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BSol ICS Health Inequalities Work Prog

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Why addressing Health Inequalities matters

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1. It is a matter of life and death – right now people living in Birmingham and Solihull's poorest areas are **dying a decade earlier** than their peers
2. It is a matter of quality of life – right now people in the poorest places, are spending **17 more years in ill health in their already shortened lives** compared to people living in better off areas

> *Within Birmingham there is a **ten-year gap** in the estimated life expectancy of a boy born in Castle Vale compared to one born in Sutton Mere Green. Similarly, within Solihull girls born in Chelmsley Wood are expected to live 9.5yrs shorter lives than those born in St. Alphege.*

ICS Health Inequalities Five-year Strategy, 2022-2027

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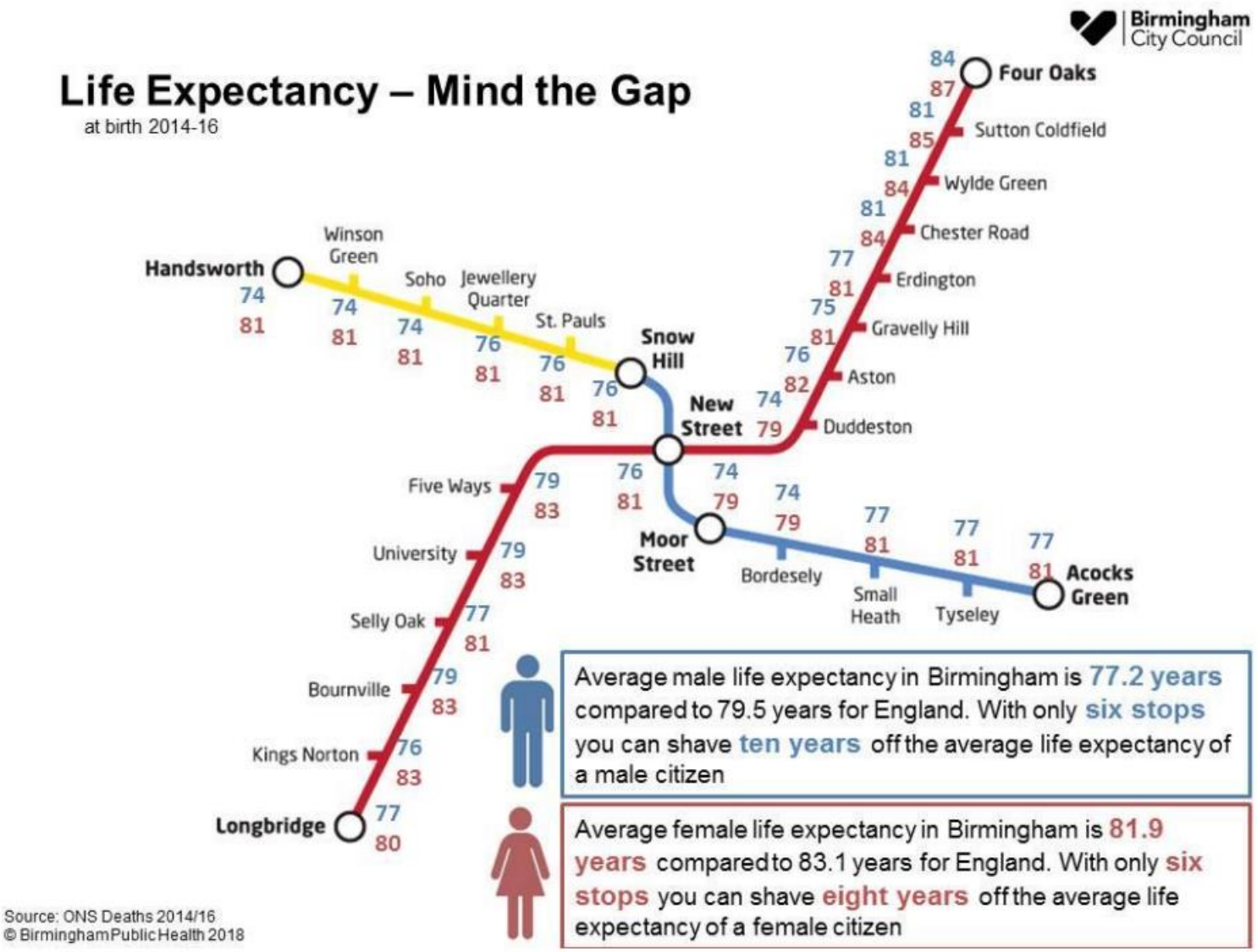

"It's not your genetic code, it's your [post]code"

Larry Cohen,
Building a thriving nation

What actually determines our health?

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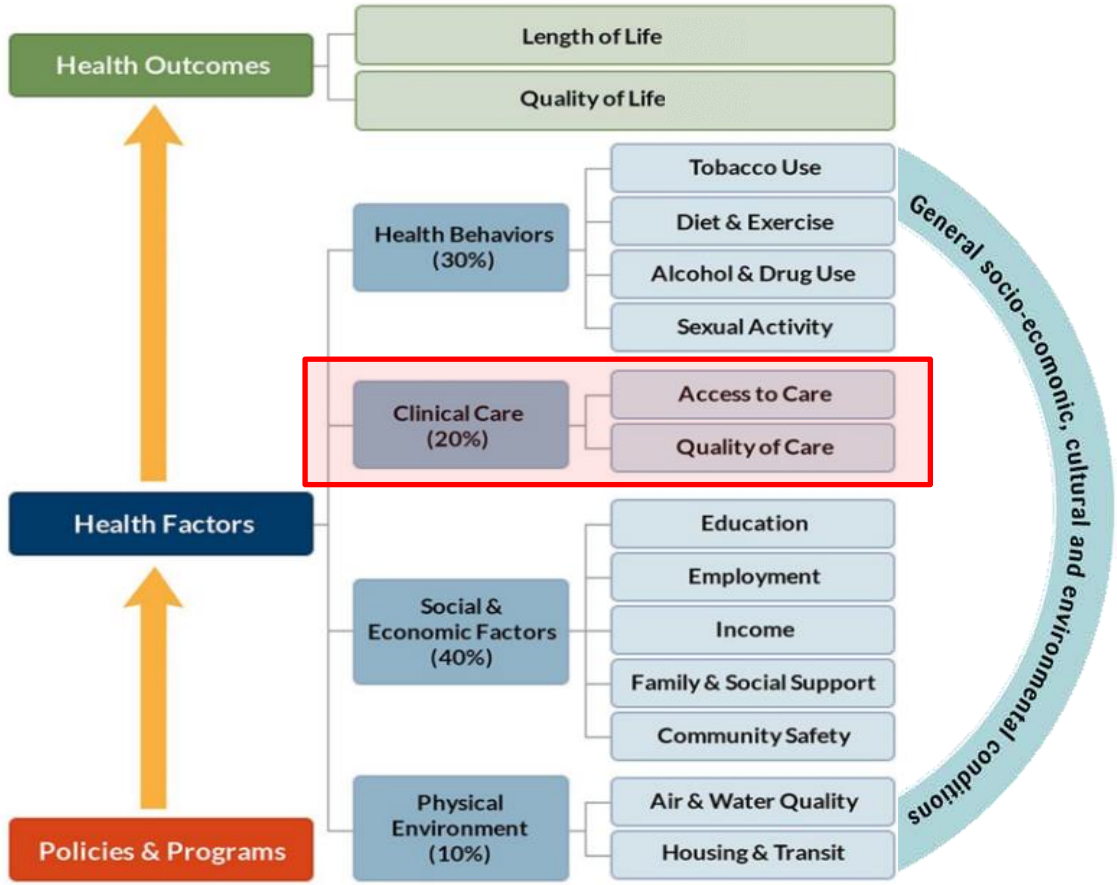
Health and care is more than services

Clinical healthcare is just one of the **building blocks** needed for good health. Some estimate clinical care accounts for around only 20 percent of the required blocks. The NHS was never meant to go it alone. To thrive we also need stable jobs, good pay, quality education and housing – that's why these are often referred to as **'wider determinants of health'.**

For example, when people have insecure or low-paid work it means that it is harder to afford decent housing. Living in cold, damp homes can result in health issues such as lung problems. Constantly worrying about making ends meet results in our bodies producing **more stress hormones, which means higher blood pressure and a weaker immune system.**

The Building Blocks of Health



Building blocks of health: what makes us healthy?

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Friends, family and communities

Social isolation and loneliness are associated with a 30% increased risk of heart disease and stroke

Money and resources

Almost half of BSol population are living in poverty, and 68% of working-age adults in poverty live in a household where at least one adult is in work.

Housing

Children living in cold homes are more than twice as likely to suffer from respiratory problems than those living in warm homes.

Education and skills

People with lowest healthy life expectancy are 3x more likely to have no qualifications compared with highest life expectancy.

Good work

Young adults who are unemployed are more than 2x as likely to suffer from mental ill health than those in work

Transport

There are 9x as many fatal and serious injuries among pedestrians aged 5–9 in the most deprived areas than the least

Our surroundings

Children & young people in deprived areas have higher exposure to air pollution and poorer asthma outcomes.

The food we eat

It is 3x more expensive to get the energy we need from healthy food than unhealthy food

ICS vision for a better future

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In July 2022 we launched our Inception Framework outlining our vision for improving the lives of people in Birmingham and Solihull and how we will incentivise providers of health and care to make a real difference in tackling health inequalities going forward. This will include:

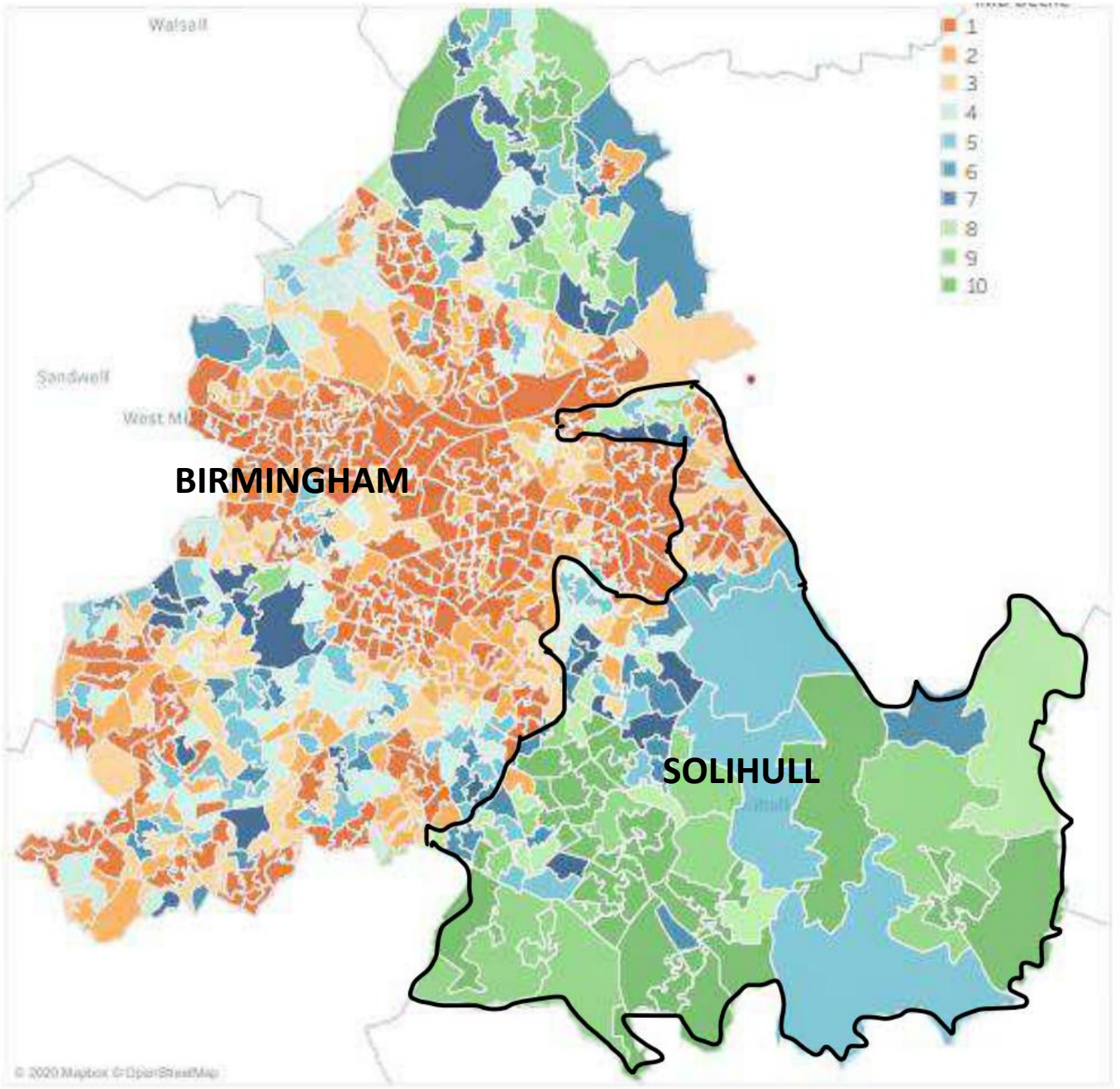
Our Fairer Futures Fund will provide immediate investment to local schemes to improve the health outcomes of our population;

Investment funding given to service integrators from the NHS Birmingham and Solihull's Integrated Care Board's £2.8 billion budget will need to clearly demonstrate how health inequalities will be reduced and will be enabled through our Outcome-based Allocation approach;

Our Partnership's 10 year Birmingham and Solihull Master Plan will clearly set out ambitious expectations for reducing health inequalities, with clear targets set at the three, five and 10 year stages.

Map of Index of Multiple Deprivation (IMD) Deciles for Birmingham and Solihull

- IMD is the official measure of relative deprivation
- Decile 1 (red) represents the most deprived 10 per cent (or decile) of neighbourhoods in England
- Decile 10 (dark green) represents the least deprived 10 per cent (or decile) of neighbourhoods in England
- Almost half of Birmingham's population live in the 20 per cent most deprived areas in England
- Solihull is relatively affluent, but there are pockets (eg in the north & west) which are very deprived



Ethnic Minority Communities are ‘majority’ in many parts of BSol

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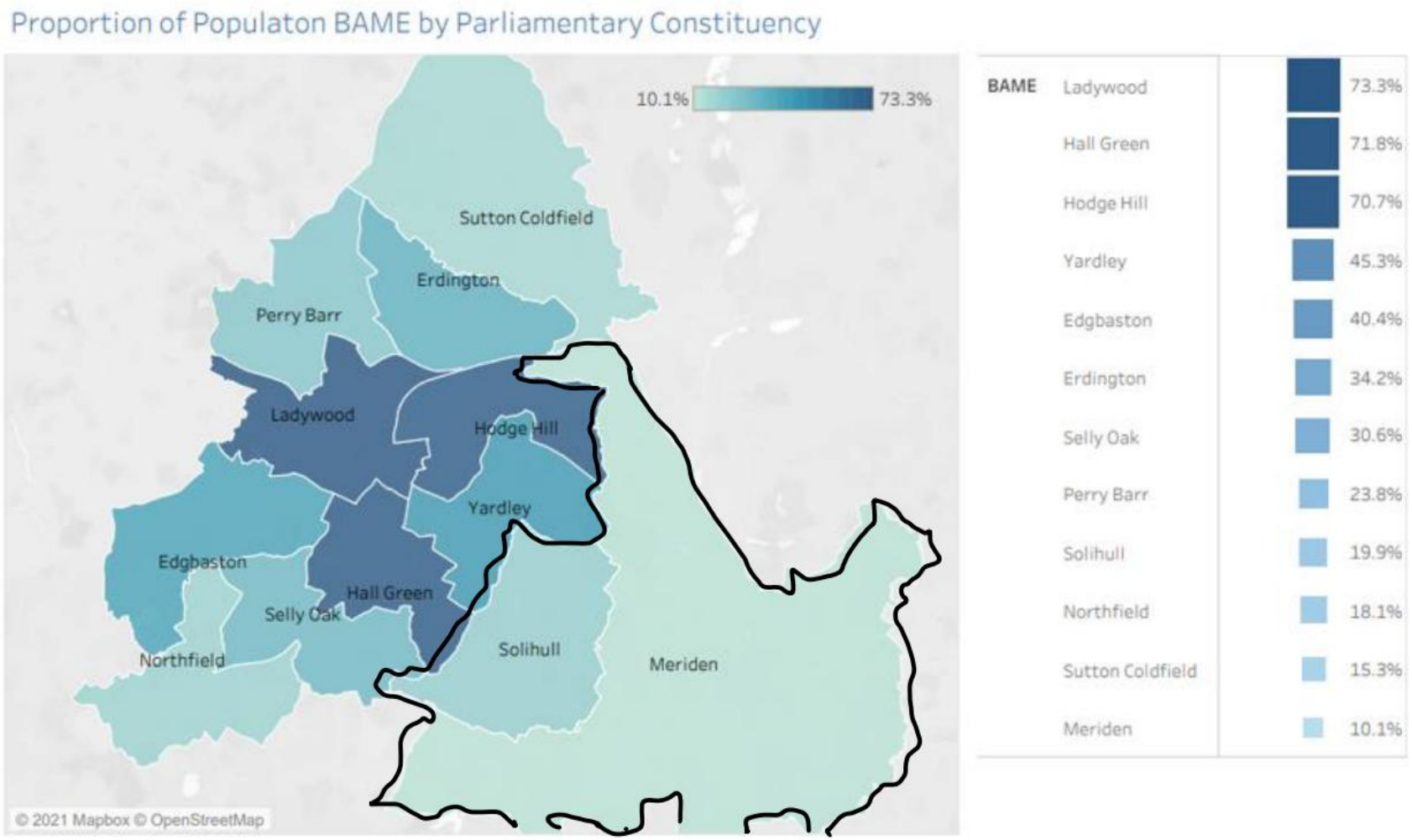
Over 70% in 3 out of 10 Birmingham constituencies and over 20 % in 1 out of the 2 Solihull constituencies

*Source: Midland & Lancashire CSU John O Neill



Ethnic health inequalities in the UK

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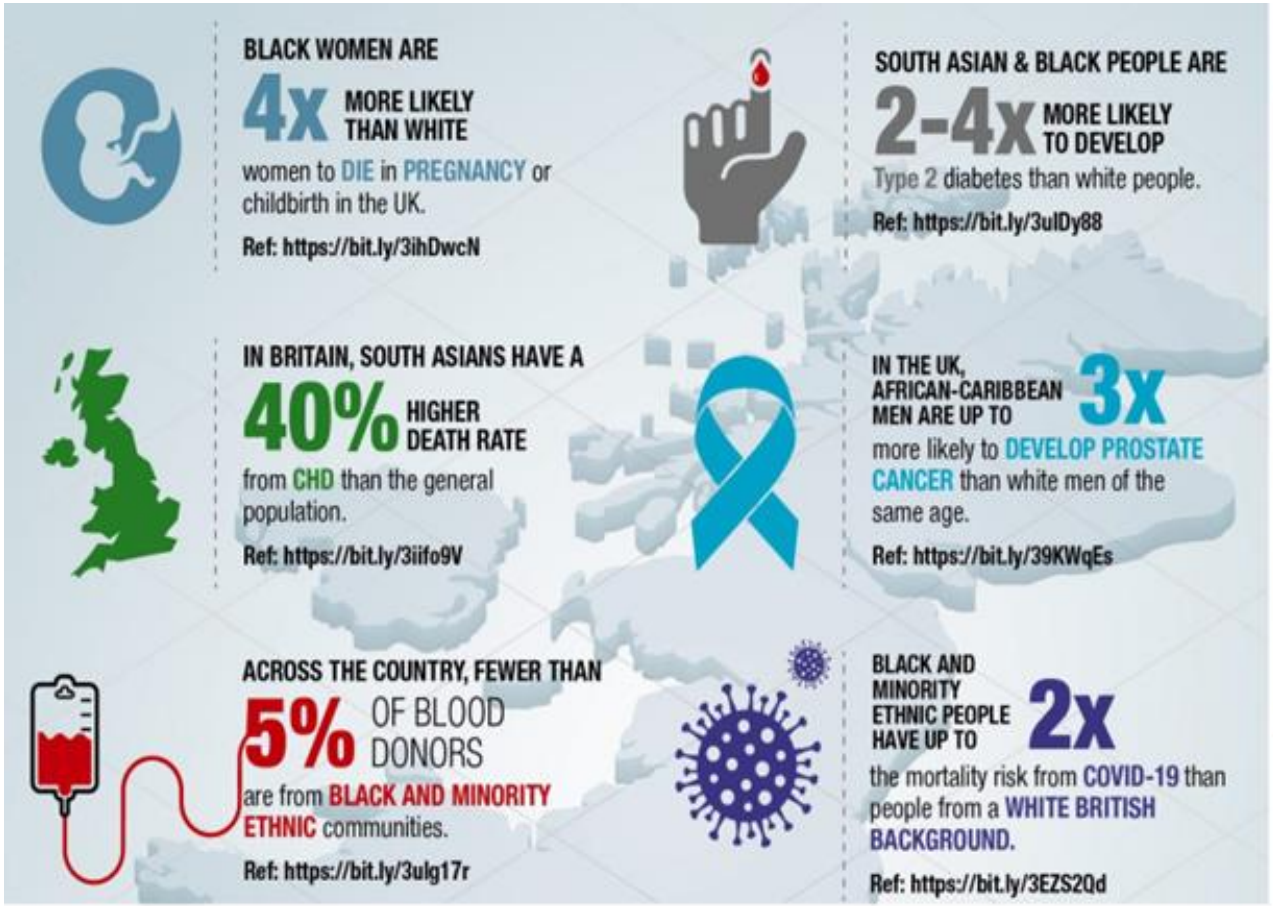

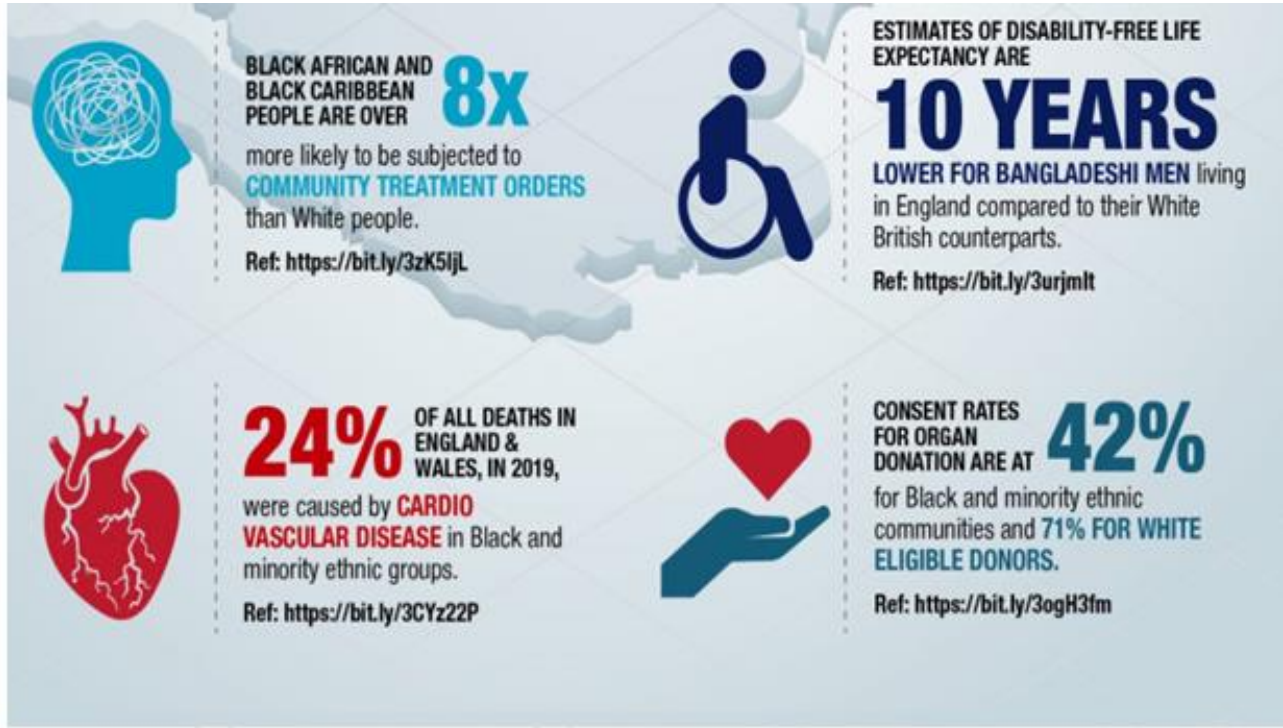

For more information and sources for above statistics please visit:
www.nhsrho.org
October 2021

NHS
RACE & HEALTH OBSERVATORY

Further National Guidance: 8 Urgent Actions distilled to 5 Key Priorities and Core20Plus5 introduced in 2021

