

	<u>Agenda Item: 11</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	19TH MAY 2021
TITLE:	BIRMINGHAM & SOLIHULL ICS – INEQUALITIES WORK PROGRAMME UPDATE
Organisation	Birmingham & Solihull Integrated Care System
Presenting Officer	Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS FT

Report Type:	Information
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1. Purpose:	
1.1	The purpose of the report is to provide an update for the Health & Wellbeing Board on the work of the Birmingham & Solihull ICS Inequalities Work Programme.

2. Implications:		
BHWB Strategy Priorities	Childhood Obesity	
	Health Inequalities	Yes
Joint Strategic Needs Assessment		Yes
Creating a Healthy Food City		
Creating a Mentally Healthy City		
Creating an Active City		
Creating a City without Inequality		Yes
Health Protection		

3. Recommendation	
The Health & Wellbeing Board is recommended to:	
3.1	NOTE the progress report from the ICS Inequalities work programme.

4. Report Body

Introduction

- 4.1 The establishment of an Inequalities work programme as part of the Birmingham & Solihull and an initial overview of our principles and priorities was shared with the Health & Wellbeing Board at its meeting in March 2021. Since then we have continued to develop the work programme and to ensure a close fit with the priorities of the Health & Wellbeing Board including through the Board development day in April 2021.

Establishing the Inequalities Work Programme

- 4.2 Since the March meeting, we have held the first formal meeting of the ICS Inequalities Board. Amongst others the Board includes the Executive Leads for inequalities from the ICS partner organisations. I am also pleased to be able to welcome Salma Yaqoob who has now joined us as our ICS Inequalities Programme Lead. As I write, recruitment is also underway for an ICS non-executive director lead for this work.
- 4.3 We will now be working through our nine workstreams to identify leads and agree priorities for first stage of the work. We will also be using the NHS Midlands Health Inequalities toolkit to help inform our future work.
- 4.4 Importantly, we are also making contact with the Primary Care Network inequalities leads to review the issues arising from the inequalities toolkit assessment that they have completed and agree how we can support them to make progress on this agenda.
- 4.5 We will be inviting representatives from the PCNs in the West locality of Birmingham to join the Board although they are formally part of the Black Country & West Birmingham ICS.

Principles and Priorities

- 4.6 Since our discussion at the March Health & Wellbeing Board we have further developed the principles and priorities for our work programme.
- 4.7 We have adopted the following two guiding principles:
- Reducing health inequalities and workforce inequalities is mainstream activity that is core to and not peripheral to the work of the NHS.
 - Interventions to address inequalities must be evidence-based with meaningful prospects for measurable success.
- 4.8 We have also defined three big priorities which drive our eight workstreams.
- *Ensuring inequalities are at the heart of our ICS* – ensuring that everything the ICS does contributes to tackling inequalities.
 - *Ensuring the NHS plays its full part in tackling inequalities* – addressing variation in access, experience and outcomes for patients and service users.

- *Supporting wider work to tackle the causes of inequality* – working with partners to tackle the factors that drive inequalities including access to employment.

4.9 Our eight workstreams and their first priorities are set out in the accompanying diagram. Our priorities for Prevention will be developed further to reflect the importance of addressing Infant Mortality (across the Local Maternity System, Birmingham Forward Steps and Forward Thinking Birmingham) and work to improve the management of people living with long-term conditions in the city.

Progress

4.10 The focus since March has been on getting the work programme up and running and the Board and workstream established. There are some areas however where we have been supporting early work.

4.11 *PCN Community Engagement.* With some resources from NHSE/I we are supporting two PCNs (Washwood Heath in Birmingham's East locality and North Solihull North) to develop approaches to local community engagement that can help us build a framework for use with all our PCNs.

4.12 *COVID19 Vaccinations.* We have been working with the COVID19 Vaccination Inequalities Group chaired by Ruth Tennant to support the delivery of the vaccination programme in Birmingham and Solihull.

4.13 *COVID19 Recovery.* We have agreed the approach that the ICS will take to analysing waiting lists by ethnicity and deprivation as we seek to tackle the backlog of patients following lockdown. This will extend to analysis of referral patterns to identify differences in access to secondary care as services are restarted.

4.14 *Locality Needs Analysis.* Building on the work of the Public Health team in producing locality health needs assessments for the five Birmingham localities we will be working with the stakeholders in the localities to agree how their local priorities can be taken forward.

4.15 *Anchor Institutions.* We have begun to scope the work that is already taking place with the NHS providers in the ICS to provide innovative routes into employment for people across all the communities we serve. We are also scoping the way that the Social Value procurement policy agreed by the ICS is being used by the NHS trusts in practice.

Next Steps

4.16 We have made a start but there remains much to do to being to demonstrate an impact on inequalities and their impact on health in Birmingham and Solihull. The immediate next steps for the ICS Inequalities work programme include:

- completing the establishment of the ICS Inequalities Board and its workstreams;
- agreeing how we will use the NHS Midlands Health Inequalities toolkit;
- working more closely with the PCNs inequalities leads;

- continuing to ensure inequalities are addressed in COVID19 recovery and elective backlog clearance;
- supporting the NHS input into work on infant mortality;
- agreeing how we approach tackling variation in the care provided to people living with long term conditions.

4.17 The Health & Wellbeing Board is recommended to NOTE the progress report from the ICS Inequalities work programme.

5. Compliance Issues

5.1 HWBB Forum Responsibility and Board Update

5.1.1 Creating a City without Inequality

5.2 Management Responsibility

5.2.1 Richard Kirby, ICS Inequalities Lead and Chief Executive, Birmingham Community Healthcare NHS FT.

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
That a lack of engagement undermines impact.	Low	High	Engagement workstream within the programme to address this during the first half of 2021/22.
That a failure to align work with partners reduces impact.	Medium	High	Engagement with Health & Wellbeing Boards and ongoing work with local authorities and Directors of Public Health.
That a failure to commit resources reduces impact.	Medium	High	Commitment from the ICS Board to the work programme and initial support for the programme team.

Appendices

ICS Inequalities Work Programme – Priorities 2021/22

The following people have been involved in the preparation of this board paper:

- Richard Kirby, Chief Executive, BCHC.

Birmingham & Solihull ICS Inequalities Work Programme Priorities 2021/22

Workstream	Priorities 2021/22				
Inequalities as ICS Core Business	Midlands Health Inequalities Toolkit	BSol Inequalities leads Network	HI Priorities for ICS workstreams	HI Priorities for NHS trusts	HI leadership development
Data	NHS activity ethnicity coding	Locality & PCN level data	Mapping access to NHS services	Activity analysis joint with BCWB	Tracking Impact inc ICS OF
Community Engagement	PCN-level prototypes (x2)	Locality stakeholders	BLACHIR – NHS input	Link to Healthwatch Community offer	
COVID Response & Inequalities	Waiting Lists – equality analysis	Vaccination – inequalities grp	Long COVID equity of access	Equality impact of recovery plan	
Prevention	Maternity pathways (BUMP)	Early Years pathways (BFS)	Mental Health pathways	Long Term Condition pathways	
Anchor Institutions	Joint work with the People Board	Recruitment Opportunities	Social Value procurement	Living Wage commitment	
Digital Inclusion	Joint work with the Digital Group	Digital inclusion strategy			
Population Health Management	Led by the PHM programme	Inequalities built into PHM approach			

