Bristol, North Somerset and South Gloucestershire Integrated Care Board

BNSSG ICB Board Meeting

Date: Thursday 7th March 2024
Time: 12:15 – 15:15
Location: Virtual, via Microsoft Teams

Agenda Number:	6.1	
Title:	Addressing health inequalities - update	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: Discussion		
Key Points for Discussion:		

- The progress that has been made by Bristol, North Somerset, and South Gloucestershire (BNSSG) Integrated Care Board (ICB) on addressing health inequalities
- The paper differentiates between healthcare inequality and health inequality
- Summarises commitments made in the BNSSG Integrated Care System, (ICS), strategy and where we have gaps in oversight / governance
- How the Integrated Care Partnership's (ICP) role could progress addressing health (rather than solely healthcare) inequalities

Recommendations:	To discuss • Is the ICB content with evolution as a method of improvement having acknowledged the structural and historic nature health inequalities? • Is the ICB and partners sufficiently focused on actions in the present, responding to what we know about fundamental issues that affect our population, e.g. translation and interpreting services and health literacy? • As leaders are we ensuring that all proposed changes and service delivery are looked at through an inequality lens and do

	we champion the use of impact tools to surface early any reinforcing or worsening of structural inequality? • Are we doing enough to support staff and ensure that are given the time to thoroughly explore and understand healthcare inequality and impact, how organisations and culture can influence this and are given the tools and techniques to support change? • What is the system ambition to improve healthcare as part of the wider need to improve health inequity and what roles do the ICB and the ICP take?
Previously Considered By and feedback:	A draft of this paper was discussed with the ICB executive team and feedback received.
Management of Declared Interest:	There are no potential or actual conflicts of interest.
Risk and Assurance:	There is a risk that the maintenance of the status quo impacts on the opportunity that the ICS has to significantly improve and catalyse improvement in health and healthcare inequalities. The impact of this would be that for significant parts our population may continue to struggle to start well, live well, age well and die well with the subsequent impact on key outcome measures such as mortality.
Financial / Resource Implications:	There are no financial resource implications in providing this update. There will be implications for how financial resources are allocated to support actions to address inequalities. We also need to ensure that measures of how effective any investments / re-purposing of existing funding have been proportionate, relevant and realistic.
Legal, Policy and Regulatory Requirements:	The progress and considerations described in this paper will help BNSSG Integrated Care Board to fulfil both its equality and health inequalities legal duties and regulatory requirements.
How does this reduce Health Inequalities:	This update and the recommendations are focussed on reducing health inequalities.
How does this impact on Equality & diversity	An Equality and Health Inequalities Impact Assessment has not been completed for this paper which provides an update. The recommendations in this paper are for the ICB Board to consider and are for discussion. If the Board makes any decisions based on their discussion, we will take a proportionate approach to assessing their impact.
Patient and Public Involvement:	There has been no public involvement writing this paper. However, existing evidence from the public about their experiences of health and healthcare has been used.

Communications and Engagement:	The ICB and the Integrated Care Partnership will be able to share information about this paper and the Board's discussion about the recommendations with its partners.
Author(s):	Dr Joanne Medhurst, Chief Medical Officer and Adwoa Webber Head of Clinical Effectiveness and Research
Sponsoring Director / Clinical Lead / Lay Member:	Dr Joanne Medhurst, Chief Medical Officer

Agenda item: 6.1

Report title: Addressing health inequalities - update

1. Purpose and scope

This update will focus on:

- The progress that has been made by Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) on addressing health inequalities as an organisation in its own right linked to its legal and other responsibilities and functions
- How the Integrated Care Partnership's (ICP) role could progress addressing health (rather than solely healthcare) inequalities

2. Background

2.1 Many factors interact to shape our health. These include:

- the conditions in which we are born, grow, live, work and age –the wider, or social determinants. They cover features of people's lives such as housing and income.
- what individuals do and don't do, e.g. smoke, or can and can't do, e.g. eat enough nutritious food
- how easy health and care services are to access and use

