

## FFF\_ West Locality Partnership Fund launch & Flourish Quarterly-20240509\_Meeting Recording

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1h 56m 55s

**JK** Joy Krishnamoorthy (Flourish) 22:54

OK.

Gary, I think you probably all know Gary, there is the chair of flourish.

I'm Joy.

I'm the network manager of flourish.

Flourish is the West Birmingham Community partnership that works with health and we have members.

Not everyone here will be a member.

If you would like to join, I will put out how join in the in the accompanying information and it there's No fee or anything, you just pop your details onto our e-form and then we will loop you into opportunities to collaborate and coproduce and find funding and all of that fun stuff in West Birmingham.

So as long as you are located in or serving people in West Birmingham, we would love to have you.

Thanks for being here.

So today we are talking about the fairer Futures fund, the Birmingham Fairer Futures Fund, and this is the West Locality Partnership funding Stream.

OK, so this is the one where you have to collaborate and it's the larger amounts.

I have tucked in a tiny amount of information about the West Birmingham Small grants scheme into the documentation that you'll receive as well.

We probably won't have time to go over that.

You might have seen it already.

Heart of England are rolling that one out.

So thanks to Gary for Co presenting with me.

And thanks to all of the people who are kindly here with us representing various bits of the fund.

Marion put together a lot of data on behalf of public health, and there will be others here.

Natalie is going to be tying together our locality with others so that we can all learn.

During this particular funding opportunity, what other people are doing around the city as well?

OK, here we go.

OK, so we had an in person meeting yesterday, which was very thin on the ground due to a number of reasons, but it's great to see so many people here today. And so

quick background information:

There are two parts to the fairer Futures fund: Birmingham and Solihull.

They are both aiming to help HealthPartners and VCFSE partners to integrate further and to deliver services close to where people live, in other words, in our locality.

Prevention is prioritized here and Partnership delivery, OK.

And we are reducing health inequalities, improving access productivity and supporting the larger area as well.

There are four main funding streams.

This is the locality Partnership fund, which is 5.74 million across the city, allocated broadly according to need using the index of multiple deprivations.

So West Birmingham has 1.4 million over the next three years that of that 5.74m.

OK, so this is a large scale scheme and it involves partnership working between our local organizations and different statutory providers to provide integrated, effective and efficient care.

We want to reduce inequalities and we want to Co produce with local people.

There are five clinical areas that have been chosen as priorities according to the long term plan for Birmingham and Solihull, and there across the top in that Rainbow: Children and young people who are five years or older. So that's school age and above up to 25 if there are SEND issues and up to 19 otherwise; mental health, all ages; respiratory health; healthy ageing and cardiovascular health

In addition to that, in West Birmingham, we've identified based on some of the data that we have the following additional priorities.

infant mortality

substance abuse

health literacy

diabetes and

wider determinants of health.

Now what's happening is the locality delivery partnership is looking at strategic priorities over the next five years broadly, and there's an outcomes framework that we'd like to work to that's still in development.

But Gary's going to take you through the latest iteration in a minute, and that will

help to kind of define the sort of projects that we want to encourage.

So I've just gone through the broad priorities, but does become a little bit more specific in a minute.

For the locality partnership, fund projects should be based on evidence. That can be evidence bases that exist, or it can be your experience that informs if there isn't like a formal evidence base.

If you've done a program and you know that it works and you can show that, then that will count as evidence.

We need to be having an impact that is demonstrable and measurable, and if there isn't an appropriate baseline to help us do that, so, for instance, if you are working with a very specific target group like Pakistani men over 50, there may not be granular enough data for an appropriate baseline.

So your project can determine an appropriate baseline against which you will measure as part of the kickoff.

So it just because there isn't granular data doesn't mean we can't do a project, but it does mean that we have to build in getting some data to measure against.

For this fund you have to apply as part of a group.

The group can have an a lot of different ways it can be constituted, but there will only be 1 lead applicant and the following can be lead applicants.

I don't think anybody here will fall outside of this bracket.

But the lead applicant will be responsible for distributing the funding to the other partners and also drawing together some monitoring a little bit of project management and we can we can talk about how that happens is as projects progress.

OK, so we are the West VCFSE locality partnership that's Flourish uh, but there are others in the city and I've just put those in in case you are working across more than one Locality you can see on the right there the North is being managed by Witton Lodge. The East is the Disability Resource Centre and Central and South as far as I know, although Marion, you can chip in if they've been appointed now.

**Marion Gibbon** 30:09

No, I am I'm not aware of them.

I think at the discussions are ongoing.

**JK** **Joy Krishnamoorthy (Flourish)** 30:13

OK.

No worries.

Well, we will try to update that.

But I think I put in a website in a minute and that will probably hold that information eventually.

OK, so our remit here is Flourish.

A lot of you worked with us before, sort of working on collaborative projects and networks and work streams.

But what we're doing here for this is to get information out as widely as possible.

If you know people who don't have the information that we're going through today and you think it's relevant to them, please pass it on and then tell us because it hasn't reached them for some reason, either we don't know about them or I've had a lot of bounced emails and I'm wondering if maybe one of the databases I've been working with is a little bit out of date.

So if you can help us to be in touch with more people, please do.

We'd like to have exploratory conversations.

We started those in February with a few of you who were able to attend, about what the projects might entail, that we want to make sure everyone can take part.

