

Report to Cabinet

23 February 2022

Subject:	Sandwell Health Inequalities Programme: Grant funding for Sandwell Consortium CIC to deliver interventions to address health inequalities
Cabinet Member:	Cllr Carmichael Leader of the Council
Director:	Dr Lisa McNally Director of Public Health
Key Decision:	Yes
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1 Recommendations

- 1.1 That approval be given to award a 3-year grant (April 2022 – March 2024) to Sandwell Consortium CIC to address health inequalities within ethnic minority communities in Sandwell, prioritising mental health and wellbeing and prevention of long-term conditions.
- 1.2 That in connection with 1.1 above, the Director of Public Health be authorised to award a 3-year grant of £178,000 per annum to Sandwell Consortium CIC.
- 1.3 That in connection with 1.2 above, the Director of Public Health be authorised to enable the grant to commence on 1 April 2022, for three years until 31 March 2024.

2 Reasons for Recommendations

- 2.1 Throughout the coronavirus pandemic, Black, Asian, and minority ethnic (BAME) people have been acutely affected by pre-existing health inequalities. Many of these underlying inequalities made the impact of the pandemic far more severe for BAME people than their White British counterparts (House of Commons Women & Equalities Committee, 2000). The NHS Race and Health Observatory also reported that people from ethnic minority groups were nearly three times as likely to contract Covid-19 and five times more likely to experience serious outcomes.
- 2.3 Public Health England (PHE), in its report on the disproportionate impact of the pandemic on BAME groups have recommended that local areas *“Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.”*



- 2.4 This PHE report also highlighted the importance of “working in partnership with local BAME and faith communities” when tackling health inequalities. Effective solutions will only be likely if they are delivered WITH the local community rather than to them. This in turn can only be achieved through investment in the work of local community and voluntary sector organisations that can bring the right expertise and social networks to the table.
- 2.5 Sandwell Consortium is a collaboration of local community and voluntary sector organisations that have come together to address unmet need, tackle disadvantage, advance equity and social inclusion in Sandwell. Their member organisations include those supporting wellbeing in the Bangladeshi, Somali, Yemeni and many other communities. As such, they are extremely well placed to co-design and deliver work to address health inequalities in Sandwell’s BAME communities. The delivery partners for the Sandwell Health Inequalities Programme will be: Bangladeshi Islamic Centre, Bangladeshi Women’s Association, Brushstrokes (part of Father Hudson’s Society), Community Connect Foundation, Confederation of Bangladeshi Organisations, ILEYS Community, Sandwell Irish Community Association, Smethwick Community & Youth Centre, Smethwick Pakistani Muslim Community Association, West Bromwich African Caribbean Resource Centre and the Yemeni Community Association.
- 2.6 Sandwell Council and Sandwell Consortium have, in recent years, worked together on the Better Health Programme (BHP), which aims to address the inequalities affecting Sandwell residents through language support, as well as raising awareness around key health issues.
- 2.7 Recent co-design indicated a need to prioritise mental health and wellbeing, and long-term conditions. Co-production was supported by evidence from the Sandwell lifestyle survey and eight focus groups as well as an “in-person” workshop with Sandwell Consortium organisations. This supports one of Public Health’s key priorities, which is to increase the role of local people in initiating, designing and delivering health improvement initiatives.



2.8 This grant to Sandwell Consortium will form just one part of a wider programme of Public Health work to address health inequalities that were widened during the pandemic. Other key groups have been adversely affected and specific work will be required to meet a wider range of needs.

3 How does this deliver objectives of the Corporate Plan?

	<p>People live well and age well</p> <p>The health of people in Sandwell is generally worse than the England average. Both life expectancy and healthy life expectancy is significantly lower in Sandwell than England.</p> <p>There is a higher prevalence of conditions such as diabetes, high blood pressure and cardiovascular within Sandwell and this is particularly the case within ethnic minority communities. Evidence shows that interventions that increase physical activity and support healthy lifestyles can prevent long-term conditions and improve mental health and wellbeing.</p>
	<p>Strong resilient communities</p> <p>The new programme was co-designed with the Sandwell Consortium CIC and Public Health.</p> <p>Providing grant funding to the Sandwell Consortium CIC will enable ethnic minority community and voluntary organisations to improve the health of ethnic minority communities and address health inequities.</p>



