

## NORTH NORTHAMPTONSHIRE HEALTH AND WELLBEING BOARD

5<sup>th</sup> July 2022

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| <b>Report Title</b>  | <b>Northamptonshire ICS Health Inequalities Plan</b>           |
| <b>Report Author</b> | <b>Chloe Gay, Public Health Principle – Health Improvement</b> |

| <b>Contributors/Checkers/Approvers</b> |   |                           |
|--|---|---------------------------|
| <b>Other Director/SME</b>              | John Ashton, Director of Public Health, North Northants Council | 26 <sup>th</sup> May 2022 |

### List of Appendices

**Appendix A – Northamptonshire ICS Health Inequalities Plan**

**Appendix B – Health Inequalities data**

#### **1. Purpose of Report**

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1.1. To NOTE the Northamptonshire ICS health inequalities plan and next steps for implementation.

#### **2. Executive Summary**

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1.2. NHS England requested that all ICS' in the East Midland develop a health inequalities plan that sets out the approach the system will take to address health inequalities.

1.3. This plan should be approved by the Integrated Care Board by end of Q1 2022/23 and submitted to NHS England.

1.4. This paper presents the final version of the health inequalities plan and next steps for implementation.

#### **3. Recommendations**

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3.1 To NOTE the Northamptonshire ICS health inequalities plan and next steps for implementation.

3.2 For all members of the HWB identify executive health inequalities leads in their organisations to join the Health Inequalities Oversight Board and oversee the implementation of the plan.

## 4. Report Background

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4.1 Addressing health inequalities is a core principle behind the establishment of Integrated Care Systems (ICS) and new ways of working. NHS England requires local systems to develop a local Health Inequalities Plan which sets out how the system will work together to address health inequalities.

## 5. Issues and Choices

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5.1 The health inequalities plan describes Northamptonshire's vision to work with communities to ensure that people living in Northamptonshire have the opportunity to thrive, to access quality services providing excellent experiences and optimal outcomes for all. The long-term ambition is to see:

- An increase in healthy life expectancy
- A reduction in health inequalities
- A reduction in premature mortality
- Improved community cohesion

5.2 To achieve this vision Northamptonshire ICS has developed a set of Guiding Principles which sets out the how we need to work as a system to understand and address health inequalities. These principles will be embedded across all organisations working in the ICS.

5.3 Alongside the implementation of these principles the system will develop specific actions at ICS, place and neighbourhood levels to address health inequalities. The key areas of focus for 2022/23 are set out in the health inequalities action plan for 2022/23. These will be reviewed annually.

5.4 Next steps to implement the plan include:

5.4.1 Finalise the governance arrangements

As the ICS governance structures are finalised we need to finalise the arrangements for health inequalities. The ICP will be responsible for setting the strategy for Health Inequalities and the delivery will be through the system transformation programmes and at place. Governance of system-level principles and actions will be via the ICS and a Health Inequalities Subgroup of the Population Health Board will be established to oversee the implementation of the health inequalities plan. Governance of place-based plans and strategies will be via Health and Wellbeing Boards. Governance of plans and actions at geographical footprints beneath place level will be agreed between local partners using the most appropriate structures consistent with effective representation and oversight.

5.4.2 Identify an executive nominated executive lead for health inequalities in each organisation who will be responsible for driving this agenda forward in their own organisation.

5.4.3 Establishment of the Health Inequalities oversight group, bringing together stakeholders from across Northamptonshire's health and care system our ICS, to focus on this important programme of work. This will include links with health inequalities leads for each organisation and the ICS transformation priority programmes collaboratives to develop the Health Inequalities Programme plan for short, medium and long term initiatives. This group would also monitor

health inequalities data, further develop the health inequalities indicators, respond to emerging evidence and develop recommendations.

5.4.4 Review capacity in the system to develop this programme of work and ensure sufficient leadership, analytical and programme management capacity.

5.4.5 Finalise the ICS outcomes framework

5.4.6 Development of place and neighbourhood plans

## **6. Implications (including financial implications)**

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### **6.1 Resources and Financial**

6.1.1 There are no resources or financial implications arising from the proposals.

### **6.2 Legal**

6.2.1 There are no legal implications arising from the proposals.

### **6.3 Risk**

6.3.1 For the vision set out in the plan to be achieved we need to ensure that we have capacity and resources across the system to enable the principles to be embedded. This requires leadership in each organisation and system-wide governance and oversight of the programme to ensure that we are delivering the objectives of the plan.

### **6.4 Consultation**

6.4.1 A Health and Wellbeing Board Development Session was held in March to engage with stakeholders across the system. In addition, the draft health inequalities plan has been shared with a wide range of stakeholders and discussed at a number of meetings and boards, set out below. Feedback has been taking into account when finalising the report.

- CCG Governing Body
- ICS Steering Group
- System Transformation Delivery Board
- Transformation Directorate Integrated Commissioning Meeting
- Transformation Steering Group
- Strategy and Planning Committee
- Partnership Board
- Health and Wellbeing Boards
- Senior Leadership Teams for Adults, Communities and Wellbeing
- Informal transformation delivery group meetings
- Meetings with key contacts in collaboratives
- Narrative submission working group
- Clinical & Care Professional Leadership Working Group

- Workshop for UHN
- Population Health Board

## 6.5 **Consideration by Overview and Scrutiny**

6.5.1 Not applicable

## 6.6 **Climate Impact**

6.6.1 Not applicable

## 6.7 **Community Impact**

6.7.1 It is expected that through the implementation of the health inequalities plan the ICS will address health inequalities, having a positive impact on local communities.

## 7. **Background Papers**

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**Appendix A – Northamptonshire ICS Health Inequalities Plan**

**Appendix B – Health Inequalities data**