If you are very very small organization and you cannot take part in discussions without some financial assistance to be there to take time off of what you do, or to allocate an hour here or there, please let us know if you're struggling. We'd like to be able to gather expressions of interest from everyone and to help you to connect with other people that you may not have partnerships or associations with already.

And to make these projects as robust and impactful as we possibly can, we will try to do as much connecting and negotiating as we can, but Flourish will not be applying for this fund apart from if it applies for one very particular program that would be different.

And so and we will help to monitor these throughout their life cycle as well.

And that will be done in conjunction with yourselves and possibly with BVSC.

OK, key dates.

So you're here today.

That's the second of these informational meetings.

I am very happy to hold another one if we're missing too many people.

So again, please do pass this on.

Anybody who can get in touch and say I missed the meeting, but we are recording this meeting should have had a little pop up box to say that already.

I hope you did and we will put this out to anyone who's missed this information.

Between now and the 10th of June we have time to develop and you have time to develop expressions of interest.

I'll take you through the form for that in a minute.

Between now and the 10th, we will hold some workshops similar to what we did in February, which bring together people who have an interest in working on particular theme.

So it might be mental health or you might think, well, I've got an offer in diabetes and children 5 and up and I'd like to talk to other people who are thinking about doing something, we will bring together a number of opportunities and also if it's alright with you guys, share emails and try and put people together to help you to write your expressions of interest.

It's quite a simple form and you will get some feedback at the end of that expression of interest after the deadline - we think about two weeks after the deadline will be providing feedback. It does depend on the volume and that will be from a little subset of the locality Delivery Partnership Board.

So Flourish Will Be Part Of That Discussion, But We Won't Be The People Who Make decisions.

We will be in that in that subset.

Not everything will be suitable to go forwards but everyone can continue to attend workshops.

We will have workshops on data usage and evaluation and how to present projects. The workshops will be there to help you make the most robust application you can or proposal you can and everyone is welcome to attend those whether or not your expression of interest has been chosen to go forward. We will also encourage applications from more projects than we can fund through Fairer Futures.

And the reason for that is because we will be trying to develop the business plan for West Birmingham according to the strategic needs of the locality rather than just what can be funded through Fairer Futures.

OK, so if the project comes together, so if by the 21st of July you have enough written down that you'd like to receive some feedback, you can submit your project on the 21st of July and we will aim to get feedback out to you as soon as possible, and then you have until the 16th of August to finalize your proposal.

At that point, those that are sufficiently developed - because very difficult to do partnership work sometimes - those that have had sufficient time to develop will be recommended for funding and will go into the business plan under the funded stream of Fairer Futures and we expect between two and five of those depending on the size of them. Those that haven't quite come together yet, but are still meeting the objectives that we want to, we will help you to sort of bring those together and then we will together look for alternative funding for that.

So in other words, if they make sense, but they haven't quite made it into the Fairer Futures timeline, we may still be able to fund them another way and we'll work together on that in September.

We have to submit the finalized business plan to the Fairer Futures Board and they will let us know if they're happy with that.

And we're hoping that by September or very early October, we might have funding approved and released, OK.

You'll be familiar with the kind of things that can't be funded.

It's the usual things: retrospective activity, replacing direct statutory funding, anything that is overtly religious or has sort of religious aims in mind and overseas travel research, that kind of thing.

You will be issued all of those documents there, a fact sheet, an FAQ sheet and the outcomes framework which Gary will take you through a minute.

And I expect, although it hasn't been done yet, that we will be able to load those things onto that link there, which has details of the other funding streams as well. OK, so before we launch into the outcomes framework, let me stop sharing for a minute and just see whether we've got any questions arising from that part of the presentation. Now you've seen what the opportunity is and the timeline, does

anyone want to ask anything?

So Gary's going to take you through the outcomes framework now, which is a little bit more about what we'd like to achieve.

**GB** Gary Bowman 37:47

OK.

Hi everyone.

Nice to see you all.

My name's Gary, I'm the I'm the chair of Flourish.

We're very excited that we're finally got here.

We've been talking about this for two years, but we're very blessed in Birmingham to have this opportunity because not all integrated care boards are taken as down this road, but there's a commitment in Birmingham to try to tackle inequalities by working closely in partnership between voluntary and public sectors.

So it's really good to, you know, to have this opportunity for us.

So basically what we've got you will get: loads and loads of information coming through on all the things that Joy's talked about.

What we're going to focus on next is the outcomes framework.

**GB** Gary Bowman 38:47

So, bearing in mind the fact that we have got a pretty clear set of outcomes and objectives in the Integrated Care Partnership Board, which in embraces partnerships, social care, children and public health, we've got effectively 6 outcomes that have been derived for West Birmingham. They might vary slightly from place to place, but because we've had our own local discussion about how we want to put this together, it is slightly different to what you saw earlier in terms of that rainbow that Joy talked about, but all those outcomes that are in that original document are contained within this outcomes framework.

And we'll go through them.

So **priority area one** is all to do with pregnancy in the first year of life.

Really, how do we improve the experience and outcomes for mothers, parents and babies and reduce the number of infants who die before their first birthday?

I've just go back up to that top line underneath the outcomes framework because we

are in West Birmingham, we know that our community has suffered from multiple disadvantages and we have a lot of very deprived communities, especially those that belong to minority ethnic backgrounds, often experience the worst outcomes and the worst health inequalities.

