



Item Number:	4	Enclosure Number:	Enc B
Meeting:	ICS Health Inequalities, Prevention and Wider Determinants Group		
Date of meeting:	9 June 2022		
Report Title:	Delivering on ICS Outcomes and Reducing Inequalities		
Sponsor:	John Brewin, ICS Health Inequalities Lead, Chief Executive Notts Healthcare		
Report Author:	Hazel Buchanan, ICS Programme Director; Lucy Hubber, Director of Public Health		
Enclosure / Appendices:	ICS Partnership Board Presentation		
Summary:			
<p>At the last ICS Partnership Board, it was proposed and members agreed for Equity to be adopted as the core organising principle for the ICS. To support this, leadership commitments were also proposed and have been adapted in the presentation attached following discussions in the Board.</p> <p>In order to demonstrate how equity can be applied across the system, the presentation also provides an overview of the types of actions that can be taken to deliver against the commitments through the different parts of the ICS. A corresponding action from the Board was for the ICS to move into action with plans in organisations as well as across the ICS and it is anticipated that the table and commitments will support this process. To support this it would also be beneficial to consider how equity as a core principle is applied across the different thematic workstreams i.e planned care, urgent care, mental health.</p> <p>The Group are therefore asked to comment on the descriptors in relation to the commitments and to further develop the detail in the tables on pages 9 and 10 in relation to how the core principle of equity can be applied and delivered across the different thematic priorities of the ICS. This detail will then be used to further inform strategy, present to wider stakeholders and support action against the Health Inequalities plan.</p>			
Recommendations: Health Inequalities Group are asked to:			
1.	Provide comment on the characteristics/descriptors of the commitments		
2.	Comment and add further context to the tables on how the commitments can be delivered across the different parts of the ICS		
3.	Consider priorities for action in order to demonstrate the benefits and impact of equity as a core principles		
Is the paper confidential?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Document is in draft form <p>Note: Upon request for the release of a paper deemed confidential, under Section 36 of the Freedom of Information Act 2000, parts or all of the paper will be considered for release.</p>			



**Integrated
Care System**
Nottingham & Nottinghamshire

Nottingham and Nottinghamshire ICS Partnership Board

Delivering on ICS Outcomes and Reducing Inequalities

ICS Health Inequalities Lead: John Brewin

Directors of Public Health: Lucy Hubber, Nottingham City Council; Jonathan Gribbin Nottinghamshire County Council

ICS NHS Clinical Lead and Programme Director: Chris Packham

ICS Programme Director: Hazel Buchanan



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Statutory, Strategic, Operational Objectives

Statutory – Duties to improve population outcomes and tackle inequalities is explicitly and implicitly noted in the 12 overarching duties of ICBs and therefore ICSs in the latest Health and Care Bill

