Reducing Inequalities in Bradford City CCG: A Delphi Consensus Study of Health Inequalities Interventions in Bradford

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This report provides a summary of the findings from a Delphi consensus exercise relating to the themes of; Pre-conception, maternity and children and Premature mortality and Ageing and dying well. The interventions relating to the latter two work streams were combined and presented in one survey. The purpose of this report is to support the decision making of the City CCG Reducing Inequalities Committee (RIC).

1. Executive Summary

1.1 Background

Bradford City CCG has an opportunity to address health inequalities with an additional funding of approximately £8m per year for 5 years (2019-2024). Local commissioners and partners under the umbrella of Reducing Inequalities in City (RIC) and have used their expertise to propose interventions that they believe will reduce these inequalities. The purpose of this survey was to obtain consensus on which of these planned interventions meet the requirements of the RIC and ultimately, which ones' should be commissioned.

1.2 Methods

This report used the Delphi consensus method to obtain consensus on the key components of each intervention and prioritisation from a panel of experts. Three panels were convened: An early years RIC panel, an early years academic panel; a premature mortality, ageing & dying well panel. (an academic panel for this work is planned but could not be completed in this time frame). All participants were given a summary of the interventions, and the full proposal for further reference. RIC panel members were asked 15 questions (see appendix 4 for full questions) and academic panels a shortened 5 questions. The questions covered level of need, likelihood of impact on key outcomes, evidence base (effectiveness, cost-effectiveness and local implementation), evidence of distributional impact and whether the panel member would recommend that the intervention be commissioned. The questions had a rating scale from 1 (definitely no) to 10 (definitely yes).

In Round 2 we collated the scores from round 1 and provided a median score for each question along with the comments participants provided (see Appendix 3). We then asked participants to rate the questions again based on the findings from round 1 and their own expertise.

Following Round 2 we again collated the results for each question separately (median score) and calculated the overall average of the median scores. These scores were then placed in the following categories: Red (definitely no 1-3), Red/Amber (possibly No, 4-5); Amber (possibly yes, 6-7), Green (definitely yes, 8-10).

1.3 Results

Pre-conception, maternity and children

RIC Panel: This panel was made up of seven members of RIC including City CCG commissioner and heads of service and external partners from Public Health and applied health research. Fourteen interventions were reviewed. Following Round 2, overall consensus of opinion was reached across

the majority of the questions. A lack of consensus remained across questions relating to evidence with disagreement apparent between City CCG and external panel members. For the key question of whether the intervention should be commissioned or not, 7 interventions were classed as Green (Health messaging; Making Every Contact Count (MECC); Genetics& Cosanguity; Smoking Cessation; Living Well Schools, Tier 3 obesity ,young people's social prescribing); 6 were amber (Babysteps, Breastfeeding support, cascade midwifery; Doulas; DIY Health; Young health champions); and 1 was red/amber (Enhanced HENRY). A summary of the main findings can be seen in Table 1, -the full results for each intervention are presented in Appendix 1.

Academic Panel: This panel was made up of five international academic experts who are members of the International Network for Research on Inequities in Child Health (INRICH). The same fourteen interventions were reviewed. Ratings for two of the interventions were removed as the cascade midwifery and HENRY interventions were mistaken for the original models of the interventions which have evidence of effect, however the two interventions proposed in RIC were adapted models for which no evidence exists. For the remaining 12 interventions, on the key question of whether the intervention should be commissioned or not, 2 were classed as green (young health champions and young people's social prescribing); 5 were amber (genetics & cosanguity, smoking cessation; Babysteps; Doula; Living Well school)s, 3 were red/amber (MECC , Breastfeeding support and Tier 3 obesity) and 2 were red (health messaging and DIY health).

Table 1 Score from the question "Should the intervention be commissioned?" from the RIC and academic expert panels:

Intervention	RIC	Academic
Young People's Social prescribing	8	8
Genetics& Cosanguity	8	6
Smoking Cessation	8	7
Living Well Schools	8	6
Young health champions	7	8
Babysteps	7	6
Doula	7	6
Cascade midwifery	7	n/a
MECC	8	5
Tier 3 obesity	9	5
Breastfeeding Support	7	5
HENRY	5	n/a
Health messaging	8	3
DIY Health	6	3

Interpretation of findings: The academic panel findings differ significantly from the RIC panel results in all but one case. The academic findings should be interpreted as follows:

1. Evidence base (effectiveness; cost-effectiveness; well-developed model) – it is well known that the evidence base for early years interventions requires far more work. A red indicator here indicates that the RIC panel must acknowledge that the interventions they are delivering do not yet have any evidence so should be closely monitored and evaluated locally, with an in-built plan to decommission if evidence shows: low-uptake; low fidelity; no impact or lack of impact in reducing inequalities. Please note that the academic panel have

assumed that both the Advanced Midwifery Support model and the HENRY Enhancement are following the exact continuity of care model / HENRY models which have an evidence base. However, the models proposed for RIC are adapted models which have no evidence base, in these two instances the academic panel scoring is not applicable, and the RIC scoring is more appropriate in these two cases.

2. Likelihood of reducing inequalities: If the academic panel have classed this questions as red then RIC should seriously consider whether the intervention should be delivered. There is a high risk such interventions will not reach those most in need thereby increasing, rather than decreasing inequalities. If this rating is amber, then careful monitoring of reach and uptake will be critical to ensure the right participants are reached.
3. Where the RIC panel have classed the intervention as green and the academic panel as amber then implementation may be acceptable. Where the RIC and academic panel have classed the intervention as amber then implementation should be reviewed and implemented with caution.
4. Where the academic panel have classed the intervention as red/amber or red implementation is not advisable.

The decision making board are advised to use the full results section to aid their decision making. However as a starting point, using the rules above, the top 6 (possibly 7) interventions in the table above should be considered acceptable for commissioning. Health Messaging and DIY Health should not be commissioned and the other interventions should be considered carefully before a decision is made. The panel is advised to consider the full findings in each case, and comments from the survey (see Appendix 3).