

Birmingham & Solihull Integrated Care System

ICS Inequalities Work Programme

15th February 2021

Version 5. For discussion with Birmingham and Solihull Health & Wellbeing Boards



Executive Summary (1)

- The evidence-base for the impact of inequalities in society and their impact on health is clear. COVID19 has underlined this dramatically.
- 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.
- The Health & Wellbeing Boards and JSNAs for Birmingham and Solihull set clear strategies for tackling inequalities that the ICS should support.
- The ICS Long Term Plan commits us “to *“reduce inequalities in health and wellbeing across our diverse communities”*”.
- 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.

Executive Summary (2)

- 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.
- 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.
- This approach was approved by the ICS Partnership Board at its meeting in December 2020.
- The Birmingham Health & Wellbeing Board is asked to consider and endorse the developing ICS Inequalities Work Programme.

Richard Kirby

On behalf of the ICS Inequalities Working Group

15th February 2021

Our Process

- Aiming to set the scope and approach for the ICS inequalities workstream.
- Developed by the STP Inequalities group – a volunteer group of experts and / or enthusiasts with experience drawn from the NHS organisations in the ICS.
- Supported by separate conversations with and input from the two local authority Directors of Public Health and their teams.
- “Check in” with the ICS CEOs in August 2020.
- Drawn on existing work and the national guidance / ICS planning for Phase 3 during the early autumn.
- An earlier version of this document has been shared with the partners to the ICS for comments ahead of the ICS Partnership Board in December 2020 at which this approach was approved.
- We are now sharing this approach with the Health & Wellbeing Boards in Birmingham and Solihull for further development.
- The hope of the group is that we use this work at this time to make a real change in the way we work together to reduce inequality.

Background (1)

- There is a well-established evidence base that inequalities in society drive inequalities in health outcomes. For example [The Marmot Review \(2010\)](#), [The Marmot Review: 10 Years On](#) and [Build Back Fairer: The COVID19 Marmot Review](#).
- There is also a well-established picture of the impact of these inequalities in Birmingham and Solihull. For example the [Birmingham JSNA](#) and [local area profiles](#), the [Solihull JSNA](#) and [Solihull Health & Wellbeing Strategy](#).
- Inequalities in health outcomes 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.
- Through the Health & Wellbeing Boards in Birmingham and Solihull there are clear strategies for tackling inequalities which we want to engage with as an ICS.

Background (2)

- Work continues within both local authorities on tackling inequality including:
 - Birmingham Health & Wellbeing board “A City without Inequality” Forum;
 - Solihull are developing a strategy for tackling inequality.;
 - the North Solihull & East Birmingham inclusive growth corridor.
- The Birmingham & Solihull ICS Long Term Plan includes a commitment to *“reduce inequalities in health and wellbeing across our diverse communities in Birmingham and Solihull. . . .We want to promote inclusive communities, reducing social isolation, as well as valuing mental health equally with physical health.”*
- The ICS has commissioned a pragmatic [review of evidence](#) from the University of Birmingham to inform our life course strategy which sets out evidence of impact for some key interventions (e.g. early years support).
- COVID19, the Black Lives Matter movement and economic impact of lockdown all reinforce the impact of poverty, deprivation, racism and discrimination on people living in the communities we serve.

Background (3)

- Reports by Public Health England highlight the impact of inequality in the context of COVID19 including for [BAME people](#) and [people with a learning disability](#). A range of risk factors for COVID19 including combination of ethnicity, deprivation, disability, obesity and long-term conditions are affected by inequality.
- The NHS is committed to playing its part in tackling inequalities. The national [Phase 3 Implementation Guidance](#) included specific requirements for systems.
- Understanding what our data tells us about variation in access to healthcare and variation in outcomes for different conditions amongst different communities is important for the NHS to play its full role in tackling inequalities and their impact on health. There is national evidence for example of differences in outcomes for different communities in the treatment of diabetes.
- This report seeks to respond to this by setting out how we propose to put the issue of inequalities at the heart of our ICS.

ICS Inequalities Work Programme: Purpose

- Purpose: to contribute to improving the health and wellbeing of the people of Birmingham and Solihull by putting action to tackle inequalities and the impact of inequalities on health at the heart of the work of the ICS.
- We aim to do this through:
 - supporting ICS partners play their part fully in reducing inequalities and their impact on health aligned to the Health & Wellbeing Boards for Birmingham and Solihull;
 - building reducing inequalities and their impact on health into all of the programmes of the ICS;
 - ensuring the ICS partners are fully engaged in wider initiatives that reduce inequalities including housing, regeneration, sustainability, education and skills.
- In undertaking this work we will seek to:
 - work with the communities we are aiming to serve;
 - build on and share good practice where it already exists;
 - include the West Birmingham ICP as a core partner.

Potential Frameworks

We considered a range of ways we could approach this agenda. We want to balance **place-based** and **life course** approaches to get the best of each. Three possible frameworks we considered are set out here.

Marmot 6 Policy Objectives

1. Give every child the best start in life.
2. Enable people to maximise capability and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.

NHS National Phase 3 Priorities

1. Protect the most vulnerable from COVID19.
2. Restore NHS services inclusively – monitor uptake and impact.
3. Develop digitally-enabled pathways that support inclusion.
4. Accelerate preventative programmes – aimed at those at greatest risk.
5. Support those who suffer mental ill health.
6. Strengthen leadership and accountability for inequalities.
7. Ensure datasets are complete and timely.
8. Collaborate locally to deliver action to address health inequalities.

