

CYP Health Equity Collaborative

Frequently Asked Questions

Systems/Bigger Picture

1. *How will this collaborative achieve improved outcomes for CYP?*

This collaborative will take the important first step of identifying and measuring what matters in Children and Young People's health, rather than being restricted to what we are currently easily able to measure. In identifying what matters, it allows our systems leaders to direct attention and resources to addressing the factors underpinning health outcomes for longer term, sustainable health equity.

In year 2 of the programme we will be coproducing a response to one of the indicators collectively selected from within the framework and delivering and evaluating against this within year 3. The primary focus of our Collaborative is towards action and change for children and young people.

2. *What other opportunities for collaboration could there be as a result of this work?*

Our Children and Young People's Health Equity Collaborative welcomes a wide partnership, working towards shared vision and values. Through coproduction, we embrace the fact that the course of our three-year programme could take us in many directions. Where these conversations take us beyond the scope of the programme itself, we can consider additional points of collaboration.

Barnardo's is committed to partnership working to improve the systems surrounding vulnerable children and young people. We believe that there is an opportunity with ICSs to think differently about models of care which impact children's health equity and we are very excited to work with 3 ICSs on this collaborative. We have vast experience of developing Strategic Partnerships that focus on systems change and co-design and have evidence from our evaluation partners of the impact of shared purpose, relationships and collaboration in improving outcomes you children young people and their families.

We also understand that for some ICSs, this may not be the right project at the right time. However, we are still keen to explore how we could work together in other ways. Barnardo's is uniquely positioned in place-based settings and has a strong network of local partnerships, offering a real opportunity to develop community asset based, civic models of health with early intervention at the core through use of peer, volunteer and innovative models of care. With our expertise in children and young people's voice and influence, Barnardo's is exploring new and innovative ways ICSs can embed the voice, influence and expertise of children and young people within ICS governance and portfolios across systems and places. We'd be happy to talk with you in more detail if this is something you'd like to explore outside of the remit of today's opportunity.

Specific suggestions we had, were the development a community of interest with ICSs, including those who are not part of the formal collaborative. We are also keen to support the development of ICB plans with respect to children and young people's health

inequalities more generally. If you are interested in exploring other ways we can work together, please let us know.

3. *What is the plan at the end of the three year programme?*

Our programme has been designed to equip ICSs with the tools to promote Children and Young People's Health Equity in an ongoing and sustainable way, and not to be reliant on partners for its delivery. We are, however, very much open to ongoing collaborations where we can make a difference for children and young people and would be keen to hear from yourselves as to what this could look like.

Programme Specific

4. *For the three year collaboration, is it expected that partners remain involved for the three years or could step back or indeed engage at different stages?*

It is important that there is consistent involvement throughout the three years, so we would expect a full 3 year commitment and ICSs will be selected based on their demonstrated commitment to this collaboration. This is because the three workstreams build on each other and we need to build and maintain their momentum.

5. *What is the cost to ICBs or cost to local systems?*

Specific costs to the ICB would be to employ a band 8A FTE Senior Health Analyst to be dedicated to this programme. We would also request they provide resource in terms of:

- a. a Programme Lead role for us to link with and provide project management in the local area
- b. support for our coproduction and codesign work with children and young people in the area, and with the VCSE sector
- c. Data governance resource in establishing arrangements for the programme
- d. Senior representation on our quarterly steering group.

We also ask that ICS support funding of the pilot intervention in years 2 and 3. This could be directly from transformation funding, or through joint bids for grant funding etc.

6. *Is there an initial level of funding available for the ICS and if so how much is it likely to be?*

Barnardo's have made a significant investment in this programme through the involvement of our teams, and the experts within the Institute of Health Equity. We shall be procuring the Dynamic Measurement Tool on behalf of ICS partners. This resource and support will be made freely available to the ICS. We therefore ask that the ICS match resource and funding, as outlined under question 5.

7. *What is the commitment needed from ICS re 'dedicated data analyst'?*

We are asking ICS to fund and recruit to a band 8A Senior Health Analyst position to support this work locally. It is critical that we are able to incorporate understanding of factors affecting children and young people's health beyond health service information, so an understanding of this and ability to work across all ICS partners would be important at a

local level in this role. We would be happy to support all recruitment processes for this position and can provide a job description.

8. Can you provide more information about the conversations? Would they be with a range of individuals within each ICS or would you be expecting a lead individual to represent the ICS?

We would ask you identify 3-5 individuals from within your ICS to attend these conversations that represent the breadth of your partnership. We would ask that this include the senior representative who would sit on our Steering Group.

The conversation will cover the following topics:

- Current ICS priorities
- Existing partnerships within your ICS
- Children and young people's participation
- Data governance and informatics

We will share further information within your invitation to the partnership conversation.

9. What will ICS's role be, if anything, to support IHE with capturing annual data?

Firstly, we cannot comment on whether the data will be annual, monthly or more frequent until we have codesigned the framework.

