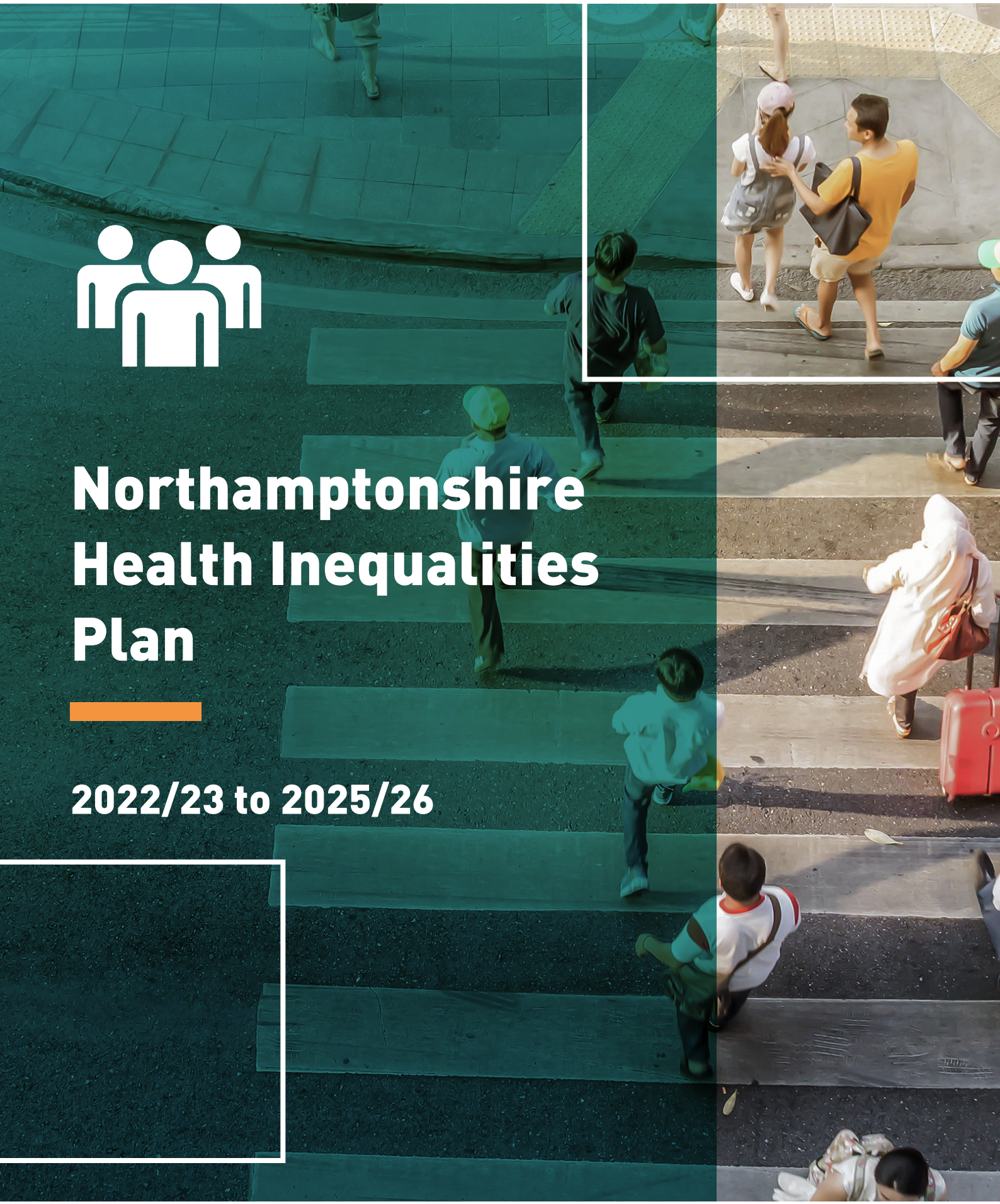
Northamptonshire
Integrated Care System



# Northamptonshire Health Inequalities Plan

## 2022/23 to 2025/26

# Contents



# Executive summary

**Health inequalities are 'unfair and avoidable differences in health across populations and between different groups within society' (The King's Fund 2020). The unequal distribution of the social factors which affect our health – such as education, housing and employment – drives inequalities in physical and mental health, reduces people's ability to prevent sickness, or to get treatment when ill health occurs.**

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

This 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

To achieve this vision Northamptonshire ICS has developed a set of guiding principles describing 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. Our guiding principles are summarised in Fig. 1 on the following page and described in detail on pages 18 to 21.

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 (see Appendix). These will be reviewed annually.