The conditions, or wider determinants, influence how we think, feel and act (what we do and don't do and what we can and can't do). They affect our physical and mental health and wellbeing. These conditions are shaped by:

- national policies in a number of government departments, not just health and care
- the policies, practices and processes of the Integrated Care Partnership (ICP) partners in Bristol, North Somerset and South Gloucestershire (BNSSG)
- the acts and ways of working of organisations and others outside of the BNSSG ICP

Health inequalities are,

The systemic, unjust [or unfair] and avoidable differences in people's health across the population and between specific population groups

2.2 When we think about how health and care services contribute to health inequalities, we use the term health**care** inequalities.

Healthcare inequalities are,

Inequalities in the access people have to health services and in their experiences of and outcomes from healthcare

NHS England's vision for reducing health**care** inequalities is "exceptional quality healthcare for all ensuring equitable access, excellent experience and optimal outcomes.". This approach is based on the fact that although a large share of the things that influence health and wellbeing are 'outside the control of the NHS', the NHS can and should have an impact on the remaining part, i.e. the way it plans and delivers healthcare services.

3. BNSSG Integrated Care System (ICS) Strategy

The BNSSG ICS's Strategy includes a 'Key Opportunity' of "Tackling systemic inequalities". This states that the partners in the partnership have unintentionally / inadvertently unfairly disadvantaged some individuals and communities and unfairly advantaged other individuals and communities. We (ICB and partners) have done this through our structures, policies, practices, norms (what we expect of each other) and values (the why and things that matter to us).

It also says that we want to deliver health equity. The strategy says that we need to use the following principles and commitments to achieve health equity:

a) **Using decision-making as a way of valuing all individuals and populations equally** – thinking about how decisions are made and who is involved in making those decisions
b) **Valuing all individuals and populations equally** – reviewing quantitative and qualitative data, actively planning to close gaps in outcomes and challenging ourselves to correct things when patterns of injustice are clear
c) **Recognising and rectifying historical injustices** – checking how existing and new approaches can improve health equity and don't make things worse; looking at what people and communities have been telling us for many years; investing time in fixing the problems
d) **Providing resources according to need** – changing how we spend money to provide funding in way that supports people who experience health inequalities; targeting resources to those most in need and who will benefit the most

The BNSSG ICS Strategy's 'Key Opportunities' – strengthening the building blocks, prevention and early intervention, healthy behaviours, strategic prioritisation of key conditions – are designed to deliver a reduction in healthcare inequalities across the life course by focussing on people furthest from the better outcomes.

4. NHS specific drivers / requirements

The following documents describe and seek to address healthcare inequalities:

- The NHS Long Term Plan
- NHS Priorities and Operational Guidance since 2020/21 in terms of specific delivery
- The NHS System Oversight Framework
- Core20Plus5 for adults and for children and young people
- NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006)

Links to these documents can be found at Appendix 1.

5. BNSSG ICB current approach to addressing healthcare inequalities

At the moment, the ICB's approach to addressing healthcare inequalities has been to request and encourage each function within the ICB, each project and programme of work that the ICB is 'leading' on and each provider to be responsible for:

- understanding if there are inequalities in access, experience, and outcomes
- understanding what might be causing them
- delivering their work in a way that increases positive impact and reduces negative impact on heath inequalities

We are using population health data in some areas of work to do some of this. The information is analysed and reviewed by a range of stakeholders and informs understanding and then actions taken.

6. What progress is being made using this approach?

6.1 Understanding population need

BNSSG ICB produced 'Our Future Health' in 2022. That document describes the key health and wellbeing issues for our population and key opportunities for local interventions across all stages of life to maintain good health and wellbeing and reduce ill health for people who live in Bristol, North Somerset, and South Gloucestershire. The report clearly describes a variety of health inequalities. These include the differences in healthy life expectancy, e.g. people living in the most deprived areas have the same level of ill-health in their early 50s as people in the least deprived areas in the late 60s. It also describes differences in health outcomes and health status by ethnicity. This document, alongside Joint Strategic Needs Assessments, is information that we are expected to use to plan and provide services.

6.2 Locality Partnerships

The system promotes place-based Locality Partnerships as a way of making sure that local outcomes and inequalities are understood and acted on. This lines up with national policy and guidance that expects ICSs to work through these smaller geographies and give significant responsibilities and budgets to place-based partnerships. In 2023/24, the ICB gave money to the Locality Partnerships recurrently for three years. They will decide how to invest in locally driven health inequalities work based on their local knowledge. See Appendix 2 for details of some of their plans for using this year's funding.

6.3 Allocating funding

It is clear that the way that the core funding that the BNSSG ICB receives can and should be used within programmes and providers to deliver actions that will help to address healthcare and potentially health inequalities. An example of how the ICB is trying to allocate funding in a way that considers differences in need by populations is in the way it is developing its work on funding supplementary services in general practice.

In 2023/24, BNSSG ICB set aside funding to target agreed issues linked to known health inequalities as set out below:

a) Support the increase in health and care needs of people within our communities and who are migrants. The funding is being used to support a range of services and statutory requirements
b) Locality Partnerships

For 2024-25 funding of £3.2m that BNSSG ICB has set aside on a recurrent basis to specifically support work on health inequalities. This is allocated to the Chief Medical Officer as the ICB executive lead for health inequalities.

2024/25 Budget	**£3.2m**
Migrant Health	(£1.2m) assumed recurrent until demand reduces
Locality Partnerships	(£1.0m) assumed available for 3years minimum
Retained balance	**£1.0m**

The ICB Chief Medical Officer is developing a plan for a strategic use of the retained balance. They will use the NHSE statement of information described below to assess delivery against expected achievements to target improvement support.

6.4 Commissioning

1. Planning

The development of both the BNSSG Joint Forward Plan and the BNSSG NHS Operational Plans has encouraged actions to support addressing health inequalities. This is to respond to our local population needs and to some of the requirements given to the system by NHS England. There are some good examples of where this has worked well. For example, setting up a system elective care inequalities working group chaired by Deputy Medical Directors from both University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and North Bristol NHS Trust (NBT). This group is analysing and acting on information regarding waiting lists and Did Not Attends. However, there is a variation in the maturity of approach.

2. Designing / changing

In terms of designing services and models of care, this is done at various levels – 'system-wide' usually through one of the four Health and Care Improvement Groups (HCIG), Locality Partnerships and by individual and groups of providers. Organisations in BNSSG who are designing changes have at least two tools to help assess the impact or potential impact of changes on health inequalities:

- Health Equity Assessment Tool – this is designed to be completed at the start of a work plan, but it can be used retrospectively. It helps to consider the work's potential effects by giving teams questions and prompts designed to help systematically assess health

inequalities related to a work programme. It also helps teams to identify what can be done to help reduce inequalities
- BNSSG Equality and Health Inequalities Assessment (EHIA) – the equalities leads in the NHS/health partner organisations worked together to design one EHIA to be used by all NHS partners and in system-wide transformation work.

Transformation work that goes through the ICB Gateway Process has to use both tools to inform decisions about whether or how a piece of work moves into the next stage. However, only some of the change initiatives go through this process and they mainly cover care pathway redesign. For example, cultural and workforce changes would be outside scope and don't have a clear governance route to ensure robust, thoughtful discussions about inequality and equity. These tools can and should be used to inform other strategic decisions, e.g. short-, medium- and long-term system financial planning.

Core20Plus5

NHS England has asked systems to take a Core20Plus5 approach to their work to help address health**care** inequalities. The approach that BNSSG ICB has taken is that each relevant change or improvement group, e.g. HCIG or provider should be incorporating the Core20Plus5 requirement into their work. Progress on delivery and impact should therefore be monitored through the business-as-usual routes, which, as yet, have not been routinely refocused to deliver in this way.