ICS will provide a crucial role in allowing access to this data as it is held locally. The dedicated health analyst within the ICS will have an important role in its processing and analysis. In the first quarter of our programme, we want to prioritise getting local data governance agreements and processes in place across the wider health and care partnership to allow us to work collectively and collaboratively on this throughout the programme.

10. How will ICS's receive outcomes from data?

The Dynamic Data Measurement Tool will be accessible to all partners across the ICS, in accordance with information governance permissions and appropriate levels of permissions.

11. Will participating ICS's share the outcomes of their data collection with each other?

Yes. The tool is about allowing a descriptive picture of health equity within an ICS footprint, and it's important that we can share and reflect on the differences we observe between different parts of the country. We focus on health determinants and health outcomes over systems performance.

12. Will there be opportunities for participating ICS's to come together and discuss the project and/or support with resources/ideas?

ICS will come together at our quarterly Steering Groups to discuss and share system impact. At an operational level, we will hold monthly Programme Boards to bring together those working on the programme across all our organisations.

13. What work will Sir Michael Marmot do in shaping health equity frameworks?

Prof Sir Michael Marmot will be chairing our quarterly Steering Groups and will provide programme oversight with Dr Jessica Allen of the Institute of Health Equity.

14. What sort of buy in is needed for VCSE's in order to use/understand their data?

Incorporating VCSE sector information and insight into our framework and Dynamic Data Measurement tool is a fundamental part of our programme, as many of the determinants of health lie with the VCSE sector. We want to work closely with VCSE Alliances within the ICS to best support their role in the wider health economy and ensure their understanding and perspective are part of our coproduction processes. We will be working in areas where Barnardo's itself may not hold a lot of the information we are seeking; our wider partnership work will be really important to support one another as VCSE partners.

15. What are the interventions you think areas will seek and how will they be executed to measure this?

We will be working with ICS's themselves to identify priority outcomes of focus for their intervention, and to codesign this with us. It is anticipated that these will be responding to wider determinants of health and/or focusing on marginalised children and young people. For example, we may consider looking at ways to increase use of 'locked' community assets for children with disabilities or embedding reasonable adjustment flags and response within paediatric appointment planning. These are to give you a flavour of the types of things we are likely to consider rather than being too prescriptive. Criteria for the intervention would include children and young people's buy-in as well as an ability to demonstrate impact or change in outcome/proxy outcome measures in the timeframes of our work.

16. Do you anticipate multiple interventions to be designed or focusing on a single intervention?

We will work with an ICS to identify areas where we can have impact. Depending on their identified priority it may lend itself to a single or multi-component intervention. It is anticipated that we will need to iterate the intervention to learn and improve as we go.

17. What support are Barnardo's and IHE putting in to support on evaluation of outcomes or is this a cost to be borne by local systems?

Evaluation of the framework itself, how it is used in practice to guide local health systems and the outcomes achieved from pilot interventions are fully funded and within the Institute of Health Equity's remit.

18. Great to see co-production with CYP - it will also be important to capture babies' voice through other means?

This is a really important area to consider. We have developed a CYP toolkit for ICS use. We need to consider the appropriate ways of ensuring participation in the development of the framework compared to the intervention, as the latter may lend itself more to the considered approach to eliciting baby and infant voice. If you would like to learn more about this toolkit, please contact healthteam@barnardos.org.uk.

19. Can you set out more the role of NHSEI within the process?

We have invited NHSEI colleagues to sit on our Steering Group. The purpose of this group is to ensure lessons for wider systems change are considered and, where possible, acted on. We will be sharing information on our programme, and considering themes from ICB plans.

Selection Process

20. Is there a word limit for the answers in the EOI?

500 words per answer.

21. Will the opportunity only be open to 3 ICSs? And would you consider an application where an ICS is across 2/3 local authorities etc?

The collaborative, at this stage, requires an EOI from a single ICS. We understand that for some ICSs their footprint may cover multiple local authorities. Please note that we are open to exploring other types of partnerships with ICSs who: (1) decide this is not the right time to enter this collaborative; or (2) are unsuccessful with their application but still want to explore other types of partnership working with Barnardo's.

22. Does it matter where the final 3 ICS's will be from? Will the Collaboration seek a balance of north / south, rural / urban etc. Will there be a greater focus on ICS's with higher levels of deprivation?

We are looking for range of ICSs to work with and will score EOI's based on the scoring outlined on the Information Sheet. We are looking for ICSs who share our priorities and can evidence their commitment as partners in this programme.

23. Does the EOI need to be completed and signed by the ICB or ICP (or both)?

We have requested that they are signed by the ICS chief executive. We will require the memorandum of understanding with the ICS's who form part of the Collaborative to be signed by senior representatives across the ICB and ICP.

24. Can the EOI application form be available as a pdf or in word so we can see the whole form including word counts?

EOI can be made available in pdf form.

25. How can an ICS showcase themselves in the best way?

We are enthusiastic about this work and are looking for ICS who share this commitment. A demonstration that your ICS is dedicated to tackling CYP health inequalities and this partnership. Be willing to work together to get to the right solutions is important to us.