Healthier Futures
Black Country and West Birmingham

BCWB ICS
Health Inequalities Improvement Programme

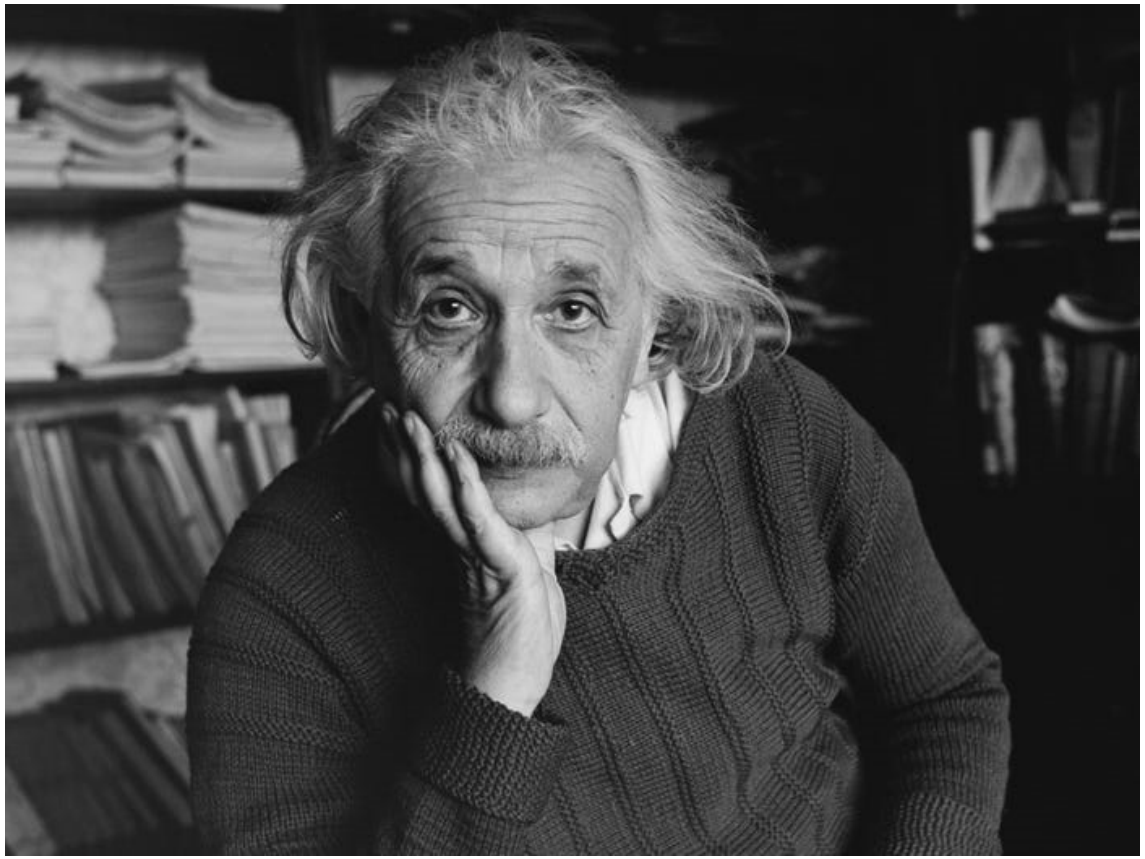
14th September 2021

Building Healthier, Happier Communities

Taps Mtemachani
Director of Transformation and Partnership

Big Issue

The Big Issue 1



“We cannot solve our problems with the same thinking we used when we created them”

Albert Einstein

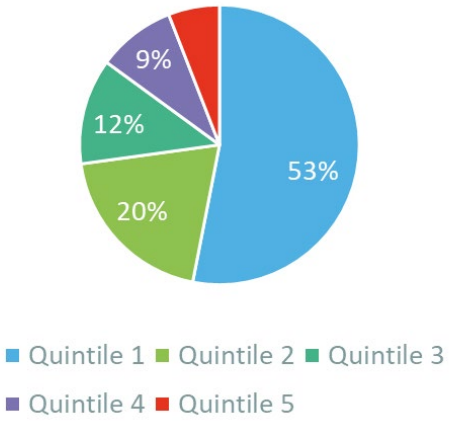
The Big Issue 2

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. There are many kinds of health inequality, and many ways in which the term is used. This means that when we talk about 'health inequality', it is useful to be clear on which measure is unequally distributed, and between which people.

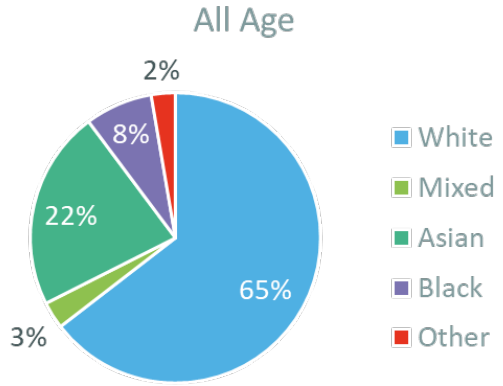
1. **Inequalities between BCWB and England – There is a significant gap between BC&WB and the National average for both life expectancy and healthy life expectancy:**
   a) . **This equates to approximately 22,500 years of life lost each year** (based on 14,075 deaths across BCWB in 2018 and a 1.6year life expectancy gap between BCWB and England).
   b) The healthy life expectancy gap between BCWB and England is 5.2 years for males and 5.6 years for females. **This equates to approximately 100,000 healthy life years lost each year** (based on a HLE gap between BCWB and England of 5.4 years).
2. **Inequalities within BCWB – there is a lot of variation in life expectancy within the BCWB – 2 examples as follows:**
   a) People in contact with mental health services life expectancy is 18 years less for males and 15 years less for females than the general BCWB population. **This equates to 24,000 years of life lost each year**.
   b) People living in the most deprived 20% nationally live approximately 4 years less than the general BCWB population. **This equates to 30,000 years of life lost each year**.
3. **Mortality across vulnerable groups**
   a) There are approximately 1,400 deaths per year in people aged 18-74 with serious mental illness. The life expectancy gap is 17 years. **Therefore 23,800 years of life lost**.
   b) 14,075 deaths in BCWB in 2018. 53% of our population live in the most deprived quintile. **Therefore, approx. 7,500 deaths a year in this group**. 4 year gap in life expectancy between the most deprived quintile nationally (76 years) and BCWB as a whole (80 years).