So we're constantly bearing that in mind.

We are looking to target the people who are the most vulnerable through this program and that is why it's so important that the voluntary sector plays a lead role in achieving that reach to people and trust the fact they've got trusted relationships with local organizations is really important as well.

So I've covered priority area one.

The **next [priority area]** is slightly older children - better start for our children.

How do we improve the health of our children, of children from our most deprived communities? How do we give them the best start in life?

How do we also decrease things that are actually getting in the way at the moment of the best start in life? We're including in that [priority area] vaccination and school readiness.

Everyone will be aware of the impact of COVID on school readiness, but also there's a large issue about preparing children for school, the impacts of children with special educational needs and other neurodiverse conditions, and the ability of schools to manage all that also. Where there's a focus on those within our outcomes framework, I'll talk a little bit more about that outcomes frame, but it's a huge document and I won't be able to share all of it with you, but you will get them all.

Subsequently, through all the documents you will see how much information there is to use here.

The **third priority area** is how to improve the prevention early detection and treatment of the diseases that drive early mortality.

So basically we die many, many years younger if we live in West Birmingham and there are certain diseases and causes that cause that, that make the current reality that it is, really, so we want to basically improve diagnosis and surgery and get it done earlier.

We want to look at, particularly, cardiovascular disease, respiratory disease, cancer screening, diabetes.



It's also says addressing the backlog of elective treatment. I think that can't be done by us alone, but it would need to be done, too, in the system - the NHS - to achieve that. But essentially, that's what we're trying to do here. We want to tackle the things that are causing people to die earlier, but also live with long term conditions for longer.

The **4th priority area** is better outcomes for people with mental illness.

The focus of this is serious mental illness, but of course, again for the voluntary community sector, we want to prevent serious mental illness as well by helping people to connect to support and services as early as possible.

At the moment there's a big there's a big gap sometimes for people in terms of accessing services they're access too late - when things are, when they're already ill. So as well as looking at serious mental illness, we'll be looking at how we prevent serious mental illness and we'll talk a little bit more about it later.

**Priority Area 5 and 6** are related, but the first one is basically saying as well as what we say at the top about focusing on people and our most deprived communities, we actually are saying specifically we want to improve health and care outcomes for our most vulnerable citizens and we are including specifically in the as target groups:

migrants

Refugees

asylum seekers

homeless people

people with substance misuse difficulties

women

people experiencing racial disparity

LGBTQ+

This outcome will possibly support all the others, but there is no reason at all why you can't put in something which specifically says, "How are we going to reach these disadvantaged groups?" You will still have to demonstrate evidence and outcomes as before. So the main priority area 6 is all about addressing determinants impacting on local people's health and wellbeing, so that includes - obviously, we have a very difficult housing situation where a lot of people are living in unsuitable accommodation. We have the same issues around smoking and other behaviours as

well, which are also impacting on people's health and that's the [priority] area that will cover that.

There's not much really that can't be looked at as a possible priority through this outcomes framework, but we want you to be as applied as possible in terms of achieving certain things.

What you'll get in a minute is a list of a bit more detail on these outcomes, but actually within the framework.

Then we do begin to describe potential outputs and also potential measures as well about how we might measure those.

These things are really important because we are really trying to change the way in which we work together.

We recognize that without innovation and without proper partnerships, we will always find ourselves missing people, missing information when we try to address issues.

So we're trying to do something different here and that's why the process is so full of information and it's maybe a little bit longer window than usual to work it through.

But it's important that we build partnerships around these areas of work and Joy already described how the Expression of Interest process will identify the things that that we think should go forward, but also the things that actually will be part of our longer term plan.

We'll hopefully get a good set of ideas about how we might work together going forward.

### **Priority 1: Maternity & Infant Mortality**

 **Gary Bowman** 45:55

So let's go straight to the delivery objectives.

Basically, we want to improve the experience of parents and babies within the Ladywood and Perry Barr catchment area and we want to reduce infant mortality within Ladywood and Perry Barr.

So obviously those two things are related and you may well, if you're putting a proposal forward in this area, you'll probably be looking at both those objectives.

We don't want children to die unnecessarily because if things are not quite right or because people don't know how to access a service, etcetera.

So the outcomes that are listed there are again (not going to go through them), but

hopefully you can read some of those.

We want to see particularly black and Asian and minority ethnic backgrounds.

There is concern about migrants as well.

We want to make sure that people get proper information and support, that it's easy to access services and that there's some connection with voluntary sector services.

You have quite a few already in the area who are working directly with families and mothers to be, new mothers; we think we can do better if we can work together there.

So how do we how do we help them to access those services?

And we basically will be will be looking at the signage and support.

We'll be looking at tobacco and vaping and alcohol.

How can we help people avoid those behaviours during pregnancy? Obesity is a factor. Overweight during pregnancy: how do we actually help people to go through things?

You can see already there's a connection with other programs that you might want to be looking at, so in terms of obesity, for example, you can see links between the different priority areas.

## **Priority two: Better start for our children.**

**Gary Bowman** 48:09

**GB** Here, we've talked specifically about vaccination.

I don't know whether people realise, but the vaccination uptake is chronically low in West Birmingham. And if we could increase vaccination uptake, we would suffer a lot less disease. Obviously we've had the recent MMR issue, which could which lead to a measles outbreak in our area and also the flu and COVID, but they've got their hepatitis CTB. Basically if we can get people vaccinated, we will protect them against illness and possible earlier mortality or living with long term conditions for longer.

