Chair with the support of the joint SRO;
- Action notes are kept of key discussions and actions, and the actions are tracked to conclusion

11. REVIEW

The Group will review its effectiveness at least annually the terms of reference will be amended as necessary.

Date of approval:

Date of review: