

# Health Inequalities Overview

January 2023



# Black Country Context

- 1.2m Population
- The Black Country system is built around 4 places
  - Dudley
  - Sandwell
  - Walsall
  - Wolverhampton
- Our places have the infrastructure and relationships to develop and deliver plans to tackle health inequalities
- Where we do work together across the system, we will be clear how and where this adds collective benefit
- Our system is richly diverse (30% from non-white British heritage) but with significant levels of deprivation - (2nd most deprived ICS in the country) - both syndemic factors accentuating inequality
- Unemployment higher than national average
- 5th worst air polluter in the country



# Strategic Aims

- **Primacy of Prevention**
  - Impact on HLE
  - Effective Demand Management
  - Health Equity Resourcing Objective
- **Health Inequalities Funding Formula**
- **Mutual Accountability/Shared Decision Making**
  - DsPH Leadership – Health Inequalities, Prevention and wider ICP Work

Health Inequalities and  
Prevention Board

ICP Development  
Forum

- Shared capacity/capability (Redesign of PH core offer)
- Black Country Anchor Partnership – Black Country Consortium, Regeneration, Fire, Housing et al.
- Health and Housing Partnership
- Involving People and Communities – Review and analysis of vaccination and service utilisation inequalities
- **Optimising PHM** – from descriptive to prescriptive (Insight to Action)



# Tactical approach

- Health Inequalities Strategy Development
  - Involving people and communities
  - Population Health Management
  - Achieving Health Equity
  - Focussing on Prevention
  - Wider Determinants of Health
- Core 20 Plus 5 approach
- Five Strategic Health Inequalities Priorities
- ICP Strategy Priorities

# Involving people and communities

- Our success will be incumbent upon our ability to work effectively with our communities.
- Our people and communities must be at the heart of the plans and decisions that we make
- Building trust and listening is the only way to really understand the complexities of the inequalities which they face and how we might, together, resolve these.

## We have

- Delivered our co-produced framework for working with people and communities
- Undertaken targeted listening exercises with excluded groups – Breast Cancer screening for Afro Caribbean women to ensure early detection
- Commenced a programme of citizen led People Panels
- Initiated a VCS micro grant scheme – what matters to you? To inform our Joint Forward Plan



# Population Health Management

- We have developed an **inequalities profile** that describes inequalities ‘of who’ and inequalities ‘of what’;
- We have developed an **autism population need assessment** based on national data analysis and rapid evidence scan;
- We have developed a **perinatal equity and equality intelligence pack** that includes a perinatal population needs assessment and a workforce equity analysis and asset mapping;
- We have **analysed treatment waiting times across Planned Care** – this is now being synthesised by the Elective Care Board;
- We have **analysed access and utilisation of elective and non-elective points of delivery** – again this is being considered by the elective and non-elective care boards;
- We are **concluding a qualitative exploration of the MSK pathway** that includes patient perspectives of pathway facilitators and barriers – a report on this is imminent and will be shared with the planned care board in the first instance;
- We are also **delivering a Mental Health intelligence Programme** including rapid evidence reviews across CYP, SMI and Dementia;
- We are also **reviewing our social prescribing offer** across the Black Country.