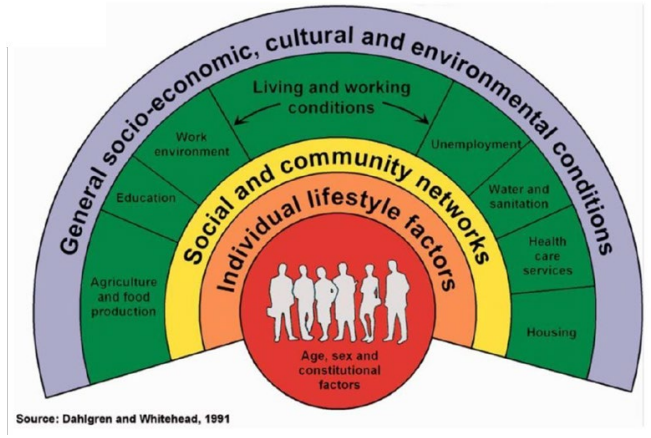
The Big Issue 3 – causal and compounding factors

Over half the population of the Black Country and West Birmingham live in the most deprived national quintile. There is variation across our five places with Dudley in particular having fewer people living in areas in national IMD quintile 1 and more people living in quintiles 4 and 5.



35% of the population of Black Country and West Birmingham is from Black and Ethnic Minority communities. This is higher in our under-18 population with 44% of the population being from Black and Ethnic Minority communities. This is significantly higher than England at 23%.





- In BCWB, there is a **high proportion of people with low qualifications or none**, especially amongst men;
- For level 4 qualifications (first or higher degree, professional qualifications or equivalent) Asian and Black populations outperform while White and Mixed populations underperform, with the reverse being true at lower levels;
- The apprenticeship level is dominated by the White population (90% from a 70% cohort);
- **Unemployment rates in BCWB are significantly higher than national averages** especially for Mixed ethnic group and Pakistani/Bangladeshi populations;
- high numbers of children living in poverty (17.7% live in workless households and 28% in relative low-income families);
- In 2018, 12.4% of households were living in fuel poverty, above the national average of 10.3%;
- The high levels of air pollution, with 32% of neighbourhoods in the 'worst' category nationally.

Principles

Our Response – The Principles

- Having some understanding the extent/scale of inequalities – the deprivation factor and the richness of our diversity (willingness to go further in understanding) – understanding those as **opportunities for improvement;**
- **Recognising the knowledge and expertise within partners organisations** particularly LAs and VCSE and developing a governance infrastructure that reflects that;
- Addressing **HIs as a golden thread** across all of our commissioning **with focused capacity** to drive/coordinate the work through the **Health Inequalities Improvement programme;**
- **Acknowledging the primacy of place** not only in terms of delivery but in terms of connectivity with our communities establishing a **co-production process at Place**;
- Building a governance infrastructure that supports these principles at ICS and Place level and then **being clear about the issues we are going to resolve and when** – reflected in an ICS Health Inequalities Strategy and Place developed and driven Implementation Plan.

Health Inequalities Improvement
The Fundamental Approach

Improvement

- Promote development, cultural change and momentum with a strategic ambition to level up health and wellbeing and drive out inequality
- Support the development of a nimble and learning culture in all interventions
- Address complexity and seek to understand historic / current barriers to successful improvement
- Reflect current system pressures presented by Covid and its wider impact on health and care services identifying improvement opportunities and monitoring delivery
- Connect development and learning across our places

Collaborative working

- Build on existing initiatives and relationships across our places to maximise deliverability of improvements
- Understanding and managing risk across the partnership – facilitating mutual aid where feasible
- Provide clarity about role of system and place in the delivery of initiatives
- Reflect the ambitions of the Integrating Care White Paper
- Maximising anchor network opportunities and supporting delivery across our places
- Foster creativity and innovation in partnership, combined with realism and practicality – ideas need to be deliverable

Intelligence-led design

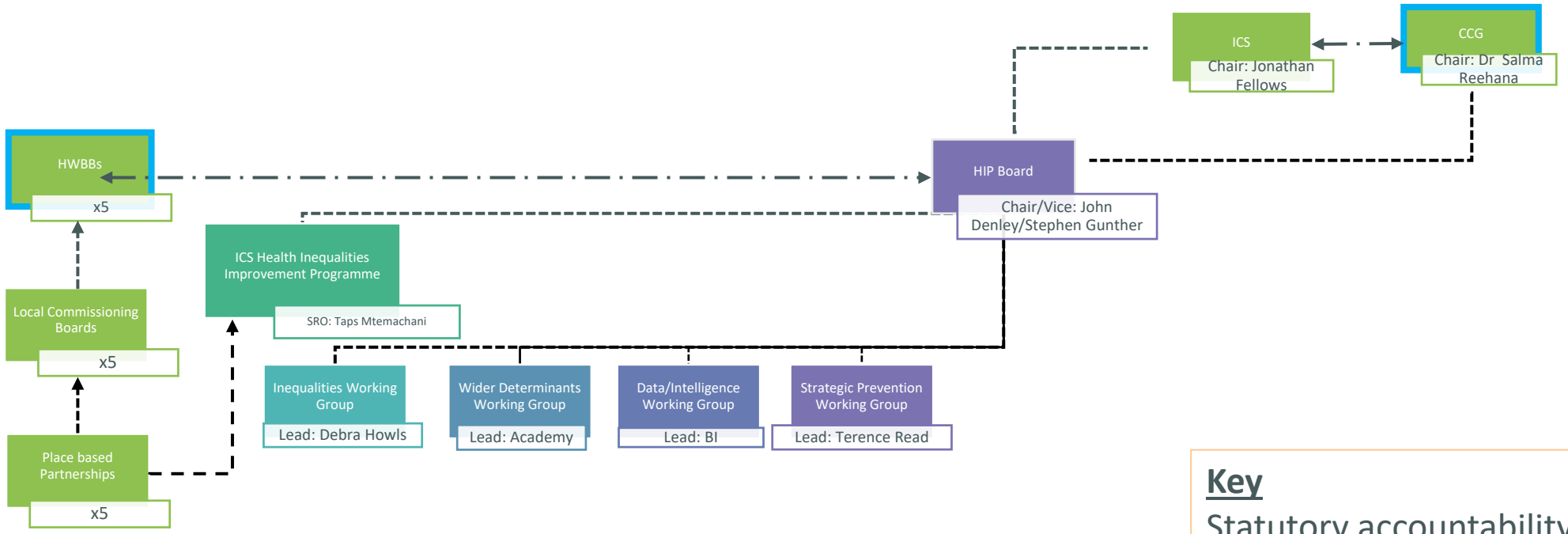
- Intelligence and evidence led design, including wider determinants of health
- Promote transparency – using data and intelligence to inform, baseline and measure impact
- Build foundations on population health management and foster a culture of health improvement
- Build in qualitative data capturing and synthesis as part of our overall population health management
- Evaluation of 21/22 deliverables as a bridge into a longer-term strategy from 2022 onwards