## Key actions over the next six months

1. Finalise governance arrangements
2. Establish Health Inequalities Oversight Group
3. Review capacity in the system to develop this programme of work and ensure sufficient leadership, analytical and programme management capacity
4. Finalise the ICS Outcomes Framework
5. Develop place and neighbourhood plans that reflect local assets and needs

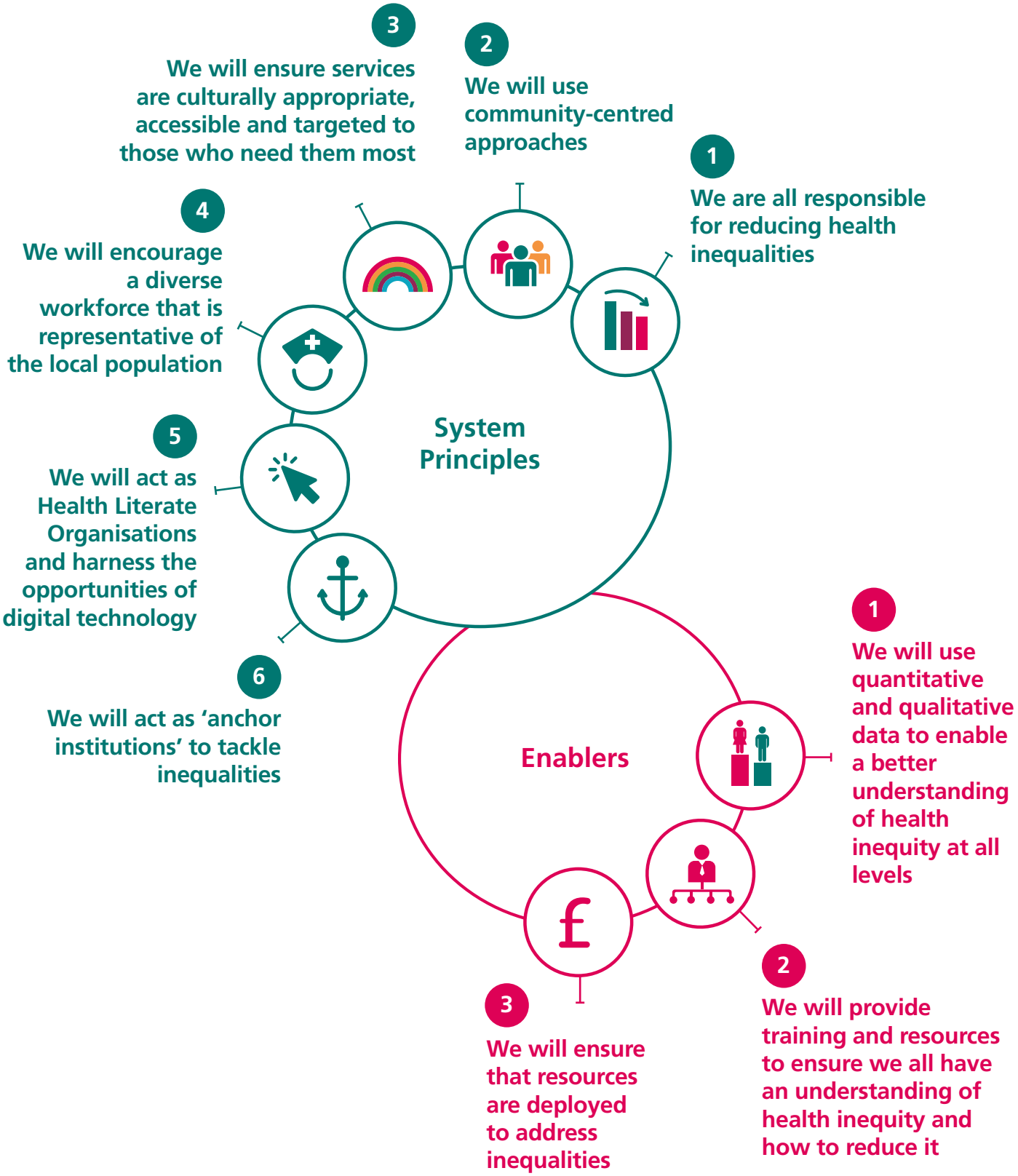



Fig. 1: Principles of our approach to reducing health inequalities in Northamptonshire

# Purpose

**Addressing health inequalities is a core principle behind the establishment of Integrated Care Systems (ICS) and new ways of working. We are required to develop a local Health Inequalities Plan which sets out how the system will work together to address health inequalities. This document sets out the plan for Northamptonshire ICS.**

Our vision is 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

## Objectives of the Northamptonshire Health Inequalities Plan

1. To develop a set of broad guiding principles which describe practical actions for the Integrated Care System to reduce health inequalities.
2. To set out key areas of focus and next steps for developing these.