Strategic – Core purpose of an ICS

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

Operational – Aims of the Nottingham & Notts ICS outcomes framework

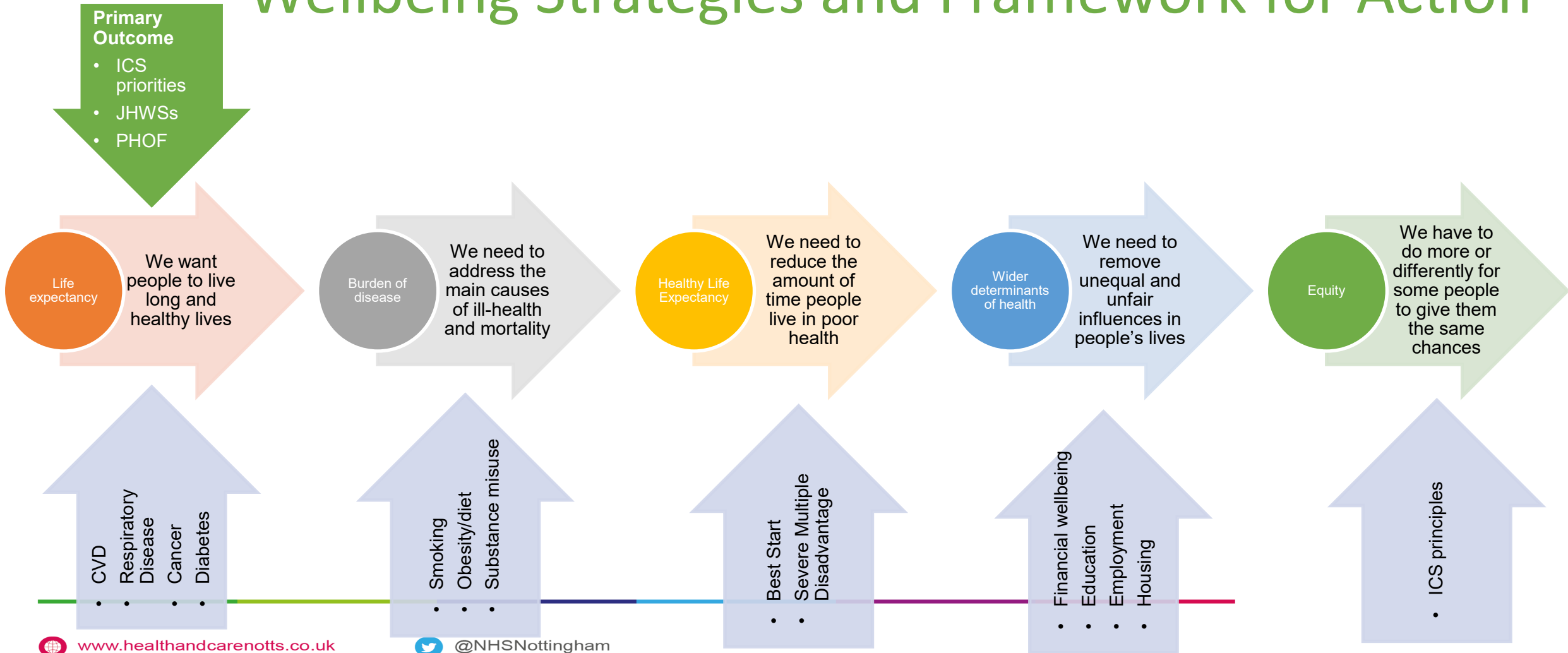
- Improving the health and wellbeing of our population
- Improving the overall quality of care and life our people and carers have and receive
- Improving the effective utilisation of our resources.

Nottingham & Notts ICS Shared Vision - Every citizen enjoying their best possible health and wellbeing



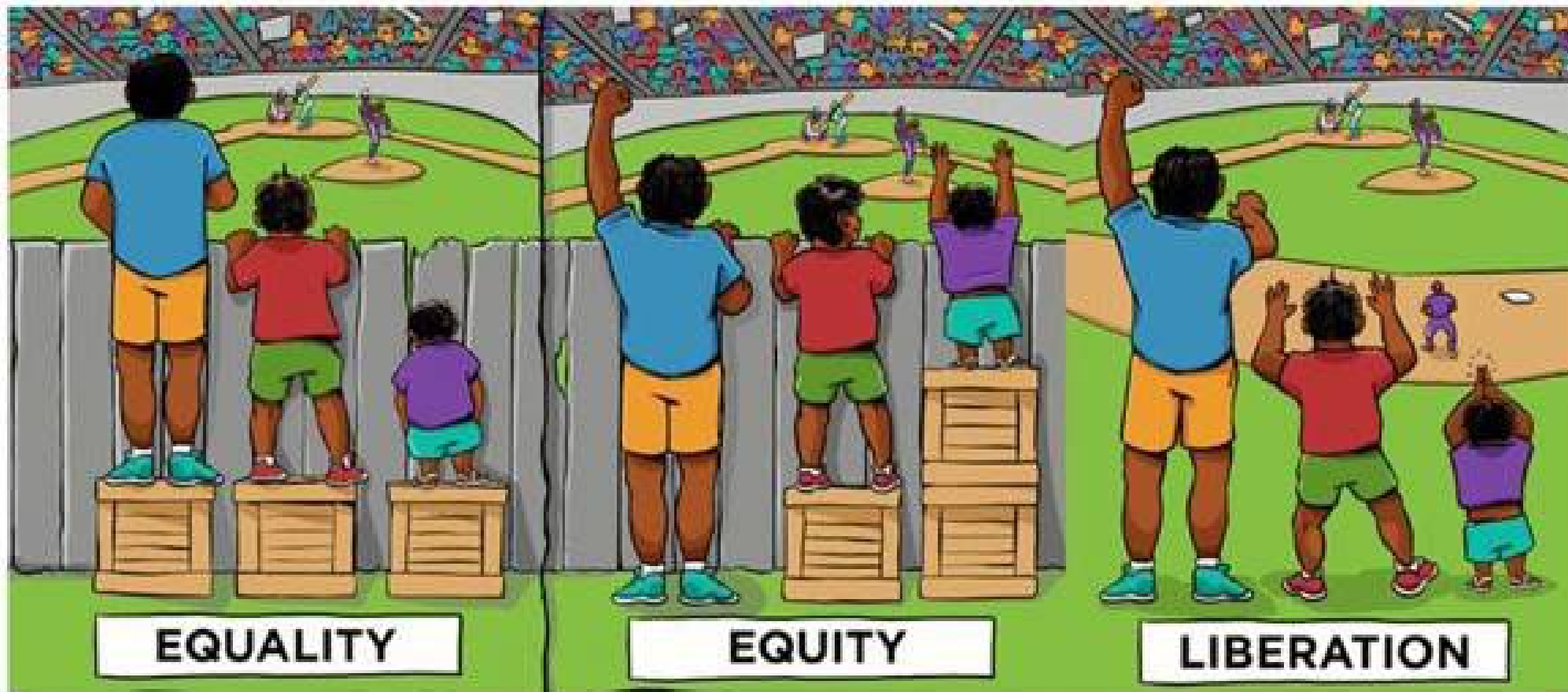


ICS Health Inequalities Strategy, Health and Wellbeing Strategies and Framework for Action