STP “Agenda for Action” (August)

1. Role of NHS Providers as “Anchor Institutions”.
2. Inequalities and COVID19 recovery – and Wave 2.
3. Supporting our Citizens.
 - a. Working with those who are most vulnerable.
 - b. Promoting resilience and good health.
 - c. Working with communities in particular need.
4. Engagement and co-production.
5. Building a population health management system.

Proposed Areas for Work (1)

1. **Understanding the Challenge.** Bring together the data we have available on inequality in relation to the delivery of health and social care to support setting of priorities. This should include a proper understanding of the impact of differences in access to and outcomes from healthcare delivery.
2. **A Place-based Approach.** Working with PCN CDs develop an ICS programme of support to enable our PCNs to understand inequalities in their populations and take local action in response. Build on existing approaches to community assets in developing this work.
3. **Community Co-production.** Identify and support good practice in engaging communities in the design of services.
4. **Anchor Institutions.** Review the action we are already taking (e.g. social value procurement policies) and set a small number of priorities for delivery across all the partners in the ICS.
5. **COVID19 Response.** Ensure our COVID19 response is providing support to those most vulnerable to COVID19 (e.g. due to ethnicity, age, co-morbidities, disability and/or obesity).

Proposed Areas for Work (2)

6. **Preventative Programmes.** Identify priority preventative programmes for our population and ensure we are supporting them to deliver maximum impact.
7. **Digital.** Through the ICS's Digital work programme ensure that our approach to digital transformation is reducing inequalities in access to healthcare and wherever possible in outcomes for patients.
8. **Children.** Given the well-established importance of early years experience for longer-term inequality, work with the Birmingham Children's Partnership and the children's partners in Solihull to make maximum impact for this group.
9. **Leadership for Equality.** Ensure our organisations have board-level designated leads for this work. Launch an ICS-wide leadership development programme focussed on tackling inequalities.

We propose that work on equality, diversity and inclusion for NHS organisations as employers will be led through the ICS People Board and we will ensure we work closely together for maximum impact.

Making A Difference

In developing this work programme we have considered how we can have an impact through the ICS in different ways for different areas of our work.

1. Work led directly by the ICS Inequalities Board

- 1 Understanding the challenge – bringing the data together.
- 4 Anchor institutions – supporting ICS-wide delivery.
- 9 ICS-wide leadership development programme for inequalities.

2. Work led through other ICS-wide programme boards influenced by the Inequalities Board

- 5 COVID19 Response – building inequalities into our response.
- 7 Ensure digital transformation reduces inequalities.
- Plus the ICS People Board work on inclusion.

3. Work that is “place –based” and supported by the Inequalities Board

- 6 Preventative programmes.
- 3 Community co-production work.

4. Work that needs “place-based” and ICS-wide work to be joined up through the Inequalities Board

- 1 PCN “place-based” work on inequalities
- 8 Children – focus on making an impact at the start of the “life course”.

Getting the Programme Set Up

- **STP Inequalities Board.** Establish an ICS Inequalities Board to lead this work, reporting to the ICS Partnership Board and chaired by a system non-executive director. Aim for first meeting in April 2021.
- **Programme Leadership.** System non-executive chair (to be appointed) Chief Exec lead (Richard Kirby, BCHC); programme lead (to be appointed).
- **Organisational Leadership.** Executive leads and non-executive “champions” from NHS ICS organisations have been identified. Build a network of these leads to support their work.
- **Areas of Work.** Agree initial areas for work from the 9 proposed workstreams. Identify leads and scope work. Aim to complete by end March 2021.
- **Engagement.** Share approach with Health & Wellbeing Boards. Organise community and stakeholder engagement within localities (in Birmingham) and in Solihull to develop the work programme further with wider input from across the ICS.

Establishing our Workstreams.

1. **Stakeholder and community engagement.** Health & Wellbeing Boards, “locality” engagement events and develop a prototype for community engagement at PCN-level working with 2 PCNs initially (1 x East Birmingham and 1 x North Solihull).
2. **Data.** Linking closely to other work on population health datasets to establish how we use what we already know.
3. **Anchor Institutions.** Identify 2-3 shared priorities for the NHS organisations in the ICS for 2021/22.
4. **COVID19.** Engage with the vaccination programme and the ICS COVID19 recovery workstream to support work on inequalities.
5. **Service Priorities.** Agree approach to services priorities across the life course including:
 - a. Early years / best start in life – all the evidence says this is where impact can be greatest;
 - b. Living with long-term conditions – diabetes, hypertension, obesity; linked to COVID risk factors.
 - a. Mental health

Conclusion & Next Steps

- This report has proposed an approach to putting tackling inequalities and their impact on the health of our citizens at the heart of the work of our ICS for consideration by the Health & Well Being Board.
- The HWB is recommended to:
 1. Offer views on the 9 proposed areas for work as the programme develops including which should be our immediate priorities;
 2. Endorse the approach to health inequalities within the work of the ICS as set out in this report.

Thank You to . . .

ICS Inequalities Group (as at February 2021)

- Dr Anand Chitnis, Solihull GPs
- Suzanne Cleary, BCHC
- Carol Cooper, BCHC
- Natalie Daley, BWCH
- Dr Phil Debenham, BWCH
- Carl Harris, BSMHT
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- Sue Marsh, BCHC
- Pip Mayo, SWB CCG
- Jane Powell, BWCH
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- Terence Reed, SWB CCG
- Sean O'Rourke, BSol CCG
- Lakhvir Rellon, BSMHT
- Dr Doug Simkiss, BCHC
- Dr Fay Wilson, B'ham GPs