4 Context and Key Issues

- 4.1 Sandwell MBC have provided grants to Sandwell Consortium CIC to reduce inequalities for Sandwell residents in ethnic minority and socially excluded groups since 2013.
- 4.2 Sandwell Consortium are a community interest company that aim to carry out activities that benefit the people of Sandwell, particularly to address unmet need, advance equity and social inclusion.
- 4.3 In December 2021, Sandwell Council Voluntary Sector Support team conducted a governance review of Sandwell Consortium. The purpose was to determine the stability and sustainability of Sandwell Consortium to inform the continuation of funding from April 2022. The main finding was that “Through this review no significant concerns have been identified. It appears to be well-managed and is focused on achieving the desired outcomes of the programme. The review concludes appropriate measures are in place and Sandwell Consortium are in a stable position to manage delivery of future funding programmes.”
- 4.4 The latest grant programme, known as the Better Health programme began in 2017. That 3-year programme was delivered across two strands. Strand 1- Language for better health and Strand 2: Knowledge for better health. Because of the Covid-19 pandemic, the programme was extended, with a focus on Covid-19 to provide culturally appropriate translated communications, engagement and emergency COVID-19 support for families. In addition, to support the co-design of a proposed new grant programme needs assessment work was undertaken, which enabled Sandwell Consortium partner organisations to be supported to engage with communities and conduct research that would allow a better understanding of the impact of Covid-19 on ethnic minority communities and on general health concerns and needs. The programme was further extended by 6 months to March 2022 to facilitate the co-design process and the design of health interventions for needs identified by Sandwell Consortium through survey and focus groups within the communities the Consortium serves.



- 4.5 Weekly co-design meetings have been held, July 2021 – September 2021, with representatives from the Sandwell Consortium CIC and Sandwell MBC Public Health department to support the development of the new programme. Evidence and information from Sandwell Consortium’s Covid 19 projects; and needs assessment work which included a lifestyle survey and focus groups were utilised to inform the discussion, prioritisation and decision making in relation to the future direction and shape of the new programme. In addition, an “in-person” workshop was held with all Sandwell Consortium delivery partners invited, that further supported this work.
- 4.6 On the basis of the co-design work mental health and wellbeing; and prevention of long-term conditions will be the focus of the programme 2022-2024.
- 4.7 Evidence shows:
- 31.4% of individuals in the lifestyle survey stated their mental health had deteriorated, and another 8.1% stated it had deteriorated significantly during lockdown.
 - Focus group findings showed individuals reported feeling depressed, sad, anxious, isolated and were worried about the impact Covid 19 had/could have on their health and employment and financial situation particularly.
 - Heart conditions; type 2 diabetes; high blood pressure; and high cholesterol were the long-term conditions identified by participants in focus groups
 - Long Covid was identified as having an impact on individuals.
 - Nearly a third of people surveyed didn’t meet national recommendations for physical activity and hadn’t achieved 30 mins of exercise per week.
- 4.8 PHE, January 2020 shows that 1 in 3 adults in England live with a long-term health condition and they are twice as likely to be amongst the least physically active. However, evidence shows that regular physical activity can help prevent or manage many common conditions such as type 2 diabetes, cardiovascular disease and some cancers. It also helps keep symptoms under control, prevent additional conditions from developing, and reduce inequalities. Physical activity was also shown to have a positive impact on mental health and wellbeing, reducing social isolation and improving confidence.



4.9 Delivery strands (2022 -2024)

Strand 1 – Mental Health and Wellbeing

Strand 2 – Prevention of Long-Term Conditions

- Provision of sign posting, raising awareness, advice and information (including educational workshops and activities) that help individuals improve mental wellbeing and prevent and manage long-term conditions.
- Create opportunities for social interaction and delivery of group interventions and activities including getting active and healthy eating.
- Using the 5 ways to wellbeing - Connect; Be active; Take notice, Learn, and Give - as a framework to improve mental health and wellbeing that will underpin all activities and interventions.

Sandwell Consortium CIC organisations are in a unique position to be able to deliver interventions based on the specific needs of the ethnic minority communities they serve. Organisations will be able to tailor interventions to meet the language, cultural, religious, gender and age requirements as appropriate.

