

	<u>Agenda Item: 21</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	27TH JULY 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. Since then we have continued to work closely with the Health & Wellbeing Board on the development of our work programme.
- 4.3 The ICS Inequalities work programme last reported progress to the Health & Wellbeing Board at the May meeting of the Board and this report provides a further update.

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 We are still in the establishment / mobilisation phase for the work programme. The ICS Inequalities Board is now meeting monthly including executive leads from each of the ICS partner organisations. The board is concentrating on establishing our workstreams and ensuring that we have a clear shared picture of the nature and scale of inequalities in Birmingham and Solihull and their impact on health. The recruitment process for a system non-executive director to chair our Board has taken place and we hope to be able to announce the outcome shortly.
- 4.8 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.
- 4.9 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;
 - working with the Directors of Public Health and the CCG ensure that we re-establish the ICS Prevention Board;
 - 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.
- 4.10 We are also working with the ICS on an outcomes framework for health inequalities. In the first instance we are intending to build something that focusses on our short-term priorities for the year ahead. Part of the work on our longer-term strategy will include a more developed outcomes framework so we can track the impact we are making.

Progress

- 4.11 *COVID19 Vaccinations.* We continue to work closely with the ICS vaccination programme and the Vaccination Inequalities Group chaired by Dr Ruth Tennant. Vaccination coverage (to 5th July) is 63% 1st dose and 45% 2nd dose in Birmingham and 82% and 66% 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.
- 4.12 *COVID19 Elective Recovery.* We have undertaken an initial analysis of NHS elective waiting lists by ethnicity and deprivation and expect to have this available routinely from end of July. The current waiting list is broadly representative of the population of the city with c. 40% of patients from the bottom decile of the Index of Multiple Deprivation (IMD) and an ethnicity profile

that reflects the city. This initial analysis has not shown significant variation in average waiting times by deprivation or ethnicity but we are continuing to analyse this. We are seeing 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.

- 4.13 *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 will ensure that the NHS plays its full part in the work being led by the city council taskforce on infant mortality and the work to use infant mortality as a test-bed for our approach to Population Health Management. This will focus on work with BUMP and Birmingham Forward Steps on maternity, neo-natal and early years care pathways.
- 4.14 *Long-Term Conditions / Prevention.* We are working with the c. 36 PCNs in Birmingham and Solihull to support the PCN Health Inequalities Champions build on the initial PCN population profiles that they have developed. We have committed a small amount of additional resource (£1k per PCN) to add to the capacity that the PCNs have to undertake this work. 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. The next step for us on prevention is to re-establish the ICS Prevention Board to drive further improvement.
- 4.15 *Community Engagement and Development.* We recognise that an effective approach to community engagement by local health and social care services is important to tackling inequalities. Good work has already been done in Birmingham through the Neighbourhood Network Scheme and there are lots of lessons to be learnt from the approach to community engagement through the vaccination programme. We plan to consider our approach to this in more detail at our September meeting.
- 4.16 *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. In the first instance this will focus on developing our approach to the recruitment of local people who might not otherwise have access to the opportunities offered by the NHS and on exploring a commitment to be Living Wage employers. We will also follow up the work that the ICS has already undertaken on Social Value in procurement.

Next Steps

- 4.17 We have made a start but there remains much to do to make an impact on inequalities and their impact on health in Birmingham and Solihull. For the next 2-3 months we will continue to work on: establishing an effective ICS inequalities work programme, progressing our short-term priorities for this year and beginning work on the longer-term ICS inequalities strategy.

5. Compliance Issues
5.1 HWBB Forum Responsibility and Board Update
5.1.1 Regular updates will be reported to the Health and Wellbeing Board via an update report in this format, or as a presentation item to the Board.

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			