Engagement and co-production

- Engagement, co-production/co-design in collaboration with our communities
- Build in Person/Population led evaluation to better understand impact of activities/interventions
- Strengthening the role of the VCS in reaching communities
- Supporting/strengthening the resilience of community assets
- Delivering social value

Governance, Accountability and Leadership

Current Governance, Accountability and Leadership for HIs



Key

Statutory accountability: ——

Reporting to: - - - - - - - - - - →

Symbiotic link: ←· — · — · —→

Future governance/delivery (ICB and Place based Partnerships)

Role of the ICB

- Facilitating best practice and learning – e.g. PDSAs – and unblocking challenges where possible
- Quarterly reviews of impact and measures
- Longer-term discovery phase and strategy development

Role of the PbPs

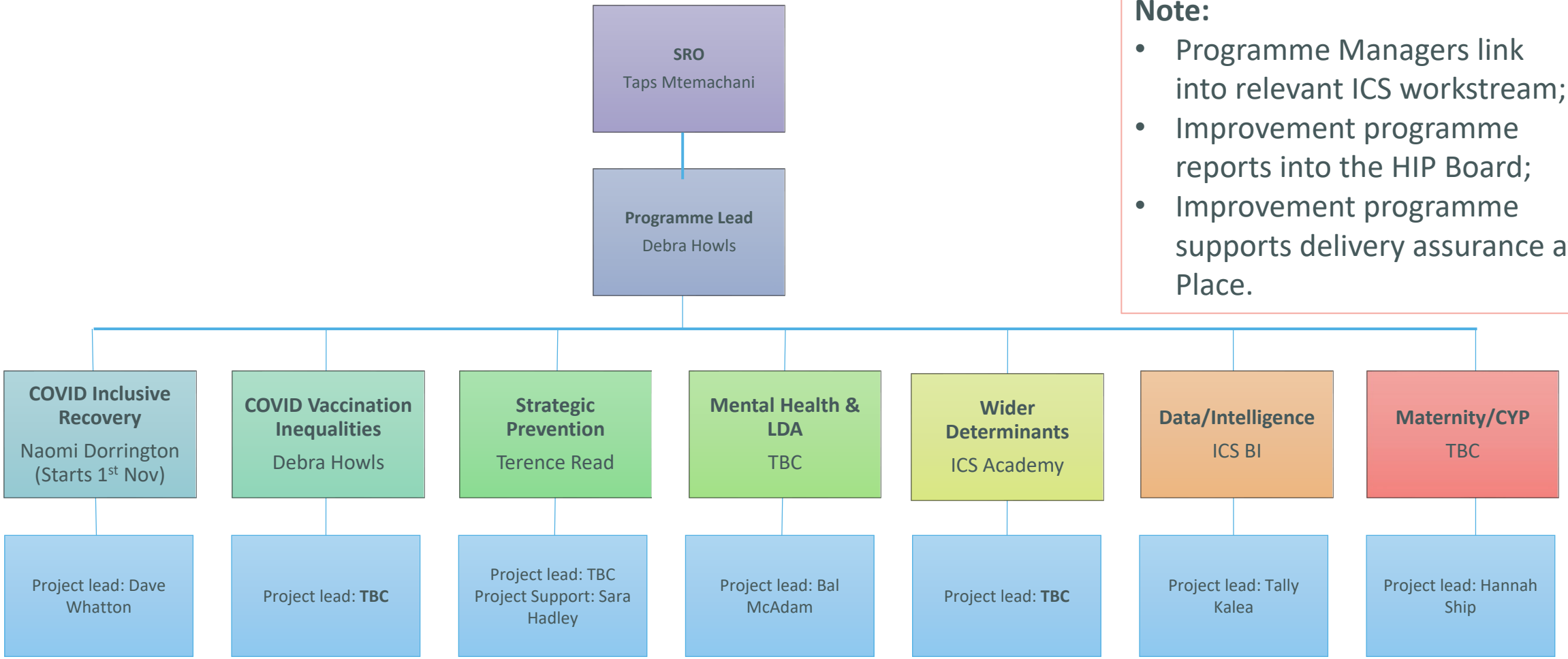
- Coordinated delivery of initiatives to address inequalities
- Supporting providers to deliver
- Monitoring and reporting progress

Governance, Accountability and Leadership

- HIP Board currently reports through to the ICS Board as an advisory/implementation forum;
- HIP Board chaired by DPH (John Denley and Stephen Gunther) supported by Taps Mtemachani as ICS SRO for Inequalities and Strategic Prevention;
- Subgroups to HIP board include:
  - Wider determinants (currently led by the academy);
  - Data/Intelligence (in development – will be led by BI);
  - Inequalities working group (in development – will be led by CCG Transformation Team)
  - Strategic prevention forum (in development – will be led by the CCG Transformation Team).
- The longer term view is for the Inequalities agenda to have oversight from ICS Partnership Board with a dual reporting mechanism through to the ICB;
- The Health Inequalities Improvement Programme (described overleaf) will coordinate the development and implementation of a Health Inequalities Strategy and Monitoring Framework working with Place Boards and reporting into the HIP Board;
- Delivery against the strategy will be driven by Local partnership/delivery arrangements – (currently with oversight from LCBs with a mandate from the CCG Governing Body – eventually this will be through the Place Partnership Boards);
- Place Partnership Board will report through to the HWBBs on Health Inequalities via the DPH;
- HWBBs to operate a symbiotic link to the HIP board through DsPH.

