

BNSSG ICB Board Meeting

Date: Thursday 1st September 2022

Time: 11 am

Location: University of the West of England, Enterprise Park 1, Lecture Theatre, Long Down Avenue, Stoke Gifford, BS34 8QZ

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| Agenda Number : | 6.2 |
| Title: | Lessons learnt from the Mass Vaccinations programme |
| Purpose: Discussion/Decision | |
| Key Points for Discussion: | |
| <p>The Covid-19 Vaccination Programme in BNSSG has been a hugely successful programme, delivering over 2.3 million vaccinations to the local population with over 38,000 of these delivered in local community settings targeting our underserved populations. The programme brought together stakeholders from across the area, including local voluntary and voluntary sector organisations to achieve the single ambition of vaccinating the population, leaving no one behind. Although the programme was originally delivered during a national emergency and with no budgetary constraints, there is learning from how the programme was run that can be adopted in other health programmes. The paper summarises that learning and suggests some ideas about health improvement projects which could benefit from the approach. The Board are asked to review the learning and assess whether any of the identified projects (or others that have not been identified) should be progressed in the ICB using this methodology.</p> | |
| Recommendations: | To discuss the learning from the Covid-19 Vaccination Programme and identify how this learning could be adopted in other health improvement programmes |
| Previously Considered By and feedback : | BNSSG ICB Executive Team Meeting Recommendation that the paper is considered by the ICB Board |
| Management of Declared Interest: | None |
| Risk and Assurance: | There are no identified risks associated with this discussion paper |
| Financial / Resource Implications: | This discussion paper generates no financial or resource implications. Should a decision be made to progress a project, this will require full costing to be undertaken as well as identification of benefits to the BNSSG system |
| Legal, Policy and Regulatory Requirements: | The paper sets out the learning from the current Covid-19 Vaccination Programme. There are no relevant legal regulations |

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| How does this reduce Health Inequalities: | The learning from the Covid-19 Vaccination Programme sets out how the health system can work in partnership with local communities to reduce inequalities. By working in genuine partnership with community groups, leaders and local authorities, we have started to build trust with our local communities, and this has had a positive impact on increasing vaccination uptake rates as well as supporting wider health improvement activities. |
| How does this impact on Equality & diversity | The Covid-19 Vaccination Programme has a Equality Impact Assessment which is regularly reviewed and updated. This has helped to identify how our approach can be adopted across other health programmes to promote equality and diversity. |
| Patient and Public Involvement: | The paper sets out the learning from the current Covid-19 Vaccination Programme which had had ongoing public engagement and feedback. Any decision to progress a project based on the principles of the programme would require appropriate public involvement. |
| Communications and Engagement: | The paper sets out the learning from the current Covid-19 Vaccination Programme which has had very wide stakeholder engagement from across Bristol, North Somerset and South Gloucestershire. This system wide approach to stakeholder engagement and involvement is one of the principles which would be adopted in any future project based on the learning from the Covid-19 Vaccination Programme. |
| Author(s): | Geeta Iyer, Clinical Lead for Primary Care Development NHS Bristol, North Somerset & South Gloucestershire ICB |
| Sponsoring Director / Board Member: | Dave Jarrett, ICB Director of Integrated and Primary Care |