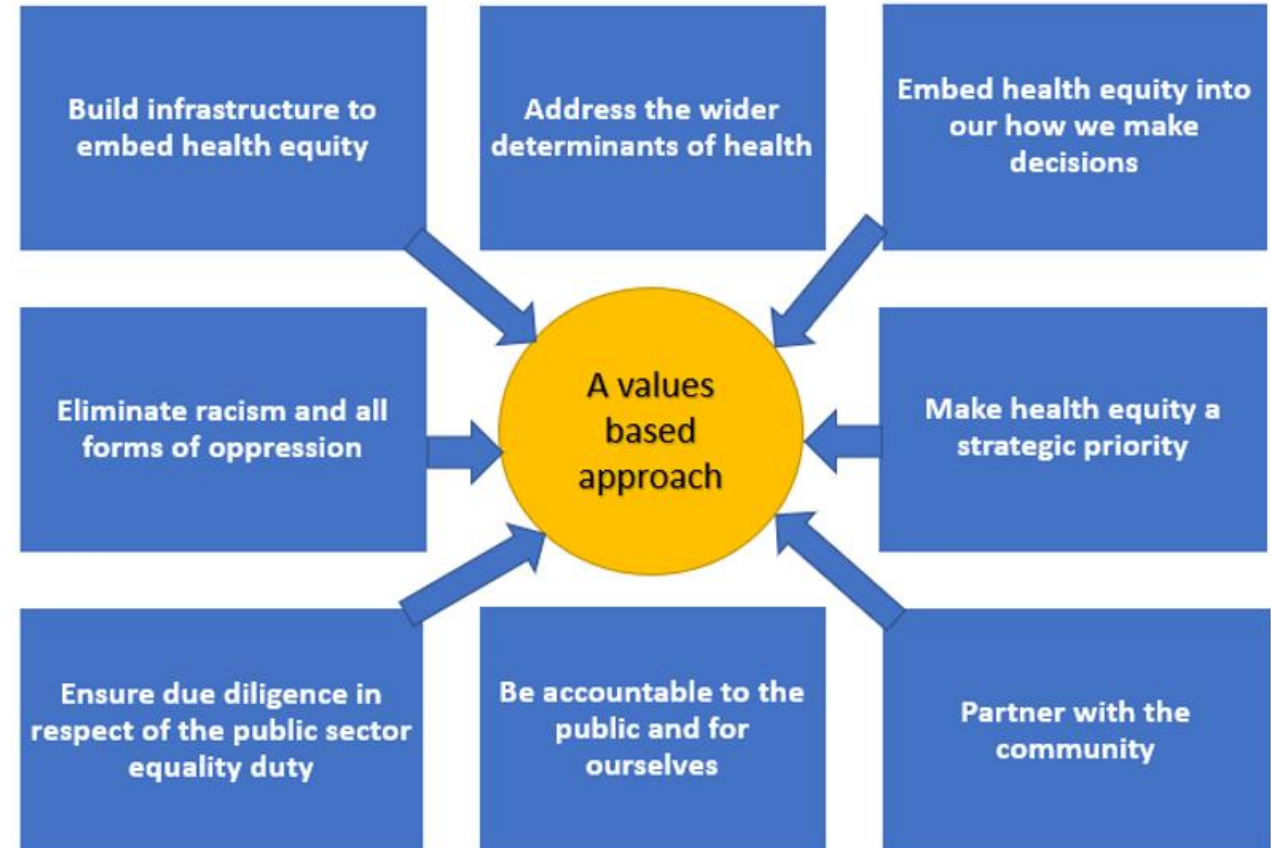
# Achieving Health Equity

## Health Equity Policy

Effective policies are action oriented. They provide enough detail to direct behaviour toward a specific goal or objective.

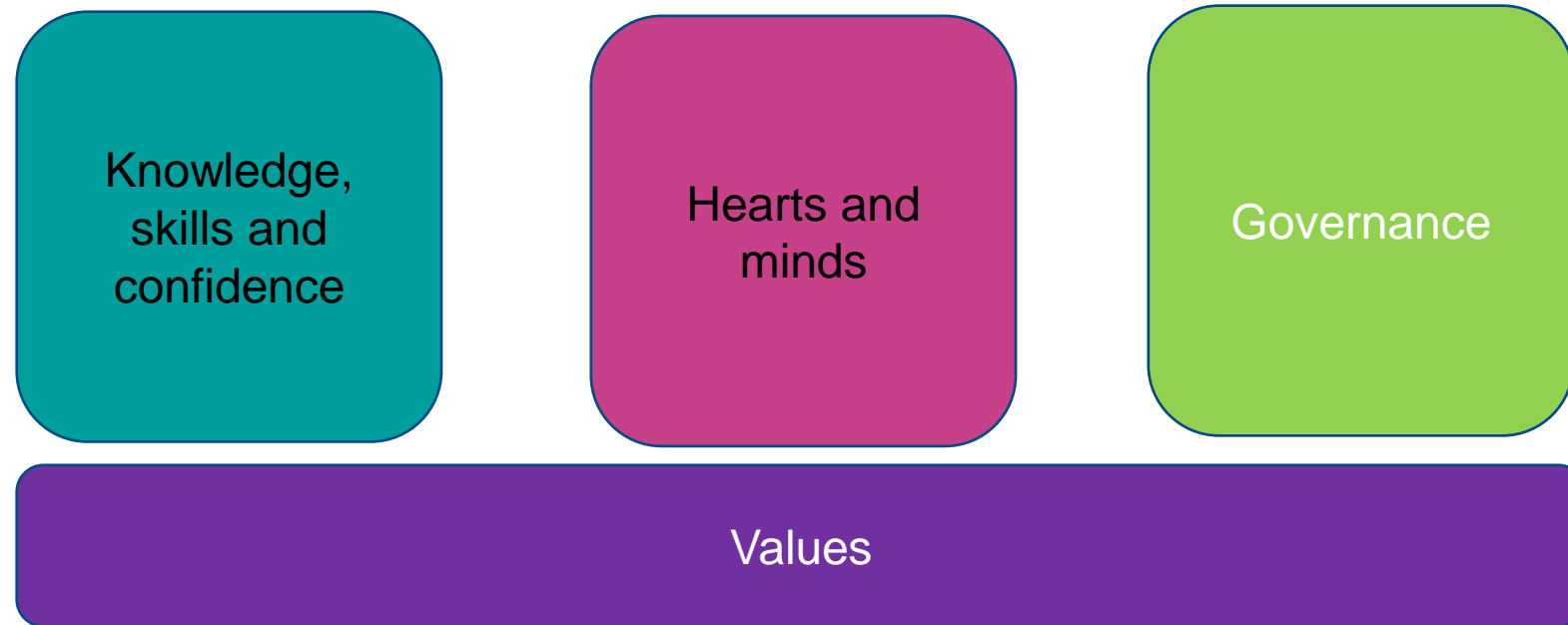
This policy is a support tool for all staff, recognising that achieving health equity is mainstream activity, core to and not peripheral to the work of the ICB and its partners