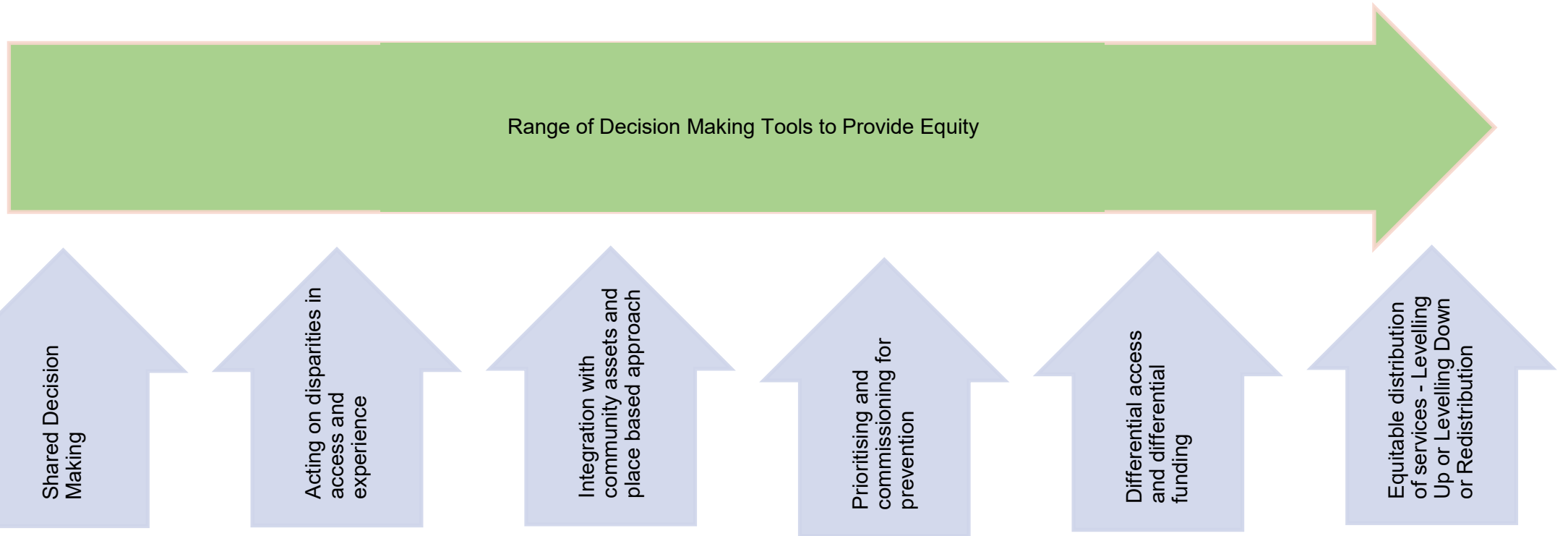


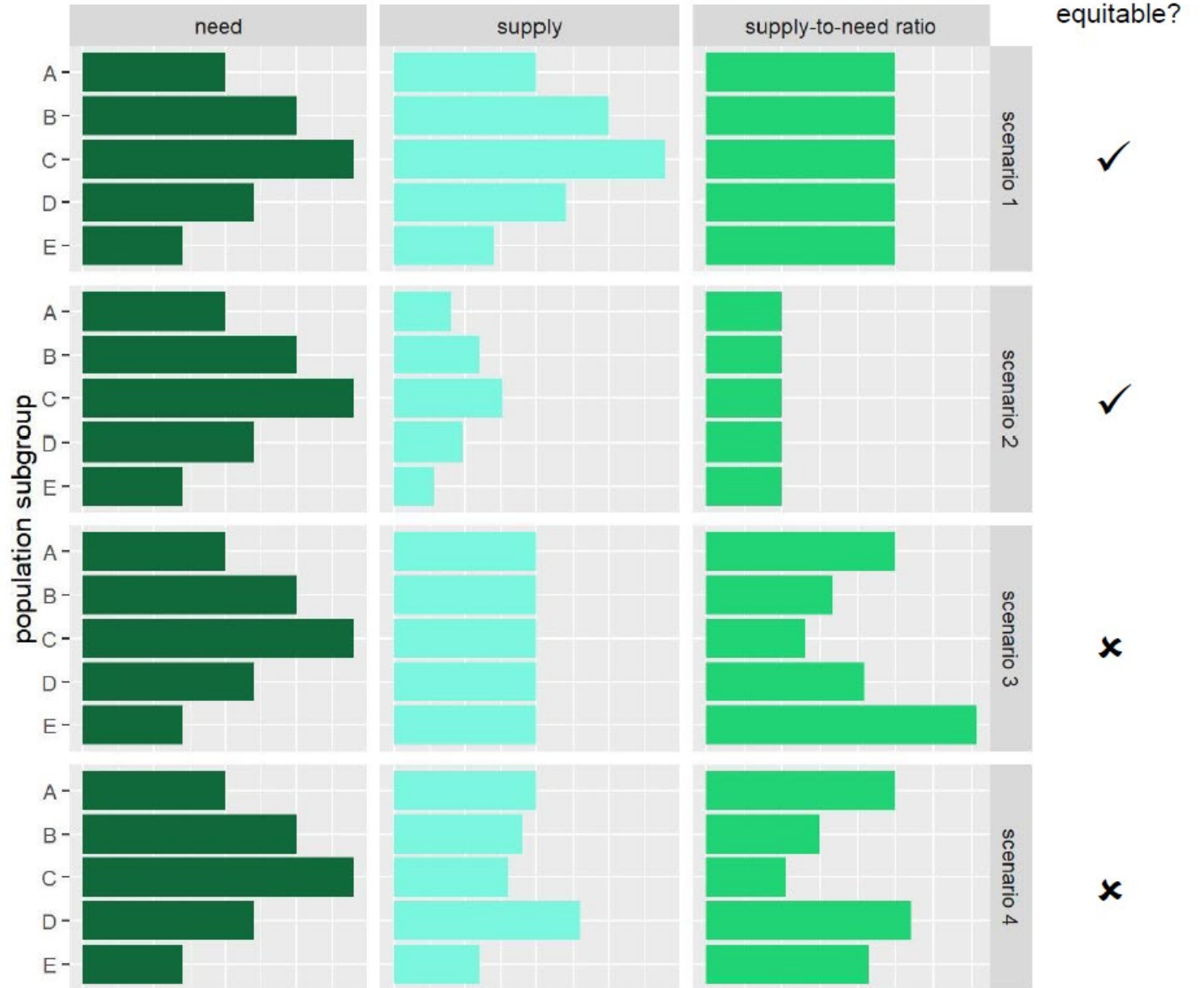
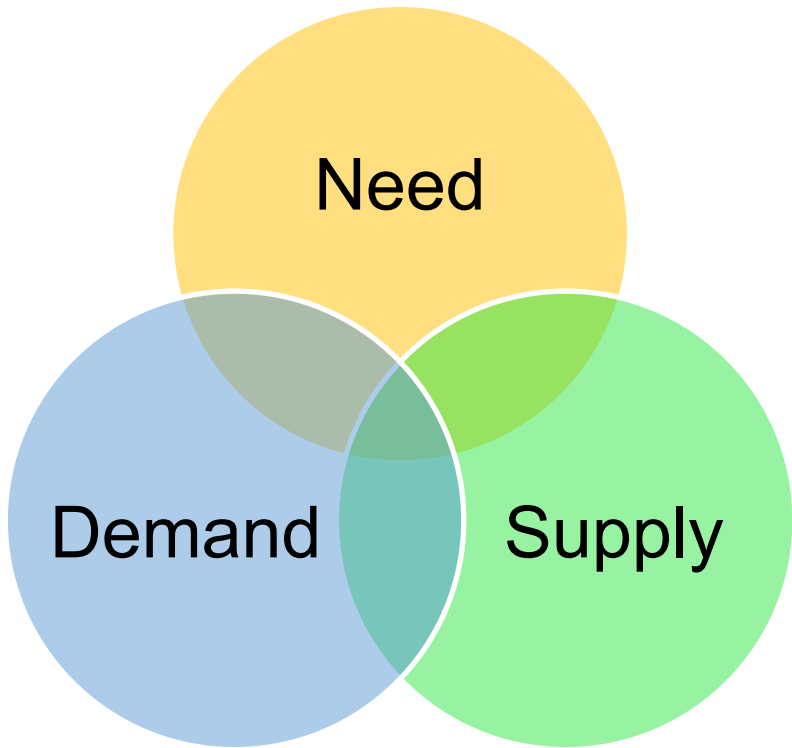
What is Equity?





Applying Equity in Decision Making







Questions to the Board

1. Is the ICS Partnership Board agreed on equity as a means to deliver outcomes and reduce inequalities?
2. Do you recognise how the system can impact on equity?
3. Do you recognise equity as a concept that can be applied within your organisation to deliver outcomes?



ICS Leadership Commitments

The starting point is always understanding and describing the local population and inequalities in our communities

- Using data and lived experience to create an intelligence-led approach to understanding inequalities
- Describing and understanding our populations for what they are as the starting point – geography, protected characs, inclusion health, socio-economic factors
- Connected communities and co-production

Targeting solutions and resources based on intelligence

- Using population health tools to design and deliver services based on different needs
- Building intelligence into service/programme planning and delivery – implementing intelligence systems that surface the ‘gaps’
- Opportunities and constraints in equitable distributions of services
- Taking an approach that embraces opportunities and constraints in differential investment and differential access
- **Being transparent will be central in relation to the management of and shifts in resources**

ICS has a role in addressing wider determinants

- Integrating addressing wider determinants into our service/programme planning and delivery
- Using our role as anchor institutions to impact on local communities, informed by the Local Authorities
- Alignment with the Health And Wellbeing Strategies and delivery of priorities through Place

Delivering accessible, quality healthcare services

- Informed changes in relation to addressing disparities across access, experience and outcomes and providing equity
- What should we expect and what is happening
- Ensure a strong core service to support all communities **whilst recognising the differences and strengths**
- **Building and maintaining trust and connected communities through place and neighbourhoods is central**
- **Engendering a key focus and commitment to enabling and supporting our local communities – they don’t have issues, they have solutions**