Learning from the Covid Vaccination Programme

Adopting the Covid Vaccination Methodology

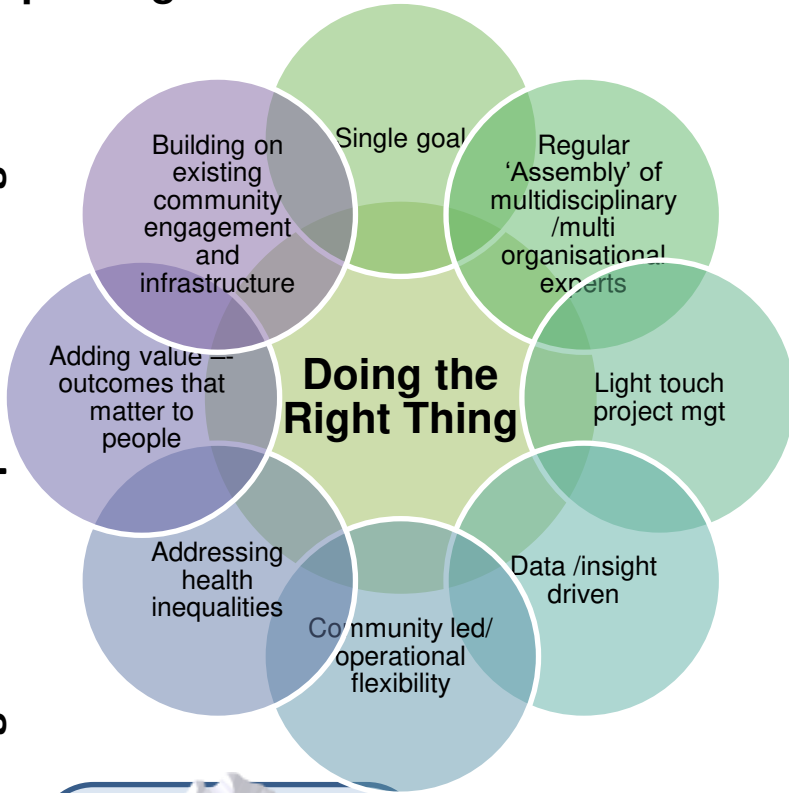


Questions? Please contact:
bnssg.massvaccination@nhs.net

Adopting the Covid Vaccination Methodology to Deliver A System Wide Approach to Improving Health

Principles of Working

Community 'Icebergs'



3 Project Options

A single issue or disease e.g. smoking, diabetes

Holistic approach to wider health inequalities in a specific community e.g. Barton Hill

A multi factorial health issue e.g. improving heart health

Criteria for Project Choice:

- Potential health impact in terms of improvement in health and/or number of people positively impacted
- Supports improvements in health literacy
- Sustainability of impact
- Transferability of the approach
- Potential social impact
- Ease of delivery
- Coverage – BNSSG or specific demographics
- Ability to support move to normalising health access
- Reducing barriers to accessing health
- Reducing use of urgent care as a default
- In addition the ideal project would be multigenerational and support hyper local working using existing community and voluntary groups



Most health Issues are known
Most people know how to access services



Community and individual health Issues can be hidden
Many people do not know how to access services

Adopting the Covid Vaccination Methodology to Deliver A System Wide Approach to Improving Health

- The core feature of any project which builds on the learning from Covid Vaccination should be a focus on a single goal
- We should bring together existing projects, services and structures into an integrated strategic approach which supports individuals, families and communities
- The following slides give some examples of potential ideas for future projects. It is an initial scoping/testing document for further development

Example Project Options

1. Healthy Vessels – Improving Heart Health in Our Communities

Healthy Vessels

Vascular diseases are diseases that affect the blood vessels and impair blood flow. They can increase the risk of cardiovascular complications, such as heart attack and stroke. Some general risk factors for vascular disease include smoking, being overweight or obese, and living a sedentary lifestyle. People can reduce their risk of vascular disease by avoiding or quitting smoking, engaging in regular physical activity, and eating a nourishing diet low in trans fats and saturated fats.

Poor vascular health contributes to

- Dementia
- Heart problems
- Stroke
- Hypertension (and possible Diabetes)
- Limb problems e.g. 'leaking legs'

A project that focusses on healthy vessels could:

- Be multigenerational – healthy vessels start with lifestyle choices in childhood and carry on through life
- Is BNSSG wide but would support a hyper local approach targeting risk factors in different communities
- Cover social and community factors as well as health
- Bring together existing projects on different aspects into a single strategic goal
- Include a workstream to improve health literacy including how to access health services
- Help reduce inequality in health

Key Questions

- What projects currently exist in this arena?
- What would be included /excluded from the remit?
- Is this an ICB priority?
- Would this resonate with local communities?

Healthy Vessels - Assessment Against Criteria

| Criteria | Score (out of 5) | Comments |
|---|---------------------|---|
| Potential health impact in terms of improvement in health and/or number of people positively impacted | 5 | Vascular issues affect a large number of conditions and the population |
| Supports improvements in health literacy | 5 | Focus on the conversation with the person |
| Sustainability of impact | 4 | Low cost set up |
| Transferability of the approach | 5 | Potential to bring together a lot of existing projects |
| Potential social impact | 5 | Affecting families and employment. For children and young people to work on improving diet. |
| Ease of delivery | 4 | Lots of simple procedures could have a big impact |
| Coverage – BNSSG or specific demographics | 5 | Can be roll out across BNSSG but with hyper local level addressing community needs |
| Ability to support move to normalising health access | 4 | Work can be underpinned by messaging around role of GPs etc. |
| Reducing barriers to accessing health | 5 | Work can be underpinned by messaging around access to health services and translation services |
| Reducing use of urgent care as a default | 4 | Large number of conditions affected by vascular health |
| Multigenerational | 4 | Although mainly affecting older people, many lifestyle issues affecting vascular health start in children |
| Support hyper local working using existing community and voluntary groups | 5 | Lots of opportunity for community and voluntary groups to support this work |