# What are health inequalities?

**Health inequalities are preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies. These determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs[i].**

Health inequalities can result in differences in:

- Wider determinants of health, e.g. quality of housing, employment opportunities, education, air quality
- Behavioural risks to health, e.g. smoking or healthy diet
- Health status, e.g. life expectancy and prevalence of health conditions
- Access to services, e.g. availability of treatments
- Outcomes, quality and experience of care[ii]

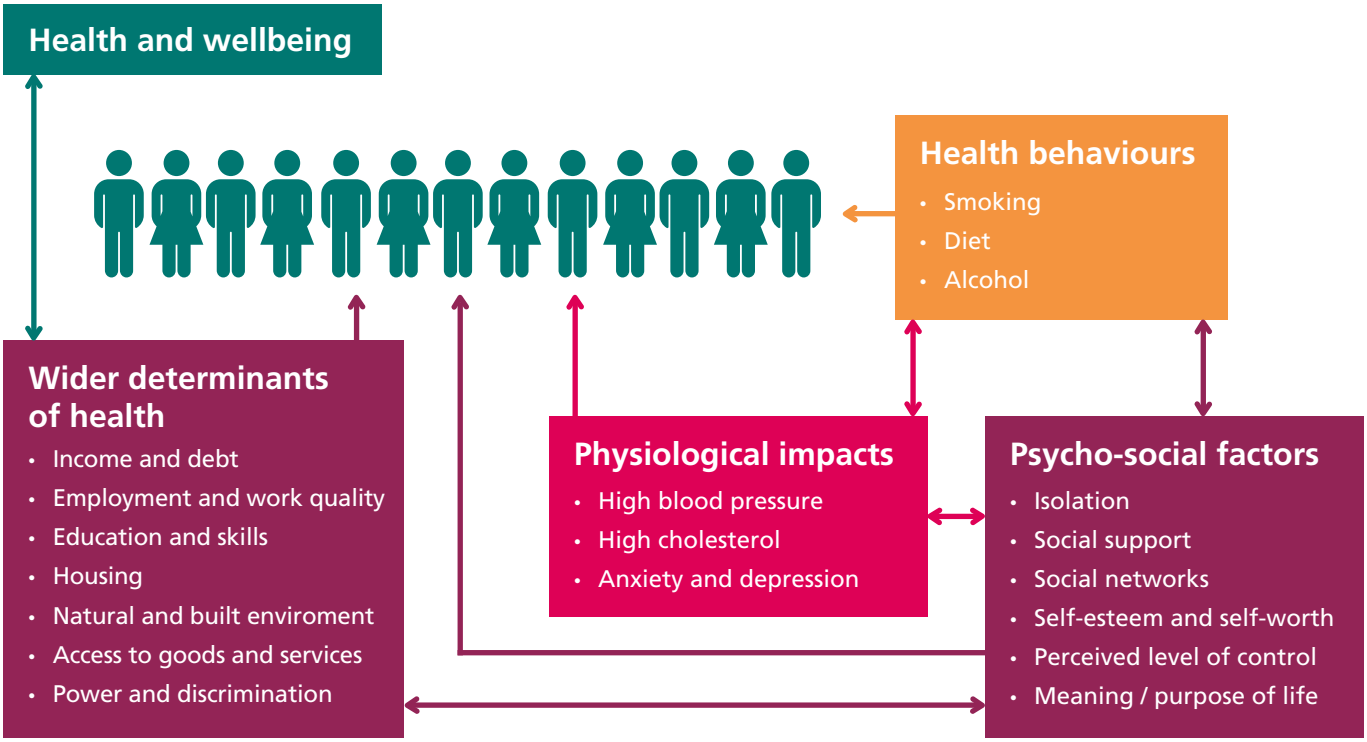



Fig. 2: System map of the causes of health inequalities

i NHS England and NHS Improvement: Reducing health inequalities https://www.england.nhs.uk/about/equality/equality-hub/resources/

ii The King's Fund: What are health inequalities? https://www.kingsfund.org.uk/publications/what-are-health-inequalities

People do not have the same opportunities to be healthy. Inequalities are driven by a range of factors, including variations in the wider determinants of health and the presence of, or access to, psycho-social mediating and protective factors.

Health inequalities are not inevitable and can be significantly reduced. Most effective actions to reduce health inequalities will come through action on the wider determinants of health. It is estimated that only 20% of health outcomes result from clinical interventions, with the remaining 80% driven by healthy lifestyle factors, wider determinants of health (such as social networks) and environmental factors[iii].

