

	<u>Agenda Item: 19</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	21 September 2021
TITLE:	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 Board

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 Board.

4. Report Body

Introduction

- 4.1 Tackling inequalities in society and their impact on the health and life chances of the people we serve will be at the heart of the work of the Birmingham & Solihull Integrated Care System (ICS). This report provides a progress report for the Birmingham Health & Wellbeing Board on the work of the ICS Inequalities Board to make this commitment a reality in the way we work.

Background

- 4.2 Initial priorities for the Birmingham & Solihull ICS Inequalities work programme were shared with the Birmingham Health & Wellbeing Board at its meeting in March 2021 and an update provided against the ICS Inequalities work programme last reported progress to the Health & Wellbeing Board at the July Board.
- 4.3 This report sets out a further progress against the work programme.

Our Approach

- 4.4 We reported in May that we have adopted the two guiding principles for the work of the ICS on inequalities.
- 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.
- 4.5 We have set three big priorities to drive our work.
- *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.
- 4.6 We are developing our plans in a two stage approach.
- Making progress over the next 9 to 12 months on a small set of short-term priorities for the year ahead. These form the core of the next section of this report.
 - Using the period between now and April 2022 to work with stakeholders including the two Health & Wellbeing Boards to develop a 5-10 year inequalities strategy for the ICS.

Establishing the Inequalities Work Programme

- 4.7 The ICS Inequalities board continues to meet monthly including executive leads from each of the ICS partner organisations. The board continues to focus on establishment our workstreams and progress has been made to identify leads from partner organisations to drive this work forward.
- 4.8 The system wide Prevention Board has now been re-stood following suspension during COVID crisis onset, and Ruth Tennant has been agreed as Chair.. The Prevention Board workplan and the Health Inequalities workplan will be closely aligned to help drive and support both programmes forward.
- 4.9 The recruitment process for a system non-executive director to chair our Board has taken place and Patrick Vernon has been appointed..
- 4.10 We are continuing to work closely with the Black Country & West Birmingham ICS inequalities team to share strategies and ensure that we have a consistent approach to West Birmingham.
- 4.11 Work on an ICS outcomes framework has begun. Based on the priorities set out to us by the ICS within the BSol System Plan 2021/22 and Health Inequalities Board, the outcome framework encompasses our short to longer term priorities for 2021/22. Leads have been identified for each of the priority areas and work will continue to develop action plans within leads, identify data and performance metrics and establish reporting lines.
- 4.12 Amongst our next steps we will be looking over the next 2 months to
- set up a group to lead NHS-facing work on digital inclusion working with the ICS Digital Engagement Group;
 - agree how we build issues of inequality into the ICS Estates programme, for example, ensuring that we make full use as a system of the relatively new, high-quality primary care LIFT estate in some of the most deprived parts of the city;
 - establishing the outcomes framework, supporting workstream leads to develop action plans, establish reporting lines and put in place mechanisms to evaluate success and support sustainability; and
 - review membership of the Inequalities Board to ensure balanced representation.

Progress

- 4.13 *COVID19 Vaccinations.* We continue to work closely with the ICS vaccination programme and the Vaccination Inequalities Group.. Vaccination coverage has risen slightly (to 10 August) is 65.53% 1st dose and 53.5% 2nd dose in Birmingham and 84.1% and 74.3% respectively in Solihull. Coverage continues to increase and both BSol and BCWB ICS's are working closely to support West Birmingham where uptake is lowest to date.
- 4.14 *COVID19 Elective Recovery.* We continue to see significant variation across the city in referral rates with PCNs in more affluent areas more likely to be using Advice & Guidance services. It also appears that patients from more deprived areas are less likely to respond to messages sent electronically raising issues to

be addressed in our digital inclusion group. More work is to be done in this area.

- 4.15 *Infant Mortality.* Birmingham has clearly identified infant mortality as a top priority for tackling inequalities and their impact on health. Although the issues are different for Solihull, the first 1000 days of life are also a priority for the borough. We have established links with the city council taskforce on infant mortality and CYP partner leads within the CCG (for BUMP and service providers) to support them with delivering this priority
- 4.16 *Long-Term Conditions / Prevention.* We are working with the c. 36 PCNs in Birmingham and Solihull to support the PCN Health Inequality Champions. We have secured funding to support each PCN to address an inequality priority identified by themselves and receive monthly updates. We are continuing to work with Washwood Heath PCN to build a model for multi-disciplinary working, engaging with the community to improve the health of people living with long term conditions starting with diabetes. Prevention Board is now re-stood.
- 4.17 *Community Engagement and Development.* Community engagement approach continues to be important to tackling inequalities. Good work continues through the Neighbourhood Network Scheme (NNS) in Birmingham and links have been made with system leads to share learning and ensure NNS remains informed and engaged in the health inequalities workstreams. We are encouraging PCNs to work with the NNS to ensure consistent messaging to communities and for communities to have a voice in the development of their health services. We shall continue to support PCNs to consider how they address local inequalities, including wider determinants of health.
- 4.18 *Anchor Institutions.* Working jointly with the ICS People Board we aim to develop the role of the NHS partners in the ICS in particular as Anchor Institutions in Birmingham and Solihull. Work is progressing with workforce leads on developing a strategy on the best approach to recruiting local people who might not otherwise have access to the opportunities offered by the NHS. It is suggested the NNS may support this work moving forward to help engage more effectively with local communities. Workforce leads are continuing to pursue this opportunity, with the support of Equality Diversity and Inclusion leads across the system. .

Next Steps

- 4.19 Work has progressed at pace. We have recruited a Health Inequalities Programme Manager to support the development of the Health Inequality Outcome Framework, establishing links with leads and developing action plans to ensure deliverables are met. There still however remains much to do.
- 4.20 Focus will remain on meeting the priorities set out in the Birmingham and Solihull System Plan 2021/22, the development of and delivery against the Health inequalities Outcome Framework and development of ICS inequalities strategy.

Recommendation

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

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.

5.2.2 Salma Yaqoob, ICS Inequalities Programme Lead

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

N/A

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

- Richard Kirby, Chief Executive, BCHC
- Salma Yaqoob, ICS Inequalities Programme Lead

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			