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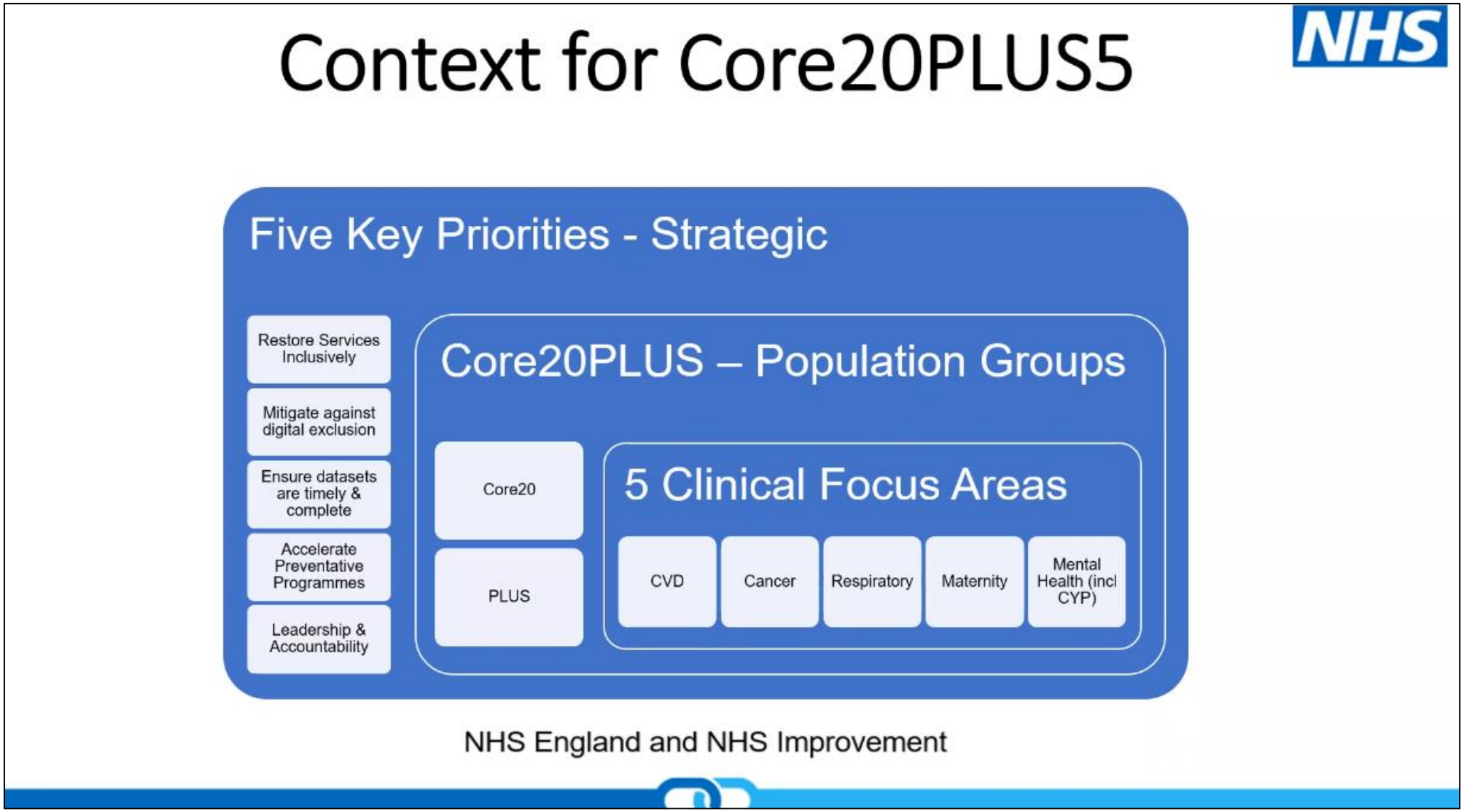

REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

Target population

CORE20 PLUS 5

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

BSol and Core20Plus5

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Core20:

- Around 50% of the population of the ICS are amongst the 20% most deprived nationally; 94% of the most deprived areas of the ICS are in Birmingham, and 6% are in Solihull.

Plus:

- Ethnicity was identified as a particularly important factor in poorer access, outcomes and experience in BSol to be included as our 'Plus'.
- The data for our population shows Diabetes and Learning Disabilities need to also be included as priorities.

5:

- Variations in all 5 clinical areas (CVD, COPD, Cancer, Maternal care, SMI) contribute significantly to shorter lives and ill health in BSol.

ICS Inequalities Five-year Strategy

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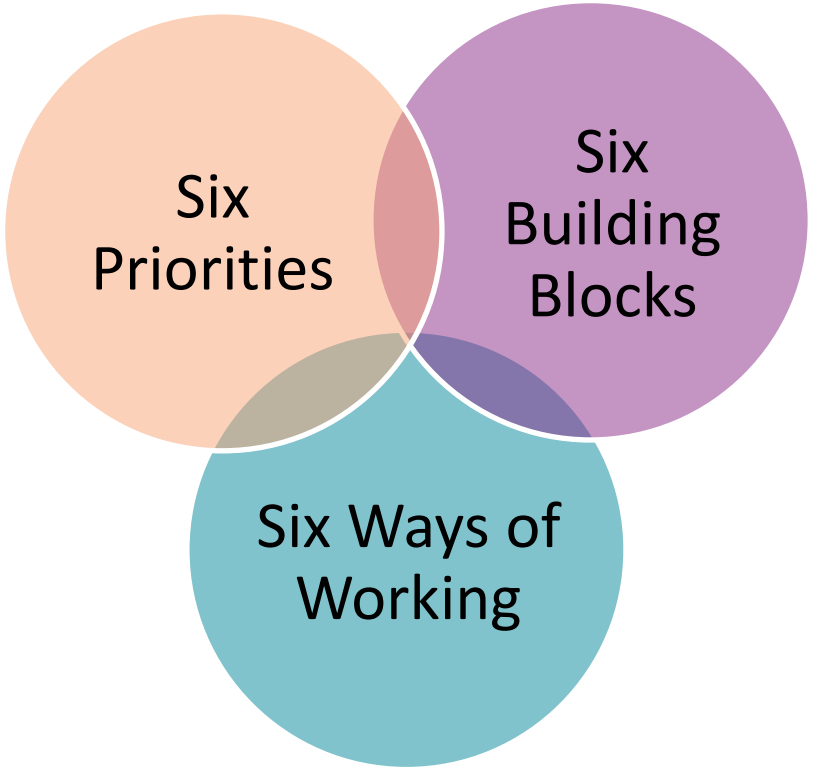
- The ICB has approved a five-year HI strategy based on the guiding principles within the ICS Inception Plan which will be incorporated in the ICS 10-year Master Plan currently being developed.
- The Strategy has 6 main priorities focused around those populations who experience the greatest inequalities in Birmingham and Solihull.
- These are supported by the six building blocks (to aid delivery) and six ways of working.