Example Project Options

2. Improving Mental Health and Wellbeing

Mental Health and Wellbeing

One in four adults and one in 10 children experience mental illness, Mental health problems represent the largest single cause of disability in the UK. The Covid 19 pandemic has exacerbated this with the findings suggest that people who survive the acute phase of covid-19 are at increased risk of an array of incident mental health disorders. Depression has been linked to many chronic illnesses. These illnesses include diabetes, asthma, cancer, cardiovascular disease, and arthritis. Schizophrenia has also been linked to a higher risk of heart and respiratory diseases.

Mental health conditions can also make dealing with a chronic illness more difficult. The mortality rate from cancer and heart disease is higher among people with depression or other mental health conditions.

A project that focusses on mental health and wellbeing could:

- Be multigenerational – mental health issues affect everyone and have been particularly exacerbated by Covid
- Is BNSSG wide but would support a hyper local approach targeting risk factors in different communities
- Cover social and community factors as well as health
- Bring together existing projects on different aspects into a single strategic goal
- Include a workstream to improve health literacy including how to access health services
- Help reduce inequality in health

Key Questions

- What projects currently exist in this arena?
- Is there an integrated strategies already in place and how would this approach add value?
- What would be included /excluded from the remit?
- Is this an ICB priority?
- Would this resonate with local communities?

Mental Health and Wellbeing - Assessment Against Criteria

| Criteria | Score (out of 5) | Comments |
|---|---------------------|--|
| Potential health impact in terms of improvement in health and/or number of people positively impacted | 5 | There are already existing strategies around mental health. Covid 19 has had a significant impact on mental health |
| Supports improvements in health literacy | 4 | Multiple opportunities to embed health literacy activities |
| Sustainability of impact | 4 | Base set up on existing work rather than starting new |
| Transferability of the approach | 5 | Potential to bring together a lot of existing projects |
| Potential social impact | 5 | Affecting families and employment. Lots of opportunities to work across health and care sector |
| Ease of delivery | 3 | May require coordination of services across BNSSG |
| Coverage – BNSSG or specific demographics | 4 | Can be roll out across BNSSG but with hyper local level addressing community needs |
| Ability to support move to normalising health access | 4 | Work can be underpinned by messaging around role of GPs etc |
| Reducing barriers to accessing health | 4 | Work can be underpinned by messaging around access to health services and translation services |
| Reducing use of urgent care as a default | 4 | Mental health system pressures have a direct impact on acute hospital pressures |
| Multigenerational | 5 | Mental health affects all ages – including children and particularly post pandemic |
| Support hyper local working using existing community and voluntary groups | 5 | Lots of opportunity for community and voluntary groups to support this work |

Example Project Options

3. Open Doors - Improving access to primary care for individuals with English as a second language

Improving access to primary care for individuals with English as a second language

Prevention is better than cure and primary care is at the heart of preventative healthcare.

BNSSG has a diverse multicultural population and the COVID vaccination programme helped to improve engagement with numerous communities who do not routinely access primary care. This project would look to build on those achievements improving access to GP, pharmacy and dental services for those experiencing a language barrier.

Aligning with CORE20Plus5 priorities, isolated and minority ethnic communities such as asylum seeker and refugees and Eastern European groups, will receive the additional focus and investment needed to achieve equity in healthcare access outcomes.

Improved access for these groups will inevitably improve access for all BNSSG residents.

A project that focusses on healthcare access could:

- Be multigenerational – language barriers affect all generations and barriers in accessing healthcare have been exacerbated by Covid
- Is BNSSG wide but would support a hyper local approach targeting risk factors in different communities
- Cover social and community factors as well as health e.g. improving integration and community cohesion
- Bring together existing projects on different aspects into a single strategic goal
- Include a workstream to improve health literacy to improve appropriate use of primary care services and reduce pressures on acute services
- Help reduce inequality in healthcare access and outcomes

Key Questions

- What projects currently exist in this arena?
- Is there an integrated strategies already in place and how would this approach add value?
- What would be included /excluded from the remit?
- Is this an ICB priority?
- Would this resonate with local communities?

