

	Agenda Item:15
Report to:	Birmingham Health & Wellbeing Board
Date:	16 <sup>th</sup> March 2021
TITLE:	BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM INEQUALITIES WORK PROGRAMME
Organisation	Birmingham & Solihull Integrated Care System
Presenting Officer	Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS FT

Report Type:
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## 1. Purpose:

1.1 The purpose of the report is to share the Birmingham and Solihull Integrated Care System Inequalities Work Programme with the Birmingham Health & Wellbeing Board for endorsement by the Board.

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

### 3. Recommendation

The Health & Wellbeing Board is recommended to:

- 3.1 Offer views on the 9 proposed areas for work as the programme develops including which should be our immediate priorities;
- 3.2 Endorse the approach to health inequalities within the work of the ICS as set out in this report.



### 4. Report Body

- 4.1 The evidence-base for the impact of inequalities in society and their impact on health is clear. COVID19 has underlined this dramatically.
- 4.2 Inequalities in health are affected by unequal access to and treatment within the NHS. They are, however, caused by much deeper inequalities in society including poverty and deprivation and access to housing, education and employment. Tackling these deeper causes requires a wider partnership especially with local government.
- 4.3 The Health & Wellbeing Boards and JSNAs for Birmingham and Solihull set clear strategies for tackling inequalities that the ICS should support.
- 4.4 The ICS Long Term Plan commits us "to "reduce inequalities in health and wellbeing across our diverse communities".
- 4.5 This work programme makes a commitment that the NHS organisations in the ICS will make tackling inequalities part of all we do and sets out how we propose to put tackling inequalities at the heart of our ICS.
- 4.6 We aim to do this by supporting ICS partners to each play their full role, to fully understand what the data tells us about access to and outcomes in healthcare, to build inequalities into all of our ICS programmes and to ensure that the ICS plays a full role in wider initiatives to tackle inequalities and their impact.
- 4.7 Our ICS Inequalities Group has set out 9 areas for action over time: understanding the challenge, place-based approach, community co-production, Anchor institutions, COVID19 response, preventative programmes, digital, children and leadership for equality.
- 4.8 This approach was approved by the ICS Partnership Board at its meeting in December 2020.
- 4.9 The Birmingham Health & Wellbeing Board is asked to consider and endorse the developing 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**

Appendix 1 - ICS Inequalities Work Programme (version 5, February 2021).

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

• The ICS Inequalities Group – see page 16 of the report