Inequalities Strategy Priorities

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Maternity Care & Infant Mortality

- Improve the experience and outcomes for mothers, parents, and babies and reduce the number of infants who die before their first birthday

Better Start for our Children

- Improve the health of children from our most deprived communities by supporting them to get the best start in life, focusing first on increasing uptake of vaccination and improving school readiness.

Better Prevention, Detection & Treatment of Major Diseases

- Improve the prevention, early detection and treatment of the diseases that drive early mortality for people, focusing first on cardiovascular disease, respiratory disease, cancer screening and diabetes.

Better Outcomes for People with Mental Illness

- Improve the experience and outcomes for people living with serious mental illness and improve their health and wellbeing to achieve their potential in life.

Better Outcomes for People with Disabilities including Learning Disability

- Improve the experience and outcomes for people living with a disability across the life course, starting with a focus on learning disability.

Improved Outcomes for Inclusion Health Groups

- Improve health and care outcomes for our most vulnerable citizens in inclusion health groups including new migrants, refugees and asylum seekers, homeless people, people with substance misuse difficulties and other “hidden populations”.

Six building blocks for delivery

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Insight & Impact.	Pathway Improvement.	Targeting our Prevention Programmes.	Working with Communities.	Supporting Health Literacy.	Anchor Institutions.
• Use data to identify drivers and consequences of inequality, set priorities and track impact of the changes we are making. • Committed to using data we have access to effectively and addressing gaps in our knowledge and understanding proactively	• Audit services to identify areas where existing pathways are widening inequalities, including waiting lists for hospital appointments and surgery and GP access. • Support service improvement methods that enable us to test innovations and new approaches in how we deliver health and care . • Working with patients and communities to deliver these at scale across our system where they demonstrate benefit.	• Work with prevention programmes (including alcohol, smoking, physical activity, nutrition) to support our focus on communities who currently experience the worst health. • Deliver these in a culturally appropriate way co-designed with citizens and embed prevention properly at every level of our system and in every pathway.	• Recognise our citizens are experts in their own situation. • Work closely with communities to co-design solutions to the challenges they face that will support us to deliver our priorities. • Address some of the structural discrimination and distrust and build culturally safe approaches with communities	• We will work across the system with citizens to build health literacy, increasing individual understanding of health and wellbeing and how to navigate the system to get support appropriately when it is needed.	• Use the full potential of our health and care providers as an “Anchor Institution” to address wider determinants of health such as poverty. • For example, prioritising procuring locally, ensuring we pay our own staff a Real Living Wage, and increasing opportunities for and employing people from our most deprived communities.

Finance and procurement will be integrated across all six priority areas and building blocks

Six ways of working for improvement

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At its most fundamental, improving health inequalities requires improving the lives of those with the worst health outcomes, the fastest. To achieve this aim, it is proposed that these six ways of working are adopted by every member organisation of the ICS:

1. Adopt proportionate universalism: this means providing services for all, but modifying them so they are at a scale and intensity proportionate to the degree of need.

2. Advocating that reducing health inequalities is mainstream activity that is core to, and not peripheral to, the work of your organisation. Addressing HIs as a golden thread across all commissioning and delivery.

3. Adopting a population health management approach, ensuring approaches to addressing inequalities are evidence-based. Have an understanding of the population you serve and routinely identify where inequalities exist. Being clear about the issues you are going to resolve and when.

4. Having the confidence to have the 'difficult conversations' based on the evidence - such as reprioritising resources towards prevention and early intervention where return on investment is highest.

5. Focused capacity to enable all departments to systematically self-assess how their work influences health inequalities and what they can do to reduce them, including identifying upstream causes and downstream effects.

6. Recognise the expertise within partner organisations such as LAs, VCSE, communities and patients themselves - and reflect that in co-production, and in governance and delivery structures.

Taking a Community Development Approach

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- Our Health Inequalities programme is ambitious both in terms of outcomes and scope across the system.
- To deliver it we need to take a new approach.
- A place-based approach which tailors services according to the needs of local populations is needed to promote health equity. ‘One size fits all’ approach may have had good intentions but has delivered widening inequalities
- With that in mind, we are determined to help communities take control of their own health journey and embed sustainable change.
- It relies us on acknowledging, harnessing and developing the many strengths and assets that exist within communities, and not just seeing certain places and people as ‘problems’ for ‘us’ to tackle. They are places and people that we can learn a lot from, and be helped to deliver better services ourselves too.

Building a Foundation: Working with our Primary Care Networks

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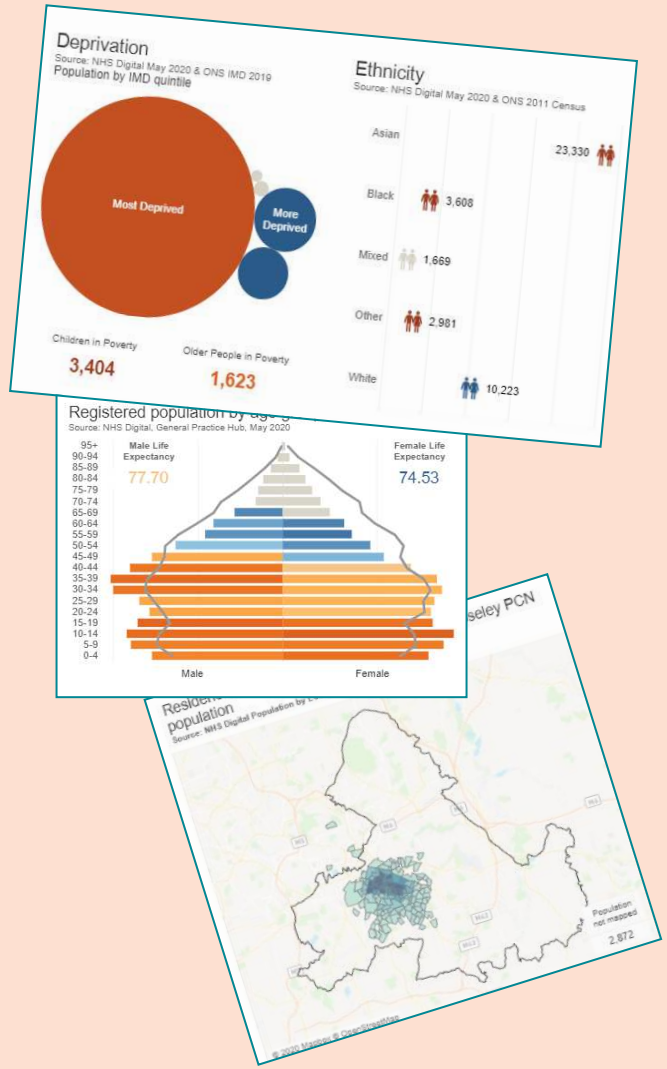
CASE STUDY ONE