Then the second area that there's a focus on here is getting children to the best possible start, which actually incorporates the idea of them joining school ready for school.

So there can be learning to the maximum from the beginning.

Get a really good start at age 2 and 2 1/2.

We know that getting a good education and a good start to life is so critical to wellbeing throughout life, and therefore we're going to focus, not exclusively on

these two things, but essentially those are the delivery objectives.

We don't believe that either of these things can be achieved by public sector working on its own.

We've already had vaccination campaigns. We know how successful it was when our communities worked together with the NHS on the COVID-19 campaigns.

It was, and we believe that would also be very effective in other areas as well.

And it's already happening.

But can we do that on a bigger scale?

Can we be responsive to these risks as they arise?

The outputs are listed there.

You can see the changes that we will actually be trying to achieve through that.

### **Priority 3: Prevention, early detection and treatment of diseases**

GB

**Gary Bowman** 50:28

So here early detection and treatment of diseases that drive early mortality.

Now waiting lists are important because basically we need to get earlier diagnosis, but that might be about creating new relationships between voluntary sector and public sector.

When we find out about people's needs, if we're working in partnership with the NHS and GPs, which is very much what we're hoping to achieve here, then basically we can be helping refer people earlier.

It's also related to things like Integrated Neighbourhood Teams and Locality Hubs, which are new initiatives, which are being driven by the ICB. Connecting them with those kinds of things, how do we connect people to services earlier it is critical.

There's already some partnership work going on between GP and community organizations around diabetes.

For example, we think we can do a lot more to help diagnose things early.

Get them treated earlier and also make sure that it's actually easy to treat things earlier. If we can catch them early as well, that's what this is about.

We're looking at respiratory health.

We're looking at diabetes and the body

We're looking at cardiovascular disease and we're looking also about access to local GP's, nursing and pharmacy services that can actually be at an earlier point of reference.

Sometimes it's not so easy.

We're short on GPs in West Birmingham.

So basically, can we increase the diversity of the ways of accessing services our conversations?

And that's a big part of what's behind this priority area.

#### **Priority 4: Mental health.**

The way this was initially worded is very much around serious mental illness.

We believe that the voluntary sector can help with earlier identification of mental illness and we'll be looking for projects that improve the experience and outcomes of people living with serious mental illness - how can we find the right services and support for them in the community - but also we're looking at reducing the prevalence of serious mental health by earlier accessible intervention for children, young people and adults.

We met a community organization yesterday that is working in schools, identifying mental health issues earlier, and providing interventions.

When mental health issues start, sometimes they can be addressed easier at that point and sometimes it can be possible to talk things through.

Is it possible that we can do more earlier to prevent the mental health of young people, in particular becoming more accurate?

But it applies to adults, too. In children and young people we can see sort of exponential growth, almost, of mental health issues amongst young people and we're very concerned that's going to impact on people their whole lives.

So that's the issue.

We're looking for good ideas to come forward from you about this area.

#### **Priority Area 5: Inclusion Health Groups**

This is very much around targeting people who are the most excluded.

I guess really migrants, asylum seekers, homeless people, people with substance misuse difficulties, women, people experiencing racial disparity and LGBTQ+. We have a lot of people who are in these vulnerable groups in West Birmingham and they find it very difficult to access the support and services that they need. When they do access the support that the services provide, or find out about a service, sometimes they find it difficult to engage with those services for language or for

other issues.

So this, yeah, this includes things like health literacy.

It includes how do we actually practically target people?

How do we work with groups who we're very good at already engaging with, these vulnerable communities?

We do have some in in our area, but we also have many other access points where people will come looking for support.

Can we strengthen that first point of contact with local organisations?

How do we actually refer people?

Also, signpost people to services and maybe advocate as well, not just signposting. Signposting is enough.

How do we help people to access those services in reality?

## **Priority area 6: Wider Determinants of Health**

GB

**Gary Bowman** 55:26

So here this is where we've included healthy aging and effective citizen patient engagement.

We had a meeting yesterday about trying to improve citizen and patient engagement with GPs and with people who've been part of patient participation groups for many years. How do we work with social housing for supporting older people?

Are the connections there that we can make which would help people?

Ageing as healthily as possible.

How do we improve the health literacy of citizens so basically they are better able to access services and support?

There's been some good work done on this in other areas.

We maybe we can bring some of that experience.

We've been working on health literacy with Flourish for a while and we'd like to make further progress on that.

And then basically one of the things we see through integrating teams through locality hubs is that there are many people who are living in unsuitable housing accommodation and that impacts hugely on our homeless, and obviously impacts hugely on their health and wellbeing, both mentally and physically.

What do we need to actually do something about that?

It's probably one of the most challenging things of all because the situation is extremely difficult in Birmingham and in West Birmingham specifically.

And then lastly, how do we improve services for people and impacted by poverty, lack of quality food and nutrition?

Who can't afford to keep warm or hasn't got the equipment to keep warm?

Or affordably.

Basically the aim there is that we can help people to live with warmth and with nutrition and safely, because that's the other factor as well.

If people use the wrong kind of equipment, it can be dangerous.