Changing the conversation

- In Boards, meetings, teams and with patients – **focusing on building trust and breaking down barriers**
- Recognising and valuing the characteristics of local communities across Nottingham & Nottinghamshire
- Jointly planning and commissioning services based on population need
- Providing a mandate to be responsible collectively
- Taking a learning approach – approaching as a journey where failure is a valuable experience for learning





	Understanding Local Population	Targeted Solutions & Resources	Wider Determinants	Quality Healthcare	Changing the Conversation
<p>ICS & ICB</p> <p>Glossary Population Health Management (PHM) Joint Strategic Needs Assessment (JSNA) Systems Analytics Intelligence Unit (SAIU)</p>	<p>Applying PHM at scale through a shared overview of the population, including the JSNA and Core20+ SAIU and system working (alignment with Health and Wellbeing Boards Shared approach to Health Equity Assessments and Equality & Inequality Impact Assessments (including with local communities))</p>	<p>Prioritise smoking, alcohol, weight management</p> <p>Process to effectively assess and interpret constraints and opportunities for decision making based on equity</p> <p>Applying Core20+5 approach and prioritising action</p>	<p>Anchor Institution priorities aligned to Health and Wellbeing Strategy priorities and system policies i.e. financial wellbeing</p>	<p>Commissioning framework that includes disparities across access, experience, outcomes</p> <p>Co-production strategy</p>	<p>ICS and organisational board reporting to include health inequalities relevant to commitments and priorities</p> <p>Creating a learning environment including with local citizens—failure as a valuable exercise and sharing the learning</p>
<p>Place Based Partnerships - Place</p>	<p>Delivering Health and Wellbeing Strategy Priorities</p> <p>Connecting with communities programmes</p>	<p>Health and Wellbeing Strategy priorities</p> <p>Core20+ and targeted partnership approach to design services around need</p>	<p>Health and Wellbeing Strategy Priorities – work programmes in partnership with Public Health</p>	<p>Connected Community Programmes and links with co-production</p> <p>Identifying and informing on Plus in Core20+ - marginalised groups</p>	<p>Partnership working with and building on community assets relevant to population need</p> <p>Building community links</p>
<p>Primary Care Networks (PCN) – Neighbourhood</p>	<p>Applying impactful interventions as per PHM approach – Targeted action based on local intelligence</p>	<p>PCN Health Inequality Enhanced Service – supporting PCNs as part of wider structure</p>	<p>Social Prescribing</p> <p>Establishing PCN roles and services around local community need</p>	<p>Targeted support based on population need</p>	<p>Shared Decision Making</p> <p>Self-management and LINK workers</p>



	Understanding Local Population	Targeted Solutions & Resources	Wider Determinants	Quality Healthcare	Changing the Conversation
Provider Collaborative	Identifying priorities based on PHM and JSNA where can impact on equity across access, experience and outcomes as a collaborative	Effectively assessing and interpreting constraints and opportunities for decision making based on equity	Identifying priorities and opportunities as a collaborative that can be supported by the ICS as an anchor institution and Health and Wellbeing Strategies	Applying co-production Opportunities as a collaborative to impact on disparities across access, experience and outcomes Applying Core20+ approach as a collaborative	Reporting on health inequalities Creating a learning environment across the collaborative in relation to population need Understanding the gap
Organisation	Applying impactful interventions as per PHM approach - understanding the gap Applying system wide EQIA and health inequality assessments	Prioritise smoking, alcohol, weight management Identify points in pathway and prioritise resources where can influence i.e. peri-op, staff health Effectively assessing and interpreting constraints and opportunities for decision making based on equity	Role as an anchor institutions - Procurement Estates Staff (including as provider collaborative)	Measure disparities across access, experience, outcomes as a way of working and acting on equity. Personalisation and shared decision making	Reporting on health inequalities as part of standard performance reporting Understanding the “gap” and creating a learning environment on population need



Questions to the Board

1. Do the leadership commitments serve to represent the approach and galvanise the system ?