- 36 Primary Care Networks in the ICS.
- We developed a framework for community co-production and development where:
  - Each PCN has a Health Inequalities Champion (HIC)
  - Monthly meeting of network of these champions to share learning and update on progress.
  - £36,000 sourced from HEP and £1000 allocated to each PCN to support the Health Inequalities Champions to take forward work on local priorities.
  - PCN population profiles alongside Locality shared alongside Locality JSNAs, and a Decision Support Tool to support evidence based prioritisation

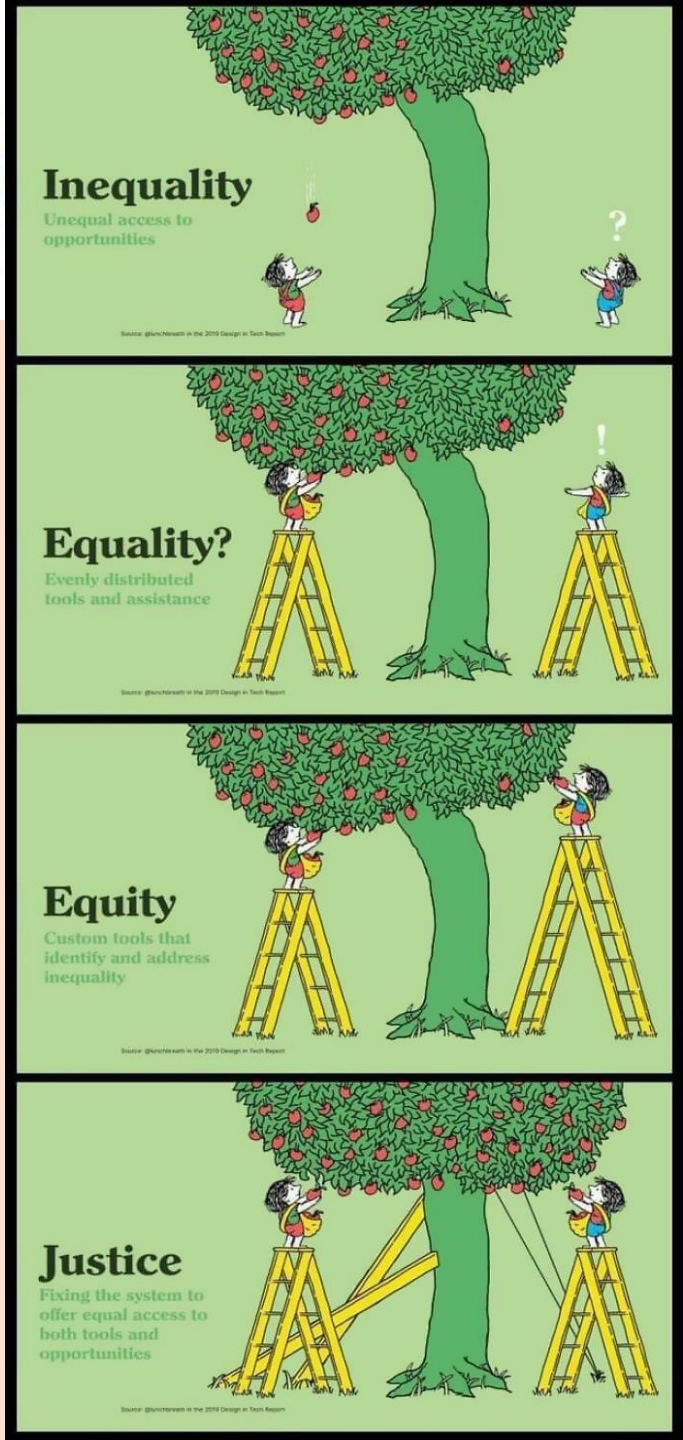


36 PCN Health Inequalities Projects

CASE STUDY ONE

- Each PCN has been working on its own projects. These projects include:
  - Addressing social isolation for older people
  - Increase awareness of HRT in BAME communities
  - Long term condition awareness (diabetes, obesity, hypertension, depression)
  - Improving access : promotion of ‘safe surgeries’ for asylum seekers and traveller communities
  - Targeted support for vulnerable groups such as homeless, veterans

…and many more



Working with communities in action

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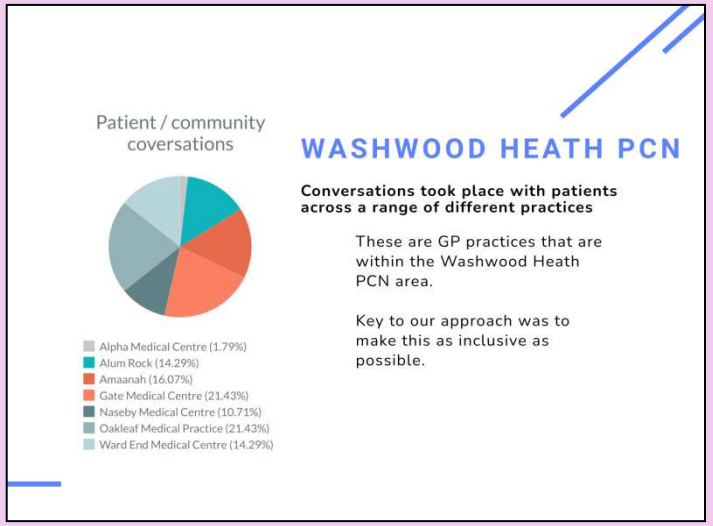
CASE STUDY TWO

- Washwood Heath PCN area was chosen to be a pilot/trailblazer site as it is one of the most deprived in the ICS region, and the population suffers a range of health inequality issues (including a disproportionately high prevalence of diabetes), as evidenced in JSNA & PCN Profiles.
- A Washwood Heath PCN Steering Group has been established whereby NHS and Local Authority representatives, including GP and hospital representatives, Neighbourhood Network lead, ICS Personalisation Care Lead, elected councillors and third sector organisations meet on a regular basis, supported by ICS HI team initially. It is the first time such a partnership has been established.