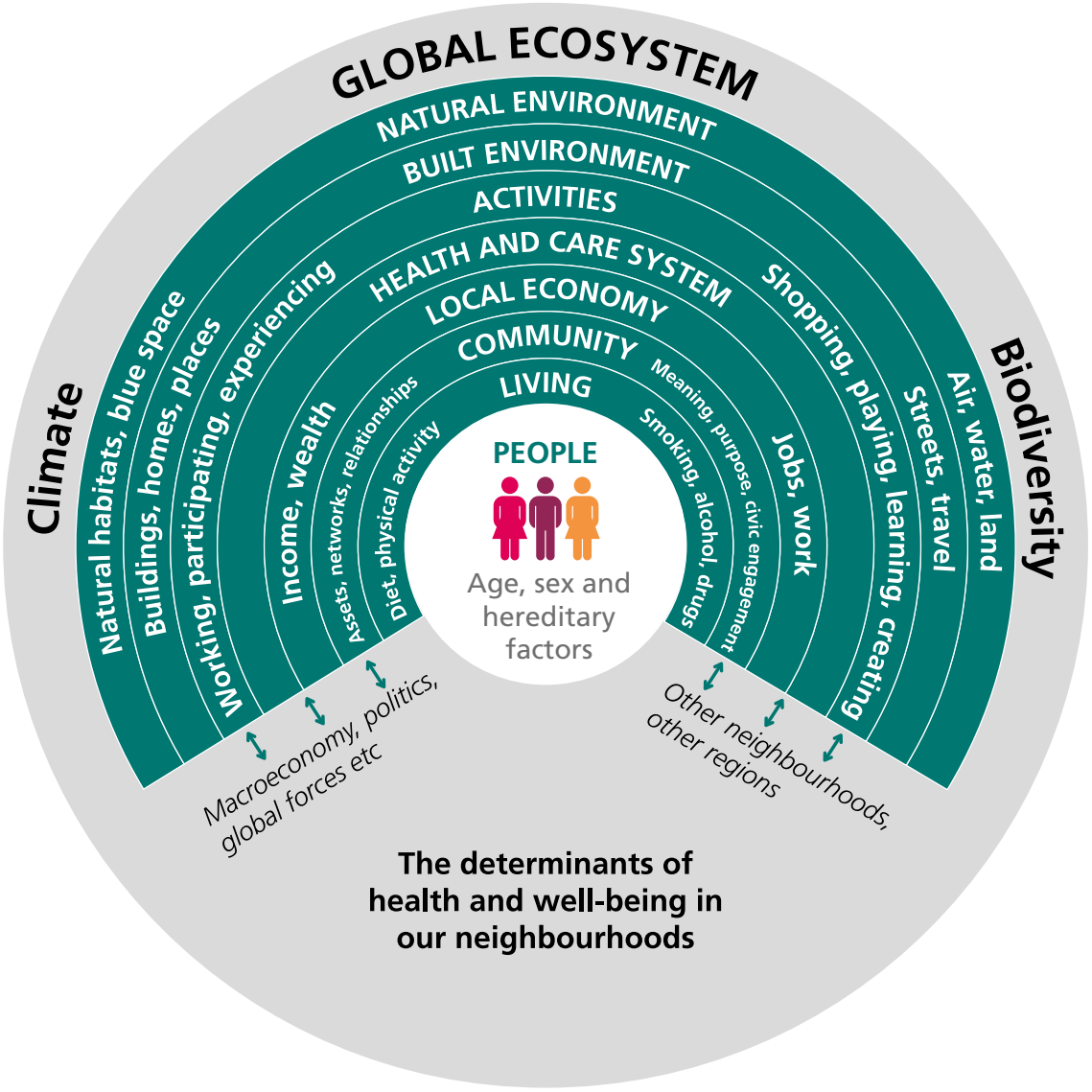



Fig. 3: The determinants of health and wellbeing in our neighbourhoods.

**'Health inequalities'** is the commonly used term – however, we are actually referring to health equity and inequities. Equality means treating everyone the same or providing everyone with the same resource, whereas equity means providing services relative to need to ensure equality of outcomes. This will mean some warranted variation in services for different groups.

iii Marmot M (2010) Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010 https://www.gov.uk/research-for-development-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010

Health inequalities are determined by social circumstances largely beyond an individual's control. The dimensions of inequality show the different groups that are most vulnerable to health inequalities and how these overlap, as shown in Fig. 4 below. Legislation underpinning efforts to reduce inequalities includes the Equality Act 2010 and the Public Sector Duty, which sets out key characteristics of communities that are subject to inequalities. However, the Act does not include socio-economic status, which remains a fundamental contributor to inequalities in health and wellbeing outcomes, as well as other factors such as where people live.

Some groups in society are particularly disadvantaged: for example, people who are homeless, refugees and asylum seekers, including those who receive no financial support and for whom absolute poverty remains a reality. In the UK, the concept of 'inclusion heath' (an approach which aims to address extreme health and social inequities) has typically encompassed groups including homeless people; Gypsy, Roma and traveller communities; vulnerable migrants; offenders; and sex workers[iv]; but other groups can also be included, such as care leavers. These groups can be socially excluded, which means processes driven by unequal power relationships that interact across economic, political, social, and cultural dimensions[v].