6.5 Decision-making

The BNSSG ICS Strategy emphasises the need to change how decisions are made and who is involved in making those decisions so that we minimise the unfair disadvantaging and unfair advantaging that has happened and could continue to happen. The BNSSG Integrated Care System has a decision-making framework that describes where decisions will be made. BNSSG ICB and other system partners need to invest time in agreeing principles that ensure that people who experience health inequalities can influence decisions.

6.6 Monitoring progress and impact

Dashboards

Various pieces of local work are being done to develop tools to support BNSSG ICB's understanding of health and healthcare inequalities and to assess the impact that actions are having on reducing health and healthcare inequalities. Examples include:

- BNSSG System Outcomes Framework Data Explorer and Reporting Tool – BNSSG ICS has an outcomes framework that describes what high level outcomes the system as a whole wants to achieve and can only achieve by working together rather than individually. The Data Explorer has been designed for users to look at the data and pull out information on outcomes. The Reporting Tool has been designed to provide a high-level summary of outcomes for the system. People using the tool can easily look at data to see how they compare and are changing over time
- Planned Care Health Inequalities Dashboard – this shows information about people on a waiting list for secondary care activity. It highlights differences in waiting time in different

groups of people based on sex, ethnicity, age group and deprivation level of where the person lives. Some of the early analysis of hospital activity resulted in specific project to reduce Cardiology "Did Not Attends" of people from certain communities in both UHBW and NBT.

NHS England's statement on information on health inequalities

This was published in November 2023 and describes the information that ICBs, NHS trusts and NHS foundation trusts should collect, analyse, and publish on health inequalities in their annual reports (see Appendix 3). The annual reports should also summarise the inequalities that the information reveals and how the information has been used to guide action.

The ICB has agreed to coordinate this report across Avon and Wiltshire Mental Health Partnership Trust (AWP), UHBW and NBT and the HCIGs to develop a comprehensive response to both the publication and, more importantly, the variation in metrics that will be highlighted in the analysis of the published indicators.

Governance

BNSSG ICB and partners have set up governance arrangements to oversee the delivery of outcomes and performance through a number of groups and sub-committees. The integrated care system has not yet achieved the level of maturity that ensures that variation in experience and outcomes due to inequality is systematically identified and addressed and subsequently becomes part of system assurance and oversight.

There is currently a gap where there is no overarching **system** oversight of work being done to address inequalities and the impact that this is having. This means that it is more difficult to share good work, identify gaps and identify where and how further support can be offered.

In order to fill this gap while the system matures, BNSSG ICB is setting up a Health Inequalities Oversight Group. The draft Terms of Reference describe group's purpose is to:

- Oversee the BNSSG ICS's response to achieve the health inequalities commitments included in the BNSSG ICS Strategy
- Provide a 'helicopter view' of the ICS's work to address health inequalities in order to support governance groups such as the ICB Board committees, to fulfil their role in relation to monitoring progress on addressing health inequalities
- Influence wider system priorities
- Be active in sharing good practice and learning with system partners
- Help to align partners' efforts around inequalities, e.g. by identifying opportunities for more collaboration

The group will not be a decision-making group. Its role will be oversight, support, and influence.

7. Summary and recommendations

7.1 This update describes the range of work across the BNSSG ICS. It shows that BNSSG ICB and the wider ICS is in the early stages of its work to address the systemic nature of health and healthcare inequalities and that there is a lack of systematically and consistently applied thinking on health and healthcare inequalities in its work.

In review of the past year the ICB has used a small amount of discretionary spend to improve healthcare inequalities for a small, targeted group of residents. As part of the wider healthcare system it has collated, championed, and encouraged system health partners to consider equity and equality in their own strategic developments using relational levers rather than formal structural design.

In the next year the ICB can begin to collate and review delivery of improvement of healthcare inequalities using the NHSE statement, described above, which will give provider level oversight and use the balance of the health inequalities budget to support improvement, (noting that this has a provider framing therefore will exclude primary medical, optometry and dental services).
There could be a focus on variation of health outcomes that leads to a response using integrated system architecture to stimulate improvement which will require working together and sharing change resource towards a common goal within the sphere of influence of healthcare.
Or the wider system could agree to identify and pool human and financial resources and look at health inequalities including those driven by the wider determinants of health.

Moving forward there are a number of questions that BNSSG ICB Board, may want to consider and these questions have been separated into 2 sections, Healthcare Inequality and Health Inequality, as defined at the beginning of the paper.

Healthcare Inequality Questions

1. Are we content with evolution as a method of improvement having acknowledged the structural and historic nature health inequalities?
2. Are we sufficiently focused on actions in the present, responding to what we know about fundamental issues that affect our population, e.g. translation and interpreting services and health literacy?
3. As leaders are we ensuring that all proposed changes and service delivery are looked at through an inequality lens and do we champion the use of impact tools and wide engagement methods to surface early any reinforcing or worsening of structural inequality?
4. Are we doing enough to support staff and ensure that are given the time to thoroughly explore and understand healthcare inequality and impact, how organisations and culture can influence this and are given the tools and techniques to support change?

Action 1 – Getting the basics right

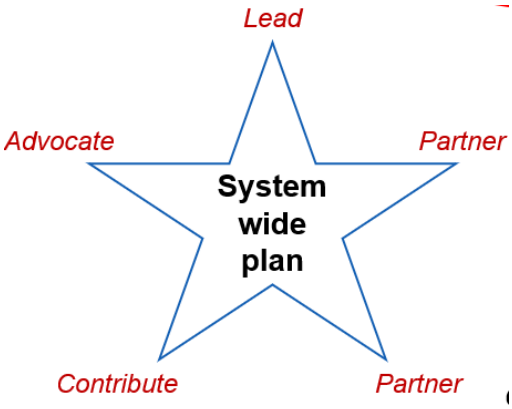
It is clear that reducing health inequalities requires the efforts and a spectrum of actions across the whole system. Reducing health care inequalities is the minimum ambition and leads to the final question.

Health Inequality Questions

5. What is the system ambition to improve healthcare as part of the wider need to improve health inequity and what roles do the ICB and the ICP take?

Partners will have different roles to play in the delivery of actions that lead to a reduction of health inequalities, and it may be useful to use the model in Figure 1. To identify where to focus coordinated efforts we would need to agree how we work together, to review shared data and agree governance of resource allocations. We would be mature enough that we could follow the trusted lead of a partner because we clearly understood and could justify that our actions where in service of the improvement of population outcomes.

Figure 1



8. Financial resource implications

There are no financial resource implications in providing this update. There will be implications for how financial resources are allocated to support actions to address inequalities. We also need to ensure that measures of how effective any investments / re-purposing of existing funding have been are proportionate, relevant and realistic.

9. Legal implications

The progress and considerations described in this paper will help BNSSG Integrated Care Board to fulfil both its equality and health inequalities legal duties. This paper has not given details of the various legal requirements. Appendix 4 provides a very brief summary of the obligations about health inequalities introduced by the Health and Care Act 2022 for ICBs and for Trusts and Foundation Trusts.

10. Risk implications

If the ICB, as an organisation in its own right, does not use its functions, responsibilities and place in the system to play its role in addressing the systemic nature of health and healthcare inequalities, then significant parts our population will continue to struggle to start well, live well, age well and die well.

11. How does this reduce health inequalities

This update and the recommendations are focussed on reducing health inequalities.

12. How does this impact on Equality and Diversity?

An Equality and Health Inequalities Impact Assessment has not been completed for this paper which provides an update. The recommendations in this paper are for the ICB Board to consider and are for discussion. If the Board makes any decisions based on their discussion, we will take a proportionate approach to assessing their impact.

13. Consultation and Communication including Public Involvement

There has been no public involvement writing this paper. However, existing evidence from the public about their experiences of health and healthcare has been used.

Appendices

Appendix 1 NHS Specific Drivers / Requirements
Appendix 2 Examples of Locality Partnerships' planned use of health inequalities funding
Appendix 3 Information on health inequalities to be collected, analysed and published as set out in the NHS England statement on information in health inequalities (duty under section 12SA of the National Service Act 2006)
Appendix 4 Brief summary of health inequalities obligations introduced by the Health and Care Act 2022

Glossary of terms and abbreviations

Integrated Care Board (ICB)	The NHS organisation responsible for planning health services for their population
Integrated Care Partnership (ICP)	This is a broad alliance of partners who all have a role in improving local health, care and wellbeing. They may also include social care providers, the voluntary, community and social enterprise sector and others with a role in improving health and wellbeing for local people such as education, housing, employment or police and fire services. Each ICP must develop a long-term strategy to improve health and social care services and people's health and wellbeing in the area.
Locality Partnerships	Locality Partnerships are made up of local health, social care, and the voluntary sector – with citizens and community as equal partners. This can include GPs, councils, social care, community services, mental health support and local activity clubs. People with lived experience, their support networks and carers are also partners in each Locality Partnership. Together they work as one team to understand what matters most to their local community. They then share their expertise, experiences, and knowledge to improve services for their population and ensure people are at the heart of every decision. We have six Locality Partnerships in Bristol, North Somerset and South Gloucestershire covering the following areas: North and West Bristol; Inner City and East Bristol; South Bristol; Woodspring; Weston, Worle and Villages; South Gloucestershire
Equality and Health Inequalities Assessment (EHIA)	A tool to explore the potential for a policy, strategy, decision-making process, service, project or procedure to have a positive or negative impact on a particular group, groups or community.

Health and Care Improvement Group (HCIG)	One of the types of groups in BNSSG that brings together partners to improve outcomes for our population. There are four of them: improving outcomes through effective and efficient hospitals; improving the lives of people living in our communities; improving the lives of people with mental health, learning disabilities and autism; improving the lives of our children
Gateway Process	The way the ICB designs and deliver system-wide transformation projects

Appendix 1 NHS Specific Drivers / Requirements

- The NHS Long Term Plan NHS Long Term Plan » Online version of the NHS Long Term Plan
- NHS Priorities and Operational Guidance
  - NHS England » 2021/22 priorities and operational planning guidance
  - NHS England » 2021/22 priorities and operational planning guidance: October 2021 – March 2022
  - NHS England » 2022/23 priorities and operational planning guidance
  - NHS England » 2023/24 priorities and operational planning guidance
- The NHS System Oversight Framework B1378_NHS-System-Oversight-Framework-22-23_260722.pdf (england.nhs.uk)
- Core20Plus5 for adults and for children and young people
  - Adults NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities
  - Children and young people NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people
- NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006) NHS England » NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006)

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Appendix 2 Examples of Locality Partnerships' planned use of health inequalities funding

Locality	Q4 HI Investment Area/Project	Amount for Q4	How will this be transacted?	When signed off and where?
	COPD Primary Care Project - to support people with COPD in segment 5, focusing on individuals who smoke, are housebound and/or experiencing fuel poverty and/or digital exclusion	£42,267	ICB / PCN Contract	
North & West Bristol	Energy Awareness Training to Support Identification of people in N&W who may require further support. To support project above.	North & West Brist	ICB invoice	N&W LP Board 16th Nov 2023 - delegated panel review on 15th Dec 23
Inner City & East Bristol	St Pauls Advice & Nilaari - ICE Financial Advice, Information and Guidance and Mental Wellbeing Support	£2,334	via BCC contract lead	ICE LPB - 21st Nov 2023
Inner City & East Bristol	*Various* - Green Social Prescribing	£4,146	via Sirona - GSP Lead	ICE LPB - 21st Nov 2023
Inner City & East Bristol	Caafi Health - Community Clinics	£15,000	Invoice direct to Joe via Oracle	ICE LPB - 21st Nov 2023
Inner City & East Bristol	Bristol Somali Youth Voice - CYP Positive Activities (Healthy weight & mental health)	£35,500	via Wesport contract - positive activities grants lead	ICE LPB - 19th Dec 2023
South Bristol	Continuation of leg club for lower leg wounds in Swift PCN	£2,200	via ICB/PCN contract.	SBLP Board - 24th Nov 2023
South Bristol	Falls prevention - fall proof campaign and strnegth and balance	£15,000	tbc - some via ICB/Wesport contract	SBLP Board - 24th Nov 2023
South Bristol	Community Anchor Organisation engagement and coproduction	£15,000	Via sirona/LLP contract addition	SBLP Board - 24th Nov 2023
Woodspring	Power to Pill. Further investment in Community Development worker at a local level	£21,728	Invoices will be raised by the Pill Community Foundation, who will contract with the West of England Rural Network (WERN) to employ the Community Development Worker.	
Worle Weston Villages	Build on existing Local Authority commissioning architecture to work with early years children in specific community/ies, to be identified using IMD by ward.	£21,521	Via ICB/Local Authority contract	One Weston Locality Partnership Board - 14 Dec 2023
South Glos	Village Agent 18 months (to complement exisitng 4 VAs give us full rural coverage)	£25,164	Section 256 to SGC, WERN the employing body	In process of being signed off virtually by SG LP Board
South Glos	MSK and chronic pain scoping work	£22,451	Community engagement / liasion, likely via S256, led by public health & Sirona	In process of being signed off virtually by SG LP Board
South Glos	CVD prevention	£5,000	Drawing together of this HI funding plus other funding streams into a single interventions pathway for physical activity, nature and arts & culture, forming a pathway with CVD proactive case finding monies. Wesport to manage fund	In process of being signed off virtually by SG LP Board
South Glos	Green Social Precribing	£12,671	Part of CVD interventions offer, match-funded by WECA/Sirona GSP monies	In process of being signed off virtually by SG LP Board

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Appendix 3 Information on health inequalities to be collected, analysed and published as set out in the NHS England statement on information in health inequalities (duty under section 12SA of the National Service Act 2006)

Domain	Indicator	Variables to be published		Level available		Indicator alignment	
		Deprivation	Ethnicity	ICB level	Trust/FT level	Healthcare inequalities priority	Core20Plus5 approach
Elective recovery	Size and shape of the waiting list; those waiting longer than 18 weeks, 52 weeks and 65 weeks	✓	✓	✓		Priority 1 (Restore NHS services inclusively)	
	Age standardised activity rates with 95% confidence intervals for elective and emergency admissions and outpatient, virtual outpatient and emergency attendances	✓	✓	✓			
	Elective activity vs pre-pandemic levels for under 18s and over 18s	✓	✓	✓	✓		

Domain	Indicator	Variables to be published		Level available		Indicator alignment	
		Deprivation	Ethnicity	ICB level	Trust/FT level	Healthcare inequalities priority	Core20Plus5 approach
Urgent and emergency care	Emergency admissions for under 18s	✓	✓	✓	✓		
Respiratory	Uptake of COVID and flu by socio-demographic group	✓	✓	✓		Priority 4 (Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes)	✓
Mental health	Overall number of severe mental illness (SMI) physical health checks		✓	✓		Priority 4 (Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes)	✓
	Rates of total Mental Health Act detentions	✓	✓	✓	✓		
	Rates of restrictive interventions	✓	✓	✓	✓		
	NHS Talking Therapies (formerly IAPT) recovery	✓		✓	✓	Priority 1 (Restore NHS services inclusively)	
	Children and young people's mental health access	✓	✓	✓	✓	Priority 1 (Restore NHS services inclusively)	

Domain	Indicator	Variables to be published		Level available		Indicator alignment	
		Deprivation	Ethnicity	ICB level	Trust/FT level	Healthcare inequalities priority	Core20Plus5 approach
Cancer	Percentage of cancers diagnosed at stage 1 and 2, case mix adjusted for cancer site, age at diagnosis, sex	NA	NA	✓			✓
Cardiovascular disease	Stroke rate of non-elective admissions (per 100,000 age-sex standardised	✓		✓		Priority 4 (Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes)	✓
	Myocardial infarction – rate of non-elective admissions (per 100,000 age-sex standardised)	✓		✓			✓