5 Alternative Options

- 5.1 There is option to not invest in this grant. Without investment, health inequalities in Sandwell that widened during the pandemic will continue to worsen and become an increasing difficult challenge to address.
- 5.2 Services could be commissioned from provider companies on the open market. However, this would be out of line with PHE’s recommendation that COVID recovery be achieved through “working in partnership with local BAME and faith communities”. It would also potentially move resources out of Sandwell and fail to sustain the local community organisations that COVID recovery depends on.



6 Implications

Resources:	<p>The proposed grant of £178,000k per year (£534,000 over 3 years) will be funded from the ring-fenced public health grant.</p>
Legal and Governance:	<p><i>The council's powers to provide grants and other financial assistance to voluntary organisations are set out in enactments including:</i></p> <p><i>Section 65, Health Services and Public Health Act 1968</i></p> <p><i>Section 137(3) Local Government Act 1972</i></p> <p><i>Section 2, Local Government Act 2000</i></p> <p>Sandwell Council Legal team have confirmed that this scheme appears to be included within the Council's definition of a project that is eligible to be awarded a grant. [Mark Bodley, Trading Business Partner, 14/10/21]</p>
Risk:	<p>As reflected in the risk register:</p> <ul style="list-style-type: none"> • COVID-19 has had and continues to have an impact on many of the services commissioned and programmes delivered with the public health team. This risk will continue to be mitigated through horizon scanning and careful planning. • The Sandwell Health Inequalities Programme 2022-2024 does not deliver on aims/objectives and expected outcomes – governance processes will include monitoring the programme at the Public Health commissioning board every 4 months. In addition, regular meetings will take place between Sandwell CIC and public health to review performance. • Compliance with grant funding protocol – this has been checked by Sandwell Legal team and confirmed to be compliant with the grant funding protocol. In addition, the public health team and Sandwell CIC will use the grant funding protocol to ensure that they are compliant throughout the 3-year programme.



	<ul style="list-style-type: none"> • Suitability of Sandwell CIC to deliver positive outcomes – Sandwell CIC received a previous grant to deliver the Better Health Programme. Although extended and adapted due to COVID-19, Sandwell CIC delivered on the main outcomes to improve communication and information on COVID-19 to BAME communities, and to assess the impact of COVID-19 on BAME communities in Sandwell. • Data quality and the suitability of the performance measures in place for new funding –a monitoring and evaluation framework is being co-produced to develop performance measures for this programme. Based on previous grant programmes Sandwell CIC will work with the Public Health research and intelligence team to ensure the data quality from surveys, focus groups, interviews and case studies. • In January 2022 the Voluntary Sector Support team conducted a governance review of Sandwell Consortium CIC. They made 6 recommendations. Monitoring implementation of each recommendation will be included in the overall grant monitoring and evaluation process.
<p>Equality:</p>	<p>Evidence shows that certain groups experience greater barriers to achieving good health. These include certain ethnic minority groups and low socio-economic and deprived communities. An initial EIA screening has been undertaken and no adverse impact on protected groups has been identified if the recommendation is approved. Indeed, the assessment demonstrates that there will be a positive impact on the protected characteristics of age, disability, race, religion or belief and sex.</p>
<p>Health and Wellbeing:</p>	<p>This grant will support a programme designed to reduce health inequalities and improve health outcomes identified by the community, for the community.</p>



Social Value	The grant will enable communities to improve their health, using interventions identified and prioritised by them.
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7. Appendices

None

8. Background Papers

List source/background documents

Sandwell Consortium:

<http://www.sandwellconsortium.co.uk/about-us/meet-the-members/>

House of Commons Women and Equalities Committee: Unequal impact? Coronavirus and BAME people

<https://committees.parliament.uk/publications/3965/documents/39887/default/>

PHE. Beyond the data: Understanding the impact of COVID-19 on BAME groups

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

Health matters: physical activity - prevention and management of long-term conditions, PHE, 23 January 2020

<https://www.gov.uk/government/publications/health-matters-physical-activity/health-matters-physical-activity-prevention-and-management-of-long-term-conditions>

Unequal pandemic, fairer recovery: The COVID-19 impact inquiry report. The Health Foundation; 2021 (<https://doi.org/10.37829/HF-2021-HL12>)