The Programme

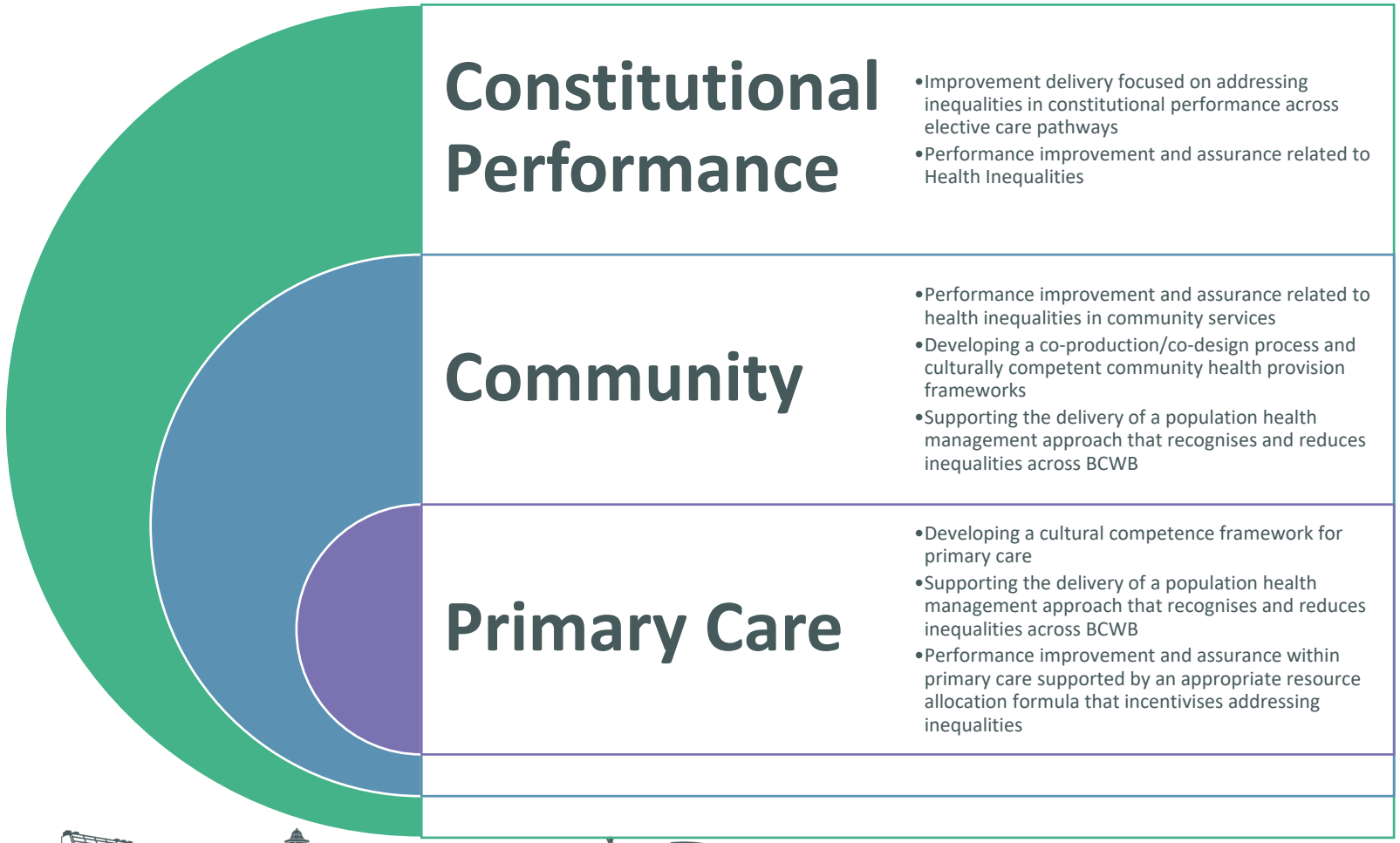
Health Inequalities Improvement Programme



Note:

- Programme Managers link into relevant ICS workstream;
- Improvement programme reports into the HIP Board;
- Improvement programme supports delivery assurance at Place.

Health Inequalities Improvement Programme
COVID Inclusive Recovery



Constitutional Performance

- Improvement delivery focused on addressing inequalities in constitutional performance across elective care pathways
- Performance improvement and assurance related to Health Inequalities