Domain	Indicator	Variables to be published		Level available		Indicator alignment	
		Deprivation	Ethnicity	ICB level	Trust/FT level	Healthcare inequalities priority	Core20Plus5 approach
	CVDP007HYP: Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold, by data	✓	✓	✓		Priority 4 (Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes)	✓
	CVDP003CHOL: Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy	✓	✓	✓			✓

Domain	Indicator	Variables to be published		Level available		Indicator alignment	
		Deprivation	Ethnicity	ICB level	Trust/FT level	Healthcare inequalities priority	Core20Plus5 approach
	CVDP002AF: Percentage of patients aged 18 and over with GP recorded atrial fibrillation and a record of a CHA2DS2-VASc score of 2 or more, who are currently treated with anticoagulation drug therapy	✓	✓	✓			✓
Diabetes	Variation between % of people with Type 1 and Type 2 diabetes received all 8 care processes	✓	✓	✓			
	Variation between % of referrals from the most deprived quintile and % of Type 2 diabetes population from the most deprived quintile	✓		✓		Priority 4 (Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes)	

Domain	Indicator	Variables to be published		Level available		Indicator alignment	
		Deprivation	Ethnicity	ICB level	Trust/FT level	Healthcare inequalities priority	Core20Plus5 approach
Smoking cessation	Proportion of adult acute inpatient settings offering smoking cessation services				✓	Priority 4 (Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes	✓
	Proportion of maternity inpatient settings offering smoking cessation services				✓		✓
Oral health	3.7.ii Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under (number of admissions not number of teeth extracted	✓	✓	✓	✓		✓
Learning disabilities and autistic people	Learning Disability Annual Health Checks			✓			Aligned (no indicator)

Domain	Indicator	Variables to be published		Level available		Indicator alignment	
		Deprivation	Ethnicity	ICB level	Trust/FT level	Healthcare inequalities priority	Core20Plus5 approach
	Adult mental health inpatient rates for people with a learning disability and autistic people	NA	NA	✓			
Maternity and neonatal	Preterm births under 37 weeks	✓	✓	✓			✓

Appendix 4 Brief summary of health inequalities obligations introduced by the Health and Care Act 2022

Obligations about health inequalities introduced by the Health and Care 2022

General changes

Persons rather than patients (i.e. an emphasis on inclusive access)

Joint forward plan not annual plan

Regard to likely effects of the decisions in the exercise of functions

This is in relation to the **triple aims**:

(a) the health and wellbeing of the people of England

(b) the quality of services provided to individuals

(c) efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.

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New duties on ICBs and Trusts

ICBs

- **Duty on health inequalities**: 'Each integrated care board must, in the exercise of its functions, have regard to the need to— (a) reduce inequalities between persons with respect to their ability to **access health services**, and (b) reduce inequalities between patients with respect to the **outcomes achieved** for them by the provision of health services.'
- **Quality of service** duty, which includes addressing health inequalities
- Duty to **promote integration** where this would reduce inequalities in access to services or outcomes achieved
- Duties on several other areas which require consideration of health inequalities – in making wider decisions, **planning, performance reporting**, publishing certain reports and plans, **annual reports and forward planning**
- **Annual assessment** of performance by NHS England on how well the ICB has discharged its functions in relation to a range of matters including reducing health inequalities, improving quality of service, and public involvement and consultation.

Trusts and Foundation Trusts

Have regard to wider effects of decisions in relation to the health and wellbeing of people and the quality of services provided to individuals including in relation to inequalities (s. 26A).

Note: in addition to the health inequalities duties, the **public sector equality duty (PSED)** applies NHS bodies in relation to both functions and workforce and prescribes characteristics to be considered (i.e. protected characteristics).

NHS England will be publishing a reference document on the two sets of duties, which will replace the 2015 Guidance for NHS commissioners on equality and health inequalities legal duties

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