So this is what we're trying to contain here - is just looking at health a bit more broadly: housing impacts on it, homeless impacts on it, many other things impact on it.

OK, so that's the that's the outcomes framework in summary, as I said.

I remember really we should have changed to "What will be the outcome by March 25" to March 2027.

Because we're looking over three years, but we're looking at both really what can be achieved in the year, what can be used in three years, we don't see this as a short term program.

In fact, we see it as the beginning of a new way of doing things, but we know that we've got some funding for the next three years to try to make a difference in some of these areas.

It's in terms of the scale of the situation in NHS and it's scale of the need.

It isn't a large amount of money, but if we're creative about it and come up with innovative ways, we maybe be able to change the way in which health and wellbeing is experienced by the people of West Birmingham who are the most vulnerable.

That's it's for me for now.

Any questions on that?

I'm looking at the chat, maybe keep in mind on it.

**JK** Joy Krishnamoorthy (Flourish) 58:45

Yeah, I can see there's a couple of things going into the chat.

Lorna, I think you asked about a a map.

There is one in the in the stuff you're about to see in the next section and also it's

attached to both the pack sheet and the FAQs as well.  
But I also see, thank you, Oruj, I think you posted one?

**GB** Gary Bowman 59:04

Yeah.

And good to see you already beginning to connect.

Please do connect with each other.

It's absolutely vital that where there is learning that we can achieve from one another and that we take those conversations forward.

**JK** Joy Krishnamoorthy (Flourish) 59:23

Is there anything anyone would like to ask or bring up or you haven't had a chance to write down and you just want to say it?

We're shoving a lot of information at you.

Some of it is not new.

It's really just summarizing what we've all known for a while and have sort of started to put into a framework and I hope what you've taken away from what we've seen so far is that there really is space for everyone to benefit from this fund; it's a very broad opportunity.

And I think we're already doing some great work in these areas and it really is just about tying it together now.

There will be larger organizations amongst you and smaller, and I think the beauty of the partnership aspect of this is that it's access to a really good chunk of money.

We're expecting projects of about £100,000 a year with the potential for three years of funding.

And that's not something that some of the smaller organizations are really going to be able to cope with. But by partnering with a larger organization, you can have access to a good chunk of that with minimal call on your admin time.

So I think it's going to enable a lot of people to get involved who might find it difficult otherwise.

And Chris, I can see your hand's up.

**CV** Chris vaughan 1:00:40

Yeah., thanks.

Just some quick questions for clarification.



The Best start in life: In my organization and the ones I'm evolved with that work with schools as part of our work, you seem to be and focusing on the preschool children, whereas there are those in the early years and later still starting out in life. So I wonder, does that category cover them as well?

**JK** Joy Krishnamoorthy (Flourish) 1:01:14

No, that is the children and young people's category: 5 plus. There's the preschool age which is called the Best start in life, and then it's the Children and young people, which is school age onwards up to 19 or 25.

**GB** Gary Bowman 1:01:27

That's not quite right. The first one is very young children: priority area one. In Priority Area 2, we have focused more on school readiness, but there is I think the opportunity for us to look at other issues regarding early help for our children in that category, which it actually doesn't.

It doesn't appear as explicitly as it as it might; it's not just about school readiness. So I thank you for pointing that out, but it's basically I think there is an opportunity for us to develop something there around older children than just the ones aged 2 to 2½. It's not explicit enough, I don't think at the moment, but thank you for pointing that out.

**JK** Joy Krishnamoorthy (Flourish) 1:02:08

OK. Apologies, Chris, I thought you meant overall priorities.

**CV** Chris vaughan 1:02:10

And on the other, the categories aren't mutually exclusive, cause I could put something together which probably cover five or six of those.

**GB** Gary Bowman 1:02:19

Yeah.

**CV** Chris vaughan 1:02:21

Well, the five at least.

**GB** **Gary Bowman** 1:02:21  
Indeed, absolutely yeah.

**CV** **Chris vaughan** 1:02:22  
Yeah.

And the last one was you say by March 2025 the first outcome measure, but if we're being reviewed by the board before we get before we get the bid accepted, it's not a big a large window is it to have your outcomes there?

**GB** **Gary Bowman** 1:02:31  
Yeah.

Again another good point.

When we first started work on this, we were looking at that at the first year.

We're later than we expected to be, so that's another fair point. After one year and after three and then and then annually is what we're really looking at, Chris.

**CV** **Chris vaughan** 1:03:04  
Alright, thank you.

**GB** **Gary Bowman** 1:03:05  
Thank you for clarifying that as well.

**JK** **Joy Krishnamoorthy (Flourish)** 1:03:11

"How are you measuring the outcomes? Will we be overloaded with monitoring forms?" OK, there's two parts to that point, and the first one is that there is a monitoring process to do with the Fairer Futures Fund. We're going to go through that in a minute.

And the second thing is maybe Gary for you to say how you feel the partnership will want to think about the outcomes in the framework?

**GB** **Gary Bowman** 1:03:44

Yeah, it's a really important question and one we've debated a lot in preparation, especially with our colleagues in public health.

It's really important that we measure the difference that we make and we all know

that often with smaller grants, we don't really do this very well, but we're trying to change the way in which things are done and therefore we need to build an evidence base about what works and because we're trying things that are different here in terms of different kinds of partnerships, it's very important that we measure things very carefully though.