Community

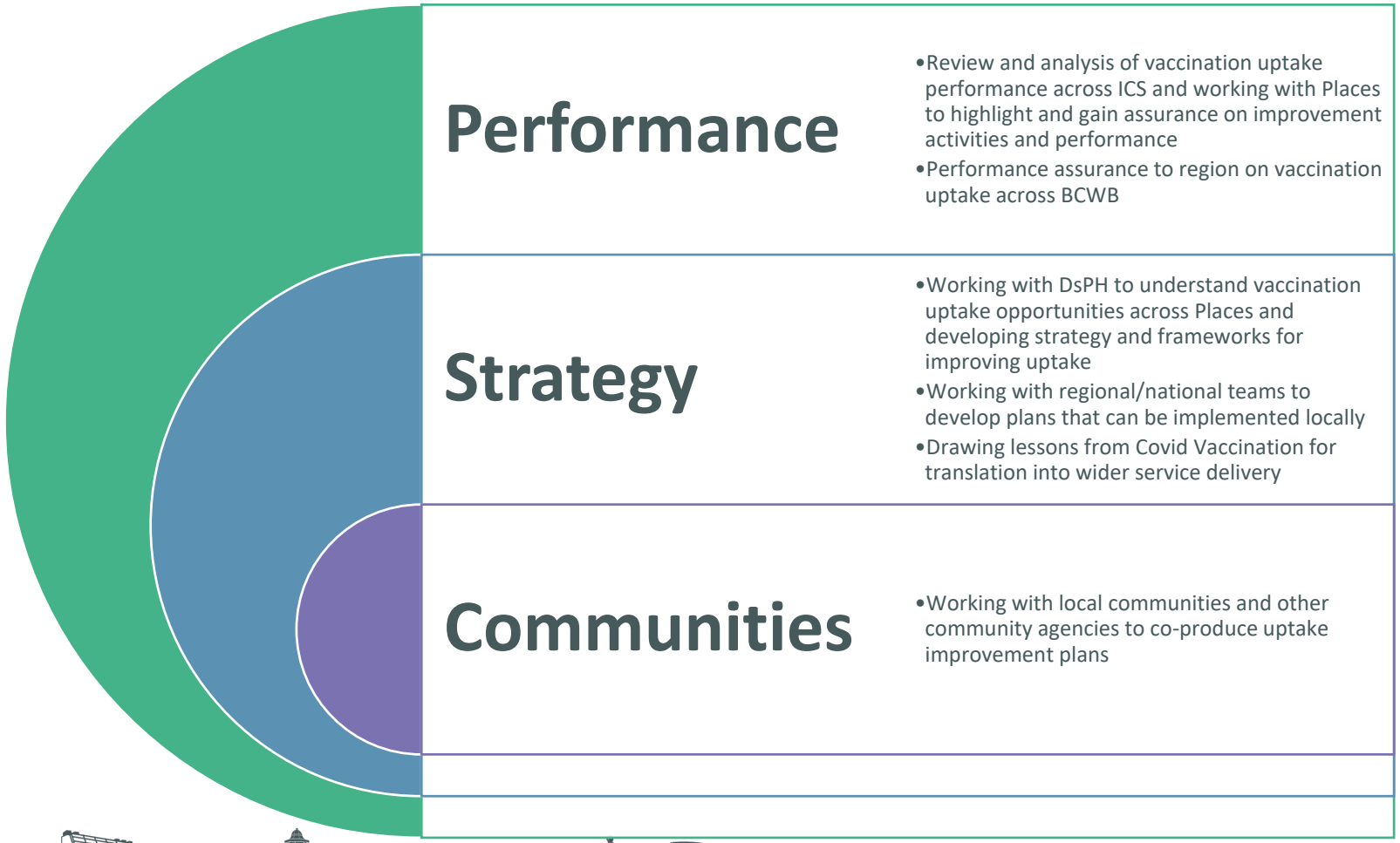
- Performance improvement and assurance related to health inequalities in community services
- Developing a co-production/co-design process and culturally competent community health provision frameworks
- Supporting the delivery of a population health management approach that recognises and reduces inequalities across BCWB

Primary Care

- Developing a cultural competence framework for primary care
- Supporting the delivery of a population health management approach that recognises and reduces inequalities across BCWB
- Performance improvement and assurance within primary care supported by an appropriate resource allocation formula that incentivises addressing inequalities

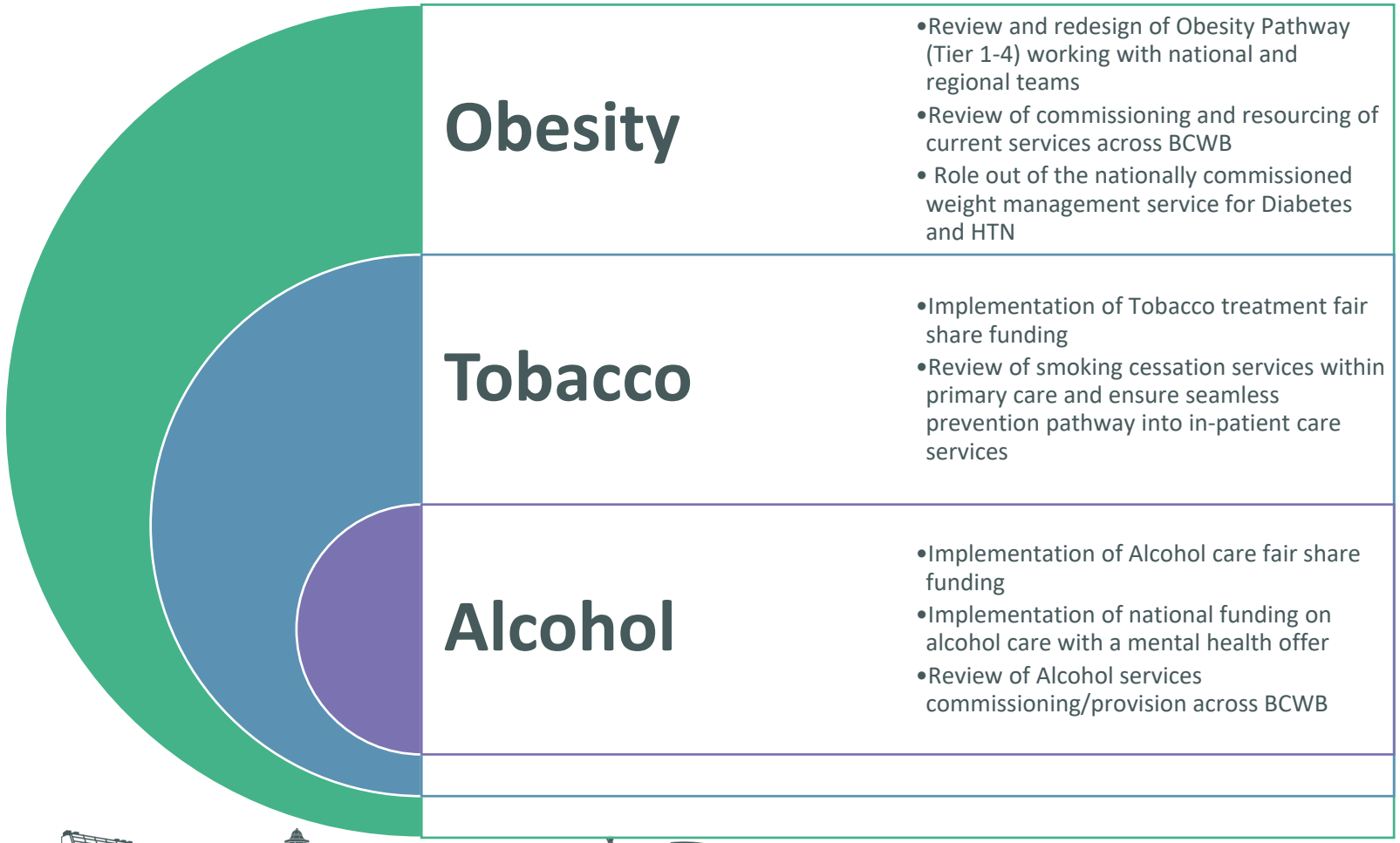
Health Inequalities Improvement Programme