### HEALTHY EQUITY FRAMEWORK



# Achieving Health Equity

## Health Equity Assessment Tool

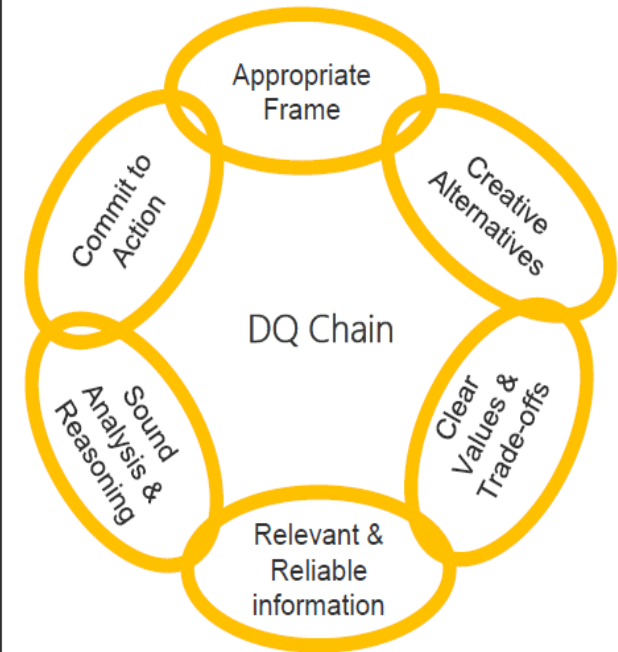




# Achieving Health Equity

## Decision quality

- **Appropriate Frame** – are we addressing the right problems/issues?
- **Creative Alternatives** - do we have good alternatives - different creative & compelling?
- **Clear Values & Trade-offs** – have we been explicit about our values & objectives?
- **Relevant & Reliable Information** – do we have the necessary data & evidence to assess alternatives?
- **Sound analysis & Reasoning** – are we able to identify the best alternative?
- **Commitment to Action** – are we ready to implement this decision?



# Focusing on Prevention

## **Promotion of healthy behaviours and prevention of ill health is critical to achieving health equity**

- Coordinating the long term plan requirements for embedding tobacco dependence services in secondary care (inpatients and maternity) across 4 providers
- Led on improvement programme to ensure we reached targets for tier 2 weight referrals (120 staff trained, supported ICS to reach its referral targets)
- Steered programme to embed Alcohol Care Teams

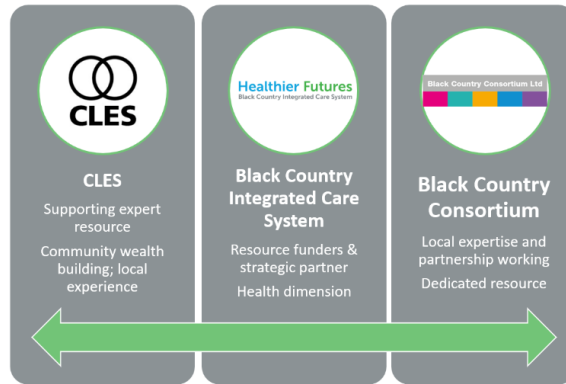


# Wider Determinants of Health

Black Country ICS works alongside our local councils, our voluntary, community and social enterprise sector (VCSE) and other partners to address health inequalities and wider determinants of health (such as education, employment and housing). Partnership and collaboration being key to developing impactful and sustainable anchors locally.