Open Doors - Assessment Against Criteria

| Criteria | Score (out of 5) | Comments |
|---|---------------------|--|
| Potential health impact in terms of improvement in health and/or number of people positively impacted | 5 | Building sustained engagement, particularly with primary care, has lifelong benefit for those amongst the most deprived and disadvantaged in our society |
| Supports improvements in health literacy | 5 | Multiple opportunities to embed health literacy activities |
| Sustainability of impact | 5 | Base set up on existing work rather than starting new |
| Transferability of the approach | 5 | Potential to bring together a lot of existing projects in primary and secondary care |
| Potential social impact | 5 | Affecting families and employment – can help to grow a workforce that closer reflects the population of BNSSG |
| Ease of delivery | 4 | Uses shared resources and approaches across the ICS |
| Coverage – BNSSG or specific demographics | 4 | Can be rolled out across BNSSG but with hyper local level addressing community needs using community champions |
| Ability to support move to normalising health access | 5 | Work will include messaging around role of GPs etc |
| Reducing barriers to accessing health | 5 | Supporting embedding translation services system-wide |
| Reducing use of urgent care as a default | 4 | Difficulty navigating GP access leads directly to increased use of urgent care |
| Multigenerational | 4 | Aiming to improve equity of access from childhood immunisations through to end of life care |
| Support hyper local working using existing community and voluntary groups | 5 | Lots of opportunity for community and voluntary groups to support this work |

Example of potential idea for future projects

Example Project Options

4. Reducing Inequalities in Maternity and Neonatology

Maternity and Neonatology

Whilst overall birth rates are going down in BNSSG, complexity is continuing to increase with feedback that this disproportionately impacts our more disadvantaged communities. As part of our equity and equality strategy, our health equity audit identified the geographical communities that have worse outcomes and health behaviours that we can support, such as BMI and smoking.

We would also like to improve the use and impact of our existing personalised care and support plans. These pregnancies are also more likely to require neonatology services and ongoing need for health support whether from primary care or health visiting.

Taking a life course approach, we would support new families as they grow and maybe have additional pregnancies. This could also allow for improved pre-conception support. Our analysis shows that health inequalities present slightly differently in maternity and neonatology and working with communities needs a tailored approach. Community asset mapping has also been completed.

A project that focusses on maternity and neonatology could:

- Be multigenerational – benefiting members of the wider family, not just mothers and babies
- Is BNSSG wide but would support a hyper local approach targeting risk factors in different communities
- Cover social and community factors as well as health
- Bring together existing projects on different aspects into a single strategic goal
- Include a workstream to improve health literacy including how to access health services
- Help reduce inequality in health and early years

Key Questions

- What projects currently exist in this arena?
- Is there an integrated strategy already in place and how would this approach add value?
- What would be included /excluded from the remit?
- Is this an ICB priority?
- Would this resonate with local communities?

Maternity and Neonatology - Assessment Against Criteria

| Criteria | Score (out of 5) | Comments |
|---|---------------------|---|
| Potential health impact in terms of improvement in health and/or number of people positively impacted | 5 | Building sustained engagement, particularly with primary care and public health for lifelong benefits within families that are the most deprived and disadvantaged in our society |
| Supports improvements in health literacy | 5 | Multiple opportunities to embed health literacy activities |
| Sustainability of impact | 4 | Base set up on existing work rather than starting new |
| Transferability of the approach | 5 | Potential to bring together a lot of existing projects |
| Potential social impact | 5 | Affecting children and families. Lots of opportunities to work across health and care sector |
| Ease of delivery | 3 | May require coordination of services across BNSSG as well as at LA level |
| Coverage – BNSSG or specific demographics | 4 | Can be roll out across BNSSG but with hyper local level addressing community needs |
| Ability to support move to normalising health access | 4 | Work can be underpinned by messaging around role of GPs and public health services |
| Reducing barriers to accessing health | 4 | Work can be underpinned by messaging around access to health services and translation services |
| Reducing use of urgent care as a default | 3 | Lesser impact, but would benefit from improved health literacy |
| Multigenerational | 5 | Aiming to improve equity of access from pre-conception and in the first 1,000 days of life |
| Support hyper local working using existing community and voluntary groups | 5 | Lots of opportunity for community and voluntary groups to support this work |

Example of potential idea for future projects

Next Steps

If viable

- Discussions with key stakeholders
- Identify existing services projects and infrastructure across BNSSG relating to the project and any gaps. Includes local authority, public health, community and voluntary sector
- Identify the current evidence base
- Understand the current BNSSG data relating to the project – size and scale of the issue being addressed
- Identify a clear structure for evaluation / how will we know we have been successful as plans develop