COVID Vaccination Inequalities



Health Inequalities Improvement Programme

Strategic Prevention



Obesity

- Review and redesign of Obesity Pathway (Tier 1-4) working with national and regional teams
- Review of commissioning and resourcing of current services across BCWB
- Role out of the nationally commissioned weight management service for Diabetes and HTN

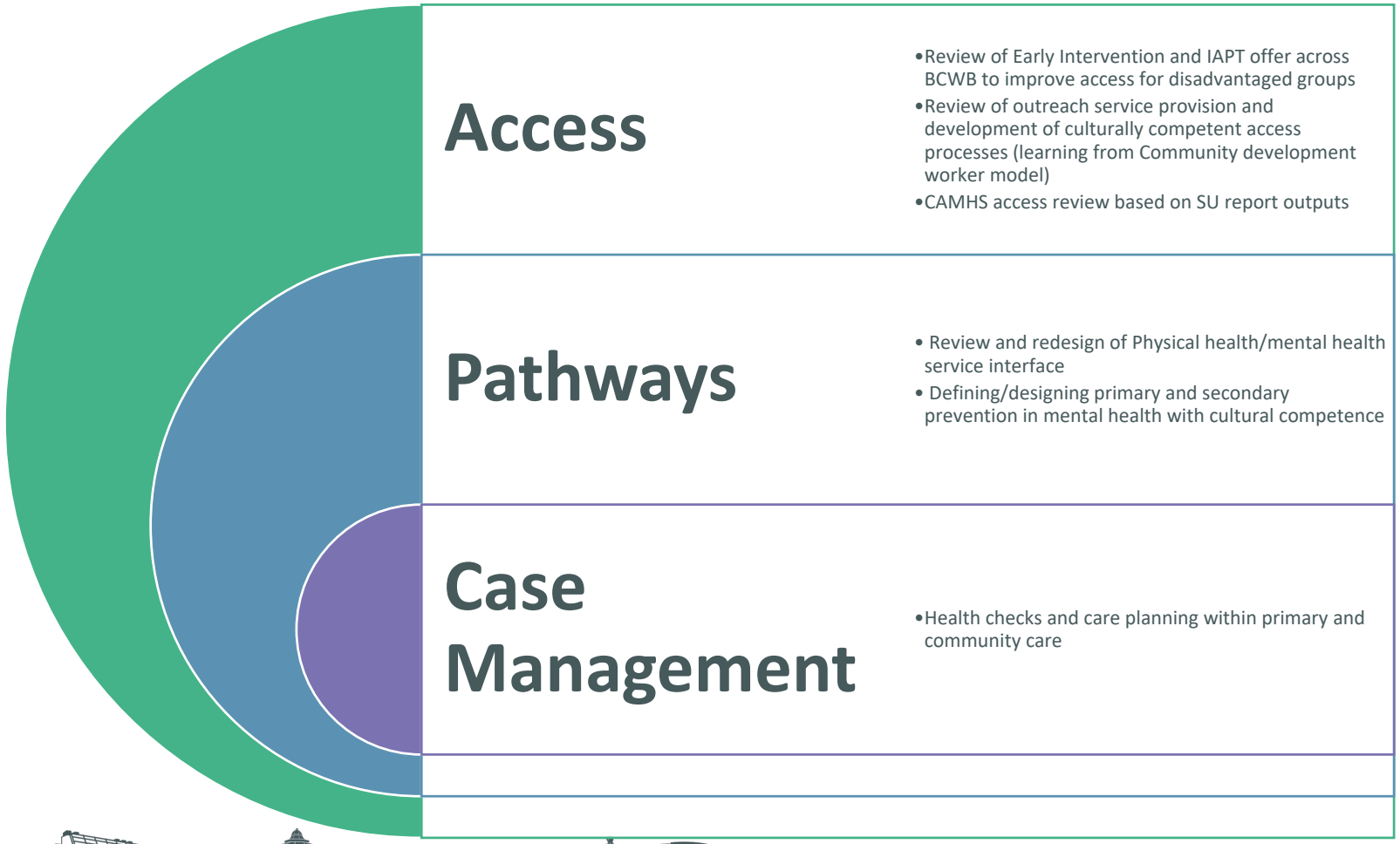
Tobacco

- Implementation of Tobacco treatment fair share funding
- Review of smoking cessation services within primary care and ensure seamless prevention pathway into in-patient care services