## 1. Anchor Partnership

Key partners



- At place level, the Place based Partnerships are working together to harness efforts around agreed priority areas to deliver improvements through their Local Anchor Networks.
- At system level this will be through the Black Country Anchor Institutions Network (BCAIN created) in April 2022.

## 2. Key Priorities of the BICAIN

1. Maximise good local employment

2. Retain investment by contracting locally

3. Improve Population Health

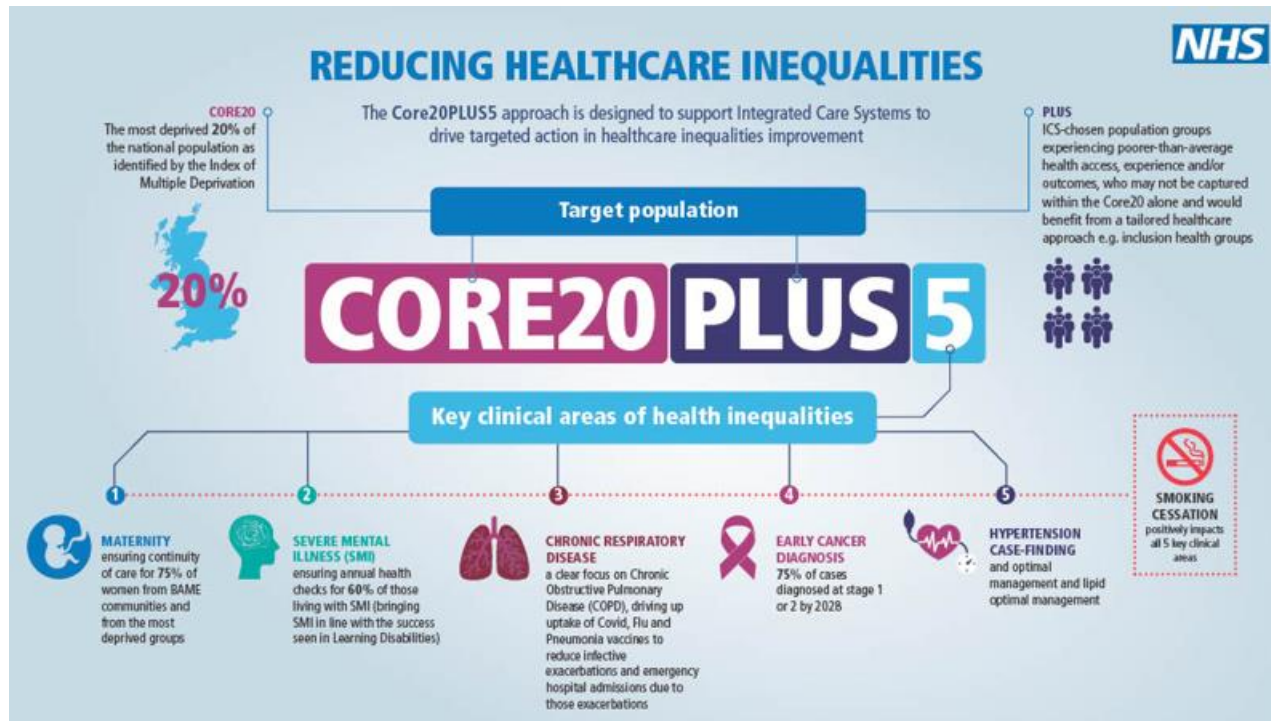
4. Boost community cohesion

## 3. Health and Housing

- The role housing can have to support improving the health system and patient outcomes is increasingly acknowledged with good housing being critical to the wider determinants of health and wellbeing. To provide strategic direction and co-ordinate the partnership between health and housing a **Health and Housing Partnership Manager** has been recruited funded by the ICB and hosted by Walsall Housing Group (whg).