Working together to move from problems to solutions

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CASE STUDY TWO

- Listening exercise with local communities was carried out by health visitors from Bham Community Healthcare Trust and social prescriber link workers attached to GP practices in the PCN area to identify priorities and concerns
- Shared PCN specific and local JSNA data with the Steering Group and asked them what they collectively felt their most important priority was and would commit to addressing together.
- Working together with communities, and insights from the Steering Group, we decided to focus on tackling diabetes.
- GPs reported poor effectiveness rates of existing prevention programmes, and lack of knowledge/action in the community to tackle pre-diabetes behaviour.
- GPs identified a cohort of 6500 pre-diabetic patients from their registers that could benefit from targeted interventions.
- A local group, Saheli, worked with GP members to develop training for GPs on prevention measures, influencing factors and pathways. Also developed a series of interventions and patient engagement services.

Working together – Community and Personal Empowerment

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CASE STUDY TWO

- Saheli is a local community group that provides health improvement interventions.
- Different from previous approaches….
- Their link workers will be working with the cohort patients to provide:
  - Signposting and referral services
  - Physical interventions
  - Wellbeing checks and support
  - Personalised care budget support

Working together as a system

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We are working with different organisations, community groups, educators, voluntary organisations, NHS trusts and citizen groups to help identify the issues and best solutions. So far the following have worked together in our Health Inequalities Stakeholder Board, and have committed to support next stage of delivering HI strategy:

BSol ICS Strategic Boards and Committees	Primary Care Networks and GP Partners	Birmingham and Solihull Mental Health NHS FT	Birmingham City Council – Adult Social care	Birmingham City Council Public Health	Solihull MBC Public Health
Royal Orthopaedic Hospital NHS FT	Birmingham Women and Children NHS FT	Birmingham Community Healthcare NHS FT	University Hospitals Birmingham NHS FT	HealthWatch	Health Exchange
Citizens UK	The Community Foundation	Aston University	Birmingham Race Impact Group	GP Partners	Commissioning leads

Build Back Fairer – not ‘old normal’

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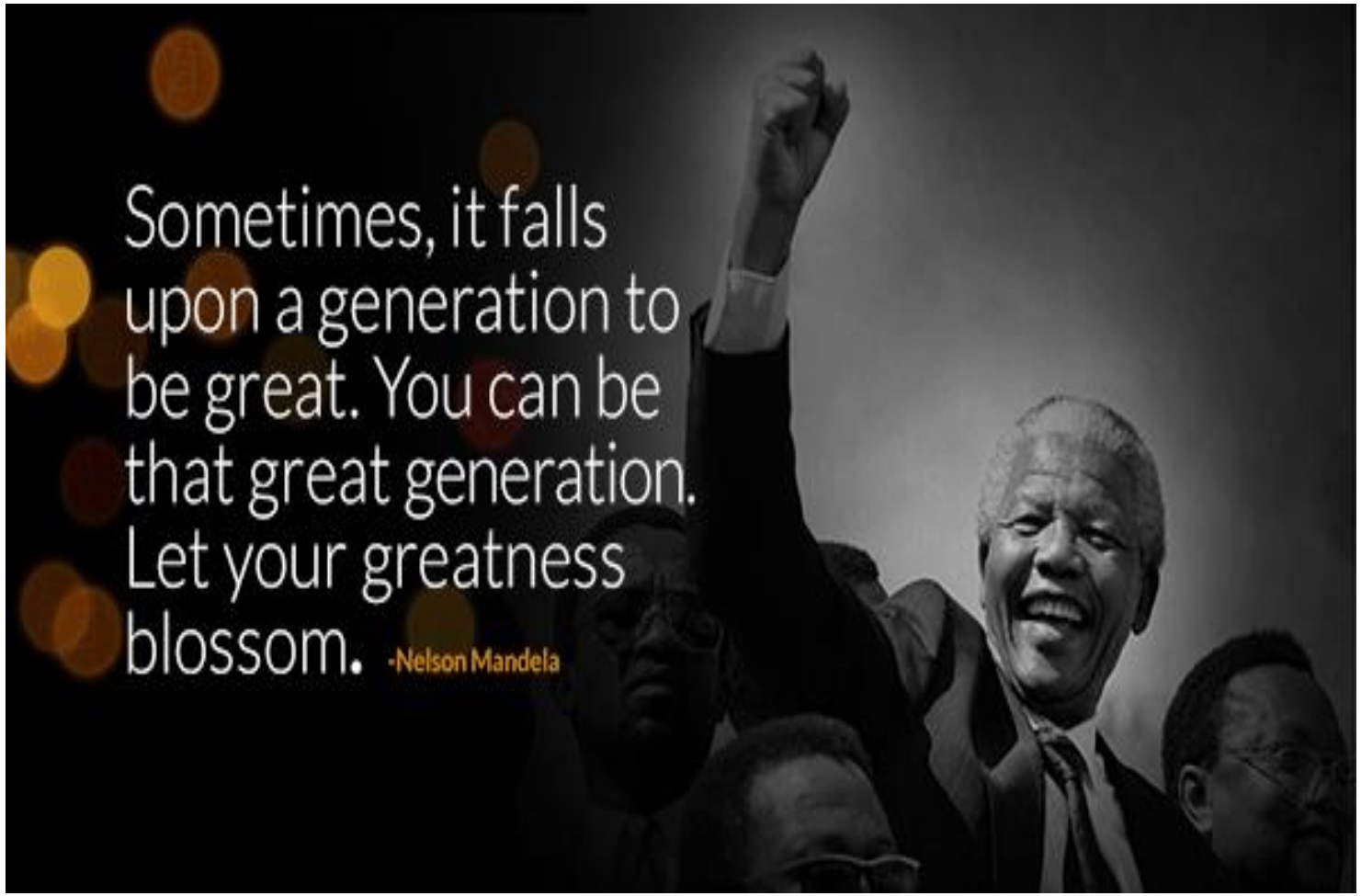
- Legacy of those who fought World War II was our NHS and public services
- What will be the legacy of our generation who are battling impact of COVID?
- Hopefully: Building Back Fairer by closing the inequalities gaps - we all have a role to play!



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Thankyou

For more information please contact:

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