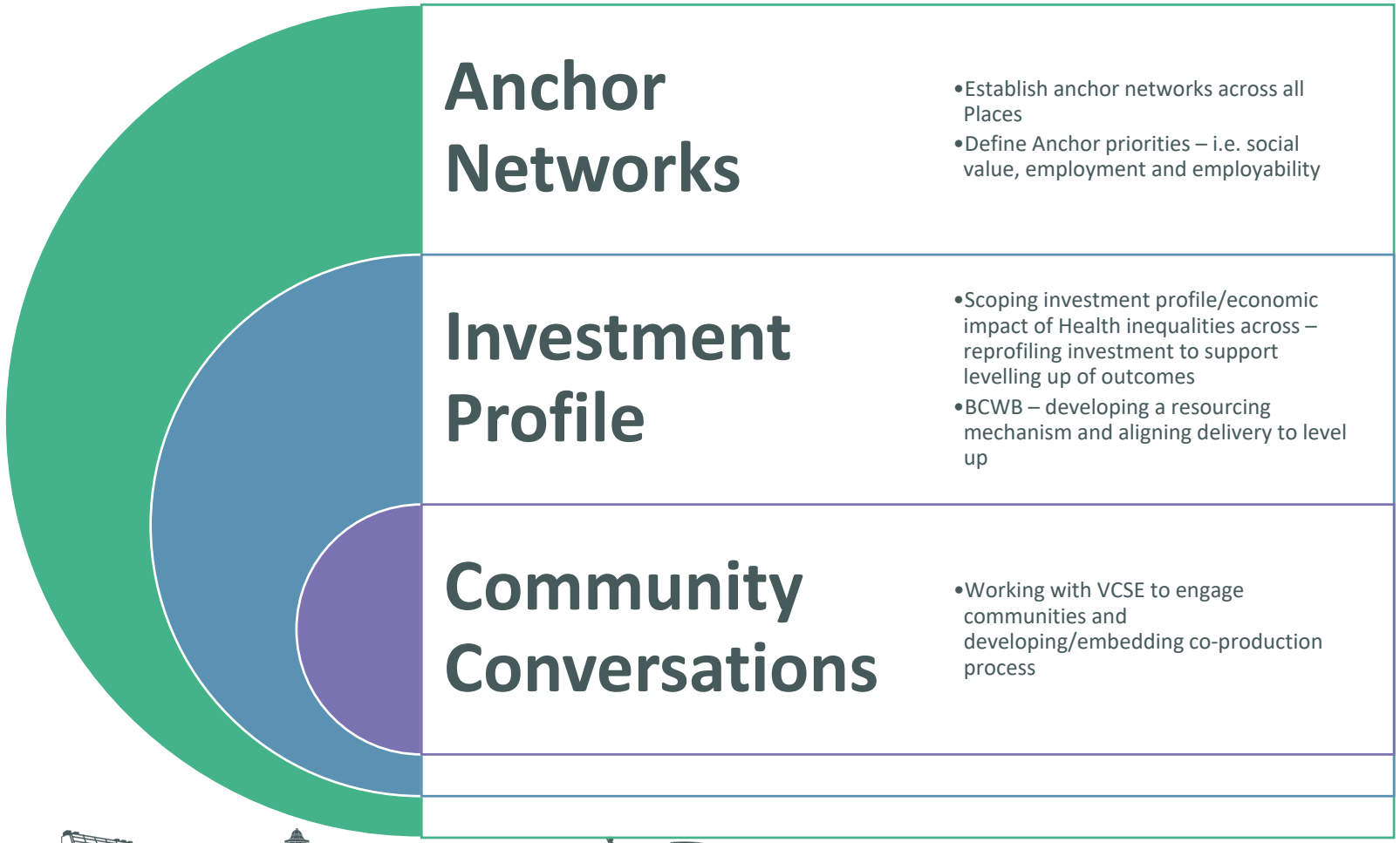
Alcohol

- Implementation of Alcohol care fair share funding
- Implementation of national funding on alcohol care with a mental health offer
- Review of Alcohol services commissioning/provision across BCWB

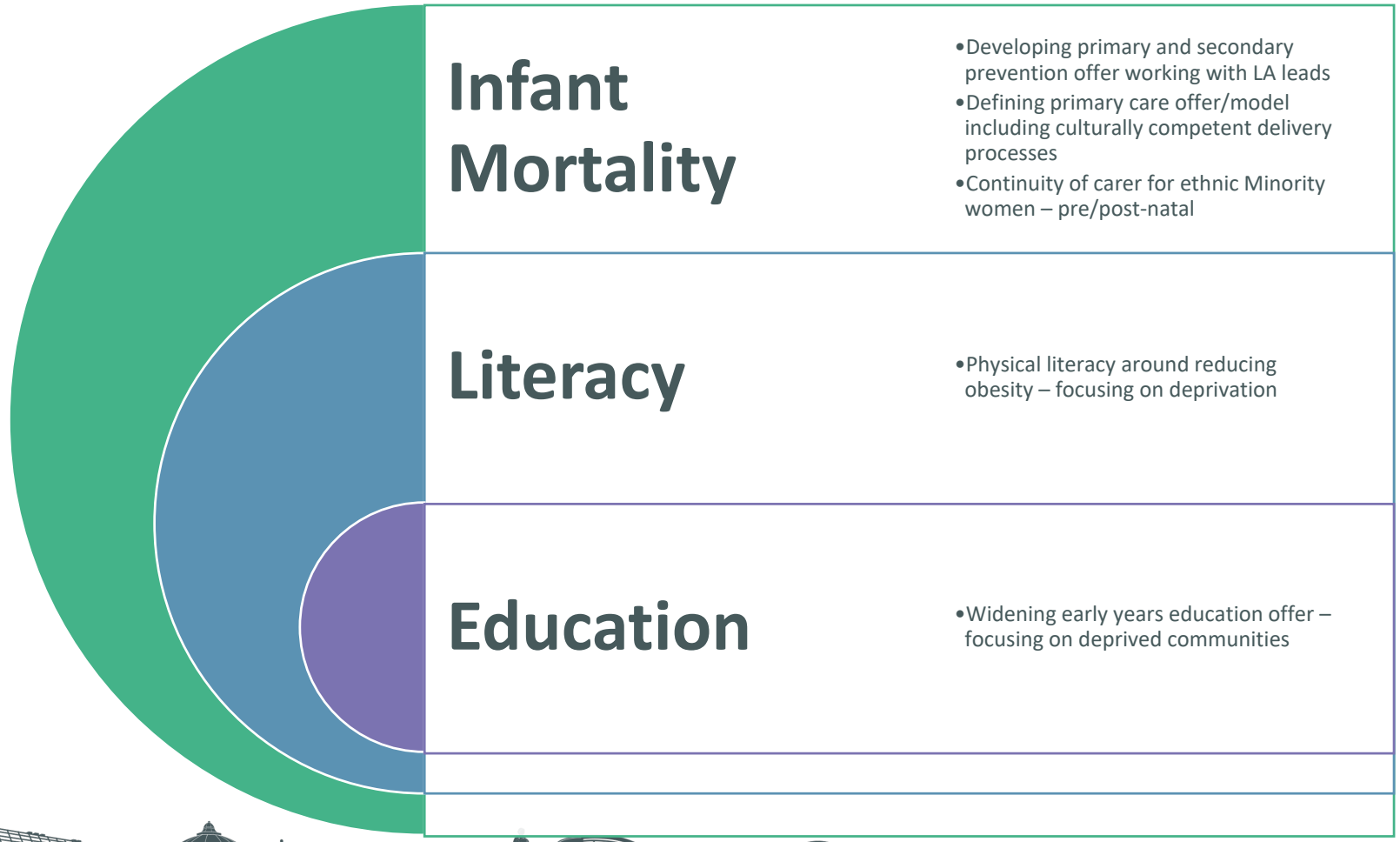
Health Inequalities Improvement Programme
Mental Health & LDA