# CORE 20 PLUS 5



Maternity	EDI leads in all providers 5 Projects funded
Serious Mental Illness	Dedicated post looking at MH inequalities 22 projects funded
Chronic Respiratory Disease	10 projects funded Continued focus on vaccine uptake
Early Cancer Diagnosis	Cancer Inequalities group 5 projects funded
Hypertension Case Finding	CVD clinical learning network established 10 projects funded
Smoking Cessation	Investment in MH services 6 projects funded

*PLUS – Homeless, Ethnically Diverse and Refugee and Asylum Seeker Communities – over 30 health coaching projects funded to work with specific PLUS communities*

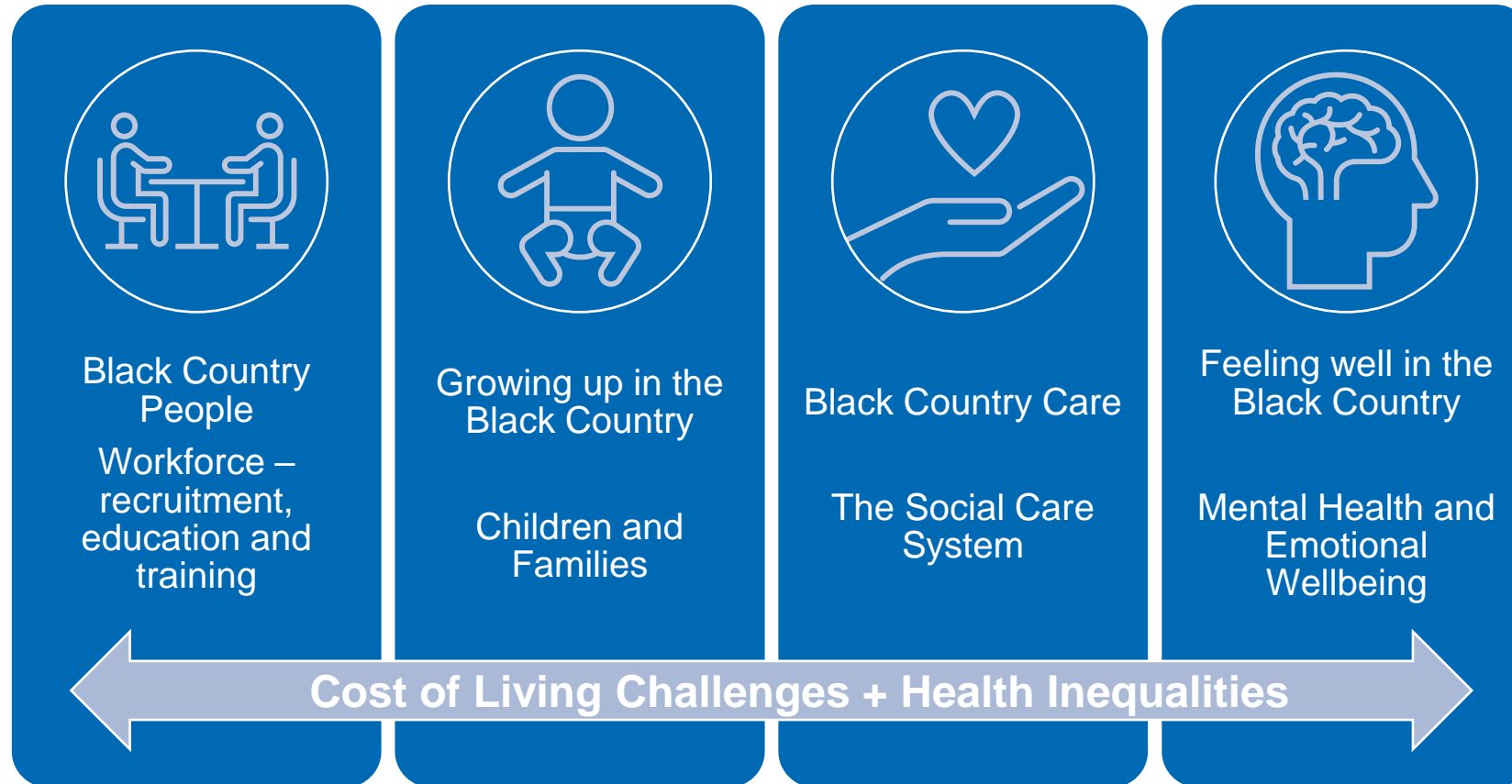


# Five Strategic Priorities

Restoring NHS services inclusively	Qualitative review of MSK pathway Agreed programme of testing HI interventions across Elective pathway
Mitigating against digital exclusion	Established the Black Country connected programme Developing our Digital strategy, incorporating digital inequalities
Ensuring datasets are complete and timely	Data completeness dashboard Significant variation in PC data – focussed work in train
Accelerating preventative programmes	Physical activity and health improvement programmes Violence reduction programme
Strengthening leadership and accountability	HI leads across all NHS organisations ICB SRO role and dedicated leadership capacity DpH leadership on HIPB (HIPB and ICP Dev Forum) VCSE engagement lead (HIPB and ICP Dev Forum) Self Assessment with NHS Confed BAF



# ICP Strategy Priorities



# Questions?