What we don't want is to overload, but we do want to have a thorough kind of process for measuring outcomes.

So Marion, who's on the call, and her colleagues in public health have done a huge amount of work in terms of public health outcomes and how we measure them.

And some of that information will be shared with you about what kind of measures we're talking about.

There is a huge amount of data available as well from which you can suggest the things that should be measured and that will be part of our dialogue when we get to the detailed phase of after the expression of interest when we start to get to put together the bids, there will be an ongoing conversation about measurement.

**MG** **Marion Gibbon** 1:05:00

OK.

**GB** **Gary Bowman** 1:05:09

Not so much of this in the Expression of Interest, but what you think about it.

At this stage we want you to put forward ideas, but the detail work on that I believe will be done in the second phase after the expressions of interest have been, with the ones that have been selected to go forward.

Is that fair?

Joy? Marion?

**JK** **Joy Krishnamoorthy (Flourish)** 1:05:27.

Yes, Marion is something that you want to address?

We are going to go through the monitoring as well.

**MG** **Marion Gibbon** 1:05:29

Yes.

I think the thing is that you don't have to use every single indicator.

I think that's what's really crucial to understand is that whatever your project is that

you select indicators that are pertinent to you, you don't have to fill in everything. We do recognize the need to have data that we can show that what you're doing is making a difference, but we're not expecting you to collect a whole load of data that is not useful for anybody.

**JK** **Joy Krishnamoorthy (Flourish)** 1:06:08  
Thank you, Marion.

**GB** **Gary Bowman** 1:06:08  
Thank you for that reassurance.

**JK** **Joy Krishnamoorthy (Flourish)** 1:06:10  
Yes. Ajit, you've got your hand up.

**A** **Ajit Singh | Nishkam Centre** 1:06:13  
Yes.

I think it's really important to be able to measure. Would you then recommend building in resource to be able to make sure there's enough resource within the budget to or the project to be able to do that effectively?

**GB** **Gary Bowman** 1:06:29  
Yes.

**MG** **Marion Gibbon** 1:06:29  
Yes, absolutely.

It in terms of when you're evaluating a piece of work, you normally expect to consider that 5% of the budget will be used on the evaluation.

That's kind of a ballpark figure.

It's sometimes it's more, but that's the ballpark and obviously hardly ever does that happen because people don't consider what's needed in terms of showing what you've achieved at the beginning.

**A** **Ajit Singh | Nishkam Centre** 1:06:47  
Yeah, yeah.

**MG** Marion Gibbon 1:06:59

They often think "Ohh, I'd better show that we've made a difference with this" and then try and do respective retrospective evaluation, which is always really hard.

**A** Ajit Singh | Nishkam Centre 1:07:07

Yeah, I guess the challenge generally is that if you take 5% of your budget away, it's already a challenge.

But I do agree it's a good guideline to give. I think it's essential, but we've also got to make sure we're able to build in the resource to do that effectively.

**MG** Marion Gibbon 1:07:28

Yeah.

**JK** Joy Krishnamoorthy (Flourish) 1:07:29

It's a really good point.

**A** Ajit Singh | Nishkam Centre 1:07:29

Thank you.

**GB** Gary Bowman 1:07:29

Thank you.

**JK** Joy Krishnamoorthy (Flourish) 1:07:30

Actually there will be delivery hours in here and then you need to set aside some hours to do the evaluation to plan the evaluation and to carry it out.

And then that's something that we may be able to support you with.

So Flourish is not there to run any of these projects, but if you need, if you're small or you need somebody to come in and help you with certain aspects of something, then talk to us about providing that and it will just be costed in as part of your project.

**MG** Marion Gibbon 1:07:57

And some of the things public health is available to discuss, like indicators and where

you might get the pertinent data and what's available through the Office for National Statistics.

**A** **Ajit Singh | Nishkam Centre** 1:07:57  
Thank you.

**MG** **Marion Gibbon** 1:08:12  
All of those sorts of things.  
So there is a link in to some of that as well.

**JK** **Joy Krishnamoorthy (Flourish)** 1:08:19  
We're going to try to collar some public health colleagues to come and do some workshops with us, Marion, so thank you for offering.

**MG** **Marion Gibbon** 1:08:24  
Yeah.  
Well, like it's likely and my team have gotten the hang of the ones around mental wellbeing, for example, with young people. There will be other parts of, the division that has other elements that they can support with.

**JK** **Joy Krishnamoorthy (Flourish)** 1:08:47  
Brilliant.  
OK, if there's no other questions at the moment, we're just going to whisk through the actual documentation so you've had a look at it while we're all together.

**MG** **Marion Gibbon** 1:08:55  
Can I just say, if anybody has any further questions for from a public health perspective, just get in touch. My diary's a bit packed today.  
I've kind of tried to shove lots of things in, so if please do feel free to give me an email or send me a message in the chat and I'll pick it up in a bit cause I've got to go and prepare for a the next meeting that I'm involved in.

**JK** **Joy Krishnamoorthy (Flourish)** 1:09:22  
That is brilliant.  
Thank you so much, Marion.

Can you just pop your email into the chat if you haven't already in and that's a great, that's a great offer.

**JK** Joy Krishnamoorthy (Flourish) 1:09:28

Thank you so much. OK.

Right.

Let's get back to this then. OK, I haven't put all of the forms in full in here because you got them, but I wanted to give you a look at them just to see you're familiar with what we're talking about?