Health Inequalities Improvement Programme
Wider Determinants

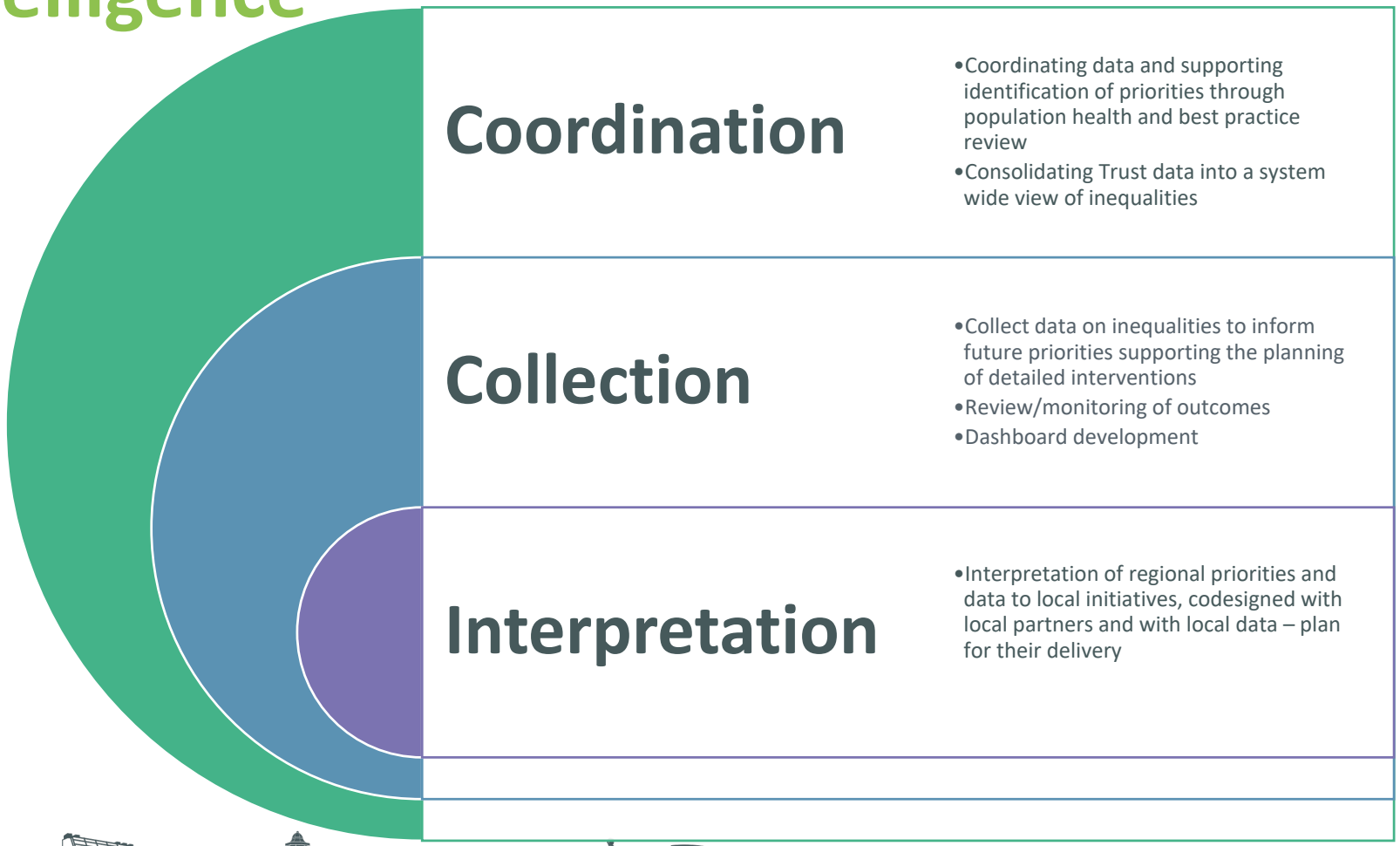


Health Inequalities Improvement Programme
Maternity/CYP



Health Inequalities Improvement Programme – Key enabling programme

Data/Intelligence



Health Inequalities Delivery Plan

Health Inequalities Delivery Plan 21/22

- Through MDs, all LCBs have been issued the ICS delivery plan with a request for a detailed Implementation Plan by the end of July;
- Place implementation plan will be turned into a monitoring framework for accountability arrangements with ICS Health Inequalities Improvement Programme Team;
- Whilst the majority of the Improvement delivery will be driven at Place – some of this will be driven from the central team including the following for which funding has been allocated by NHSEI (£TBC):
  - Smoking Cessation
  - Alcohol
  - Obesity
- In addition we have also been selected for regional funding (£530k) from NHSEI for the following:
  - Reducing violence/reduction of vulnerability;
  - Alcohol services offering MH support;
  - Increasing uptake of preventative services (in partnership with BSOL).

Health Inequalities Delivery Plan 21/22: Segmented approach

scope

The 2021/22 plan focusses on health inequalities that within the segments set out above, along with very current inequalities related to the impact of Covid-19.

Data analysis

The data pack contained in the appendix contains evidence demonstrating the scale of inequalities that exist in these areas with further data analysis setting out specifically which geographical areas appear to have the greatest inequalities.

BCWB existing work

The research aims to highlight any existing work that is already being delivered by system partners in these areas to ensure duplication is minimised and identifying delivery networks which should be harnessed prior to agreeing interventions in specific communities.

Best practice

This sets out a plan of 'where to look' in order to make the greatest impact in improving inequalities, and is followed up with examples of best practice approaches to reduce inequalities using examples from around the world and in the UK.