So there is an expression of interest.

This is quite a loose document.

We don't expect lots and lots of text.

What we want to accomplish through the expression of interest phase is to give you a chance to let us know what you're thinking, where your strengths are, what you can build on, what could be new, that you're looking to develop it, that that meets some of the priorities.

And so the way [Section 1] works is that you have the person who's going to be the lead organization will fill in their details and give the status of their organization, whether they're charity or a PCN or doctor's surgery or whatever.

And then **Section 2** is about who's in your partnership now.

This is who you've been able to get together.

We would love for you to have had some conversations and maybe some agreement to work together in principle, but it doesn't need to be hard and fast.

And if you need to add people or people change in here before your proposal is finalized, that's absolutely fine.

It's just to give us an indication of how it's going.

If you're having trouble connecting with people then speak to us, and if it comes to the date when you need to put this in and you know that you need to connect with a GP and you haven't had a chance to, indicate that on this form and we'll see if we can use that development window to connect to you into to help your project to develop.

So it asks you how you're going to collaborate or coproduce.

This is important if we can put you together with people doing something similar so that can add strength your project.

We will do if you would rather differentiate and have discrete projects, that's possible

too. But I think this is for us to be able to let you know who else is out there looking at what you are looking at.

And that last one there says do you need support to make connections?

The proposal itself is going to ask you what general area you're working in, and you can tick as many - answering Chris question - of those as apply to your proposal.

On the one that says integrated neighbourhood teams, by the way, is really about connected working, allowing us to have a robust system of connections in West that mean we can roll things out quickly, like an emergency vaccination strategy, or that allow what the integrated neighbourhood teams do, which is to look at things from one perspective and pull in support from other sectors or other colleagues.

OK, so that's the end of the priority section there.

"Which health and wellbeing inequalities are you looking to address?"

That'll be pretty easy and that is where you get a chance to use your baseline data, and we'll come to that in a minute.

But if you have or know about something and you can back it up with data as to why that project is necessary, that is the place to put it.

It's only 200 words, though, so we don't need the big chapter and verse, but you just need to let us know that this is what this project based on.

"Do you need help getting appropriately granular data for your baseline?"

Again, we will probably and go through that with you one to one, but then develop some workshops that help everybody. Give a brief summary, nothing too big. Just let us know what's going on.

The last sentence there says, "Is your project aiming to introduce a lasting, sustainable change, or is it presenting a solution to a time limited challenge?"

And I guess we would probably expect most of them to be looking at sustainable change, but if you don't need three years of funding to accomplish what you need to do because it's an emergent situation that's going to have an end or it's something that you feel you can build into another funding opportunity and you just need some bridging funding that this is your chance to say that. So we want to maximize what we can do with this money and how you can be a success.

"What evaluation methods you're going to be able to use" - that might be something that you still need to develop because your partnership is new and you're not quite



sure how that's going to work. Have a little think about it. Put in there if you've got any challenges or your ideas, and let us know if you need support developing that.

OK, the finance section. Again, this is indicative.

We realize that as your project develops, you will probably discover more or different or less cost than what you put on this sheet, but it's just to give us an indication because we need to look at the fund as a whole, look at it over the three years and look at what can be applied to each project during that time frame.

So if we if we know that we have every project we're looking at is £100 grand plus, then we know we're going to be looking at a much smaller number of projects than if most of the most of them are coming in around the £75K mark.

So this is again just to allow us to plan, but to give you a chance to really consider where the bulk of your cost is going to lie - in delivery, but make sure you've got something there for analysis. And to give you a framework to work to.

OK. Very kindly provided by Marion and colleagues, attached to the fact sheet (I believe it is) or the bottom of the expression of interest, are these **data sources** and there are a lot of data sources. Some of them are very easy to use and very intuitive and some of them are less so.

Now I'm gonna try to link to this.

It may or may not open.

We didn't have so much luck yesterday.

Can you see the joint strategic needs assessment?

**AO** **ALAM, Oruj (NHS BIRMINGHAM AND SOLIHULL ICB - 15E)** 1:15:49  
We can.

**JS** **Jodie Stus** 1:15:49  
Yep.

**JK** **Joy Krishnamoorthy (Flourish)** 1:15:50  
OK, excellent.

**RR** Rudy Robinson 1:15:50

Yes.

**JK** Joy Krishnamoorthy (Flourish) 1:15:51

So if you go into this it will give you certain amount of information that is general and then certain amount of information you can look up specific to your ward.

For instance, it gets very detailed, but then you have these key messages over here.

So that's an example of something where there is an absolute wealth of data.

OK.

In other places we'll find there are reports like this where you can download and there's a lot of data here.

Some of it is general data to give you a picture that you can call on and some of it is very, very specific data to a specific place and cohort of people.

But like I said, a lot of us work with smaller populations within a locality, and it may be that what you need is too granular to have been reported on.

There might not be sufficient numbers, and that's where, as Marion says, sometimes by working in a different way, we will be able to access different data.

This is just one cut of the possible data available, so please speak to us if you're having trouble accessing what you need.

And then I want to briefly go through these **outcome measurement tools**.

A number of you will have been to the workshops that public health put on in December and then added to their website in January around this.

So this is a direct response to the quality of the applications that came out that you remember there was a pre-launch fund for Fairer Futures that happened last autumn and I think there they were not as strong as they could have been on evaluation and measurement and so to help us, public health is put together some tools, which is very welcome and very proactive. There are a lot of tools - each one of these areas: health literacy, smoking cessation, healthy start, mental health - these all come with a little recording of the meeting where they were presented, so if it's not making sense, go on to the public health website and they have a YouTube channel where all of this, all of these meetings, have been recorded and you can actually look and there will be a presentation and some question and answer after that and they're quite helpful.

And if you weren't there, the demographics questionnaire - you will be asked to use these and Marion, if you're still in the call, if there's any change to that, please let me know, but the last I looked it's used for every intervention, so if you are being funded, you use these questions. And we are going to bother to go into this. So, these cover the 9 protected characteristics and they each have a form of words. Now, sometimes that form of words will be very obvious and easy, and sometimes it will be less so.

So age for instance, I think you get a few choices as to how you can present age, gender and gender identity needs maybe a bit more explanation and that explanation is there. It's useful, in particular – like sexual orientation, as some of our cultures and partners have more challenge discussing these areas because they don't have a lot of vocabulary around them and they don't have a lot of history of engaging with these type of questions, so there will always be a 'prefer not to say' option, but we are asked to use all of these.

So ask about faith and belief, disability, and it goes on. You'll all be familiar with the protected characteristics. For us, ethnicity is important. Very important because it's one of the main ways that we will help to know what communities we are reaching.

And then there will be certain ones that don't seem particularly relevant to your project, but they allow public health to see in general where are the gaps from people who are still not on our radar, not getting the service that we need to get to them.

So these things are important.

Again, these sort of communities of, you know, people who are not in a relationship, for instance, or by post code - that's a little more obvious to us.

And those are the minimum questions that were asked to go through.

If we have the funded project, the rest of them, as Marion says, are at your discretion. Depending on your project, OK.

And there's a lot of information. I think there's 12 or 13 categories here.

I'm only showing your tiny amount, but there will be wording in those and so if you are using, let's say you're doing project on health literacy and you go to that, you are asked to use the wording that they have supplied.

*When* you present this information to the people you're working with is up to you.

It may not be appropriate to ask all of these questions right at the very outset, and it may be something that you need to follow up through the course of your project, but just as long as you don't lose people along the way.

So we'll leave that to you.

We will have more available on that and we will put together a workshop on outcome measurement because it's something where I think we definitely need to get it right and it's one of the more complex areas.

## **FAQs**

I'm going to leave these on screen for a minute whilst I say is Marion still around?

Marion, you still here?

I think maybe she's had to go.

If you have questions that we can put to Marion and her colleagues about monitoring, then please pop those into the chat and I will take them out.

Otherwise these are the questions that are covered in the FAQ sheet.

I was going to give you a chance to look at them and then I'll say are there any questions?

Otherwise we have come to 3:00 o'clock.

OK.

And I'll just tell you what else there is in this document.

Now, if you've had a chance to read, we have the citywide small grants.

This is the information that's available about it from the web link that I gave earlier and this is run by Heart of England.

It is open at the moment and I believe the deadline to apply is the 12th of July.

The small grant is considered to be up to £15K a year for up to three years, so up to £45K and so if you would like to apply that is through Heart of England. There will be a Locality Small Grants scheme coming through the NNS in your area (the Neighbourhood Network Scheme) and that will be launched shortly.

There's a Flourish update here.

It basically just tells you what projects we've done at the moment, who you can contact for more information.

And then there are two notices that we've been asked to circulate, so I've just popped them in there.

This one is a funding opportunity that some of you will be interested in.

And the other one is a general call for people to participate in some research. So, thank you very much anybody who's managed to stay to this point and I'm just having a quick look at the chat.

One person asking can you hold both grants?

Do you mean a small grant and a large partnership grant Rudy.

Small and partially yes.

OK.

So yes, you can.

You can only lead on one partnership grant at least and after that because we know people will have many things that they can contribute to, we just ask you to be sensible about the amount that you commit to and what you can achieve in this context.

So we'll leave it to you to know what you can support successfully, but there is a restriction that you can only lead one program. And that there is an FAQ on that as well.

I can see a lot of people are having to go, so I don't want to hold anyone here. If you've got a question in the chat that I haven't come to and you're still here, let me know.

The recording link will go out, possibly a little bit later than the slides and other information, but hopefully together.

OK, I can't see any other questions, so thank you so much for being here.

Thank you, Gary.

And anything to add at Gary as we close and you're on mute.

**GB** Gary Bowman 1:25:31

I just want to say to everyone we already said really that we don't see this as a typical application process.

This is a dialogue we're trying to build a partnership, so please feel free to send any questions through to Joy and the emails are in the slides to keep.

Keep talking.

Keep talking to each other.

Let's build something a bit different, that's more likely to have an impact than maybe

some of the things we've tried before, so thank you.

Thank you very much all for attending and good luck and I hope that together we'll make the difference.

**JK** Joy Krishnamoorthy (Flourish) 1:26:02

Yeah.

Thank you very much.

**GB** Gary Bowman 1:26:04

Yes.

**JK** Joy Krishnamoorthy (Flourish) 1:26:04

I'm you'll hear from me soon with all the documentation.

All the best everybody.

**CV** Gary Bowman 1:26:09

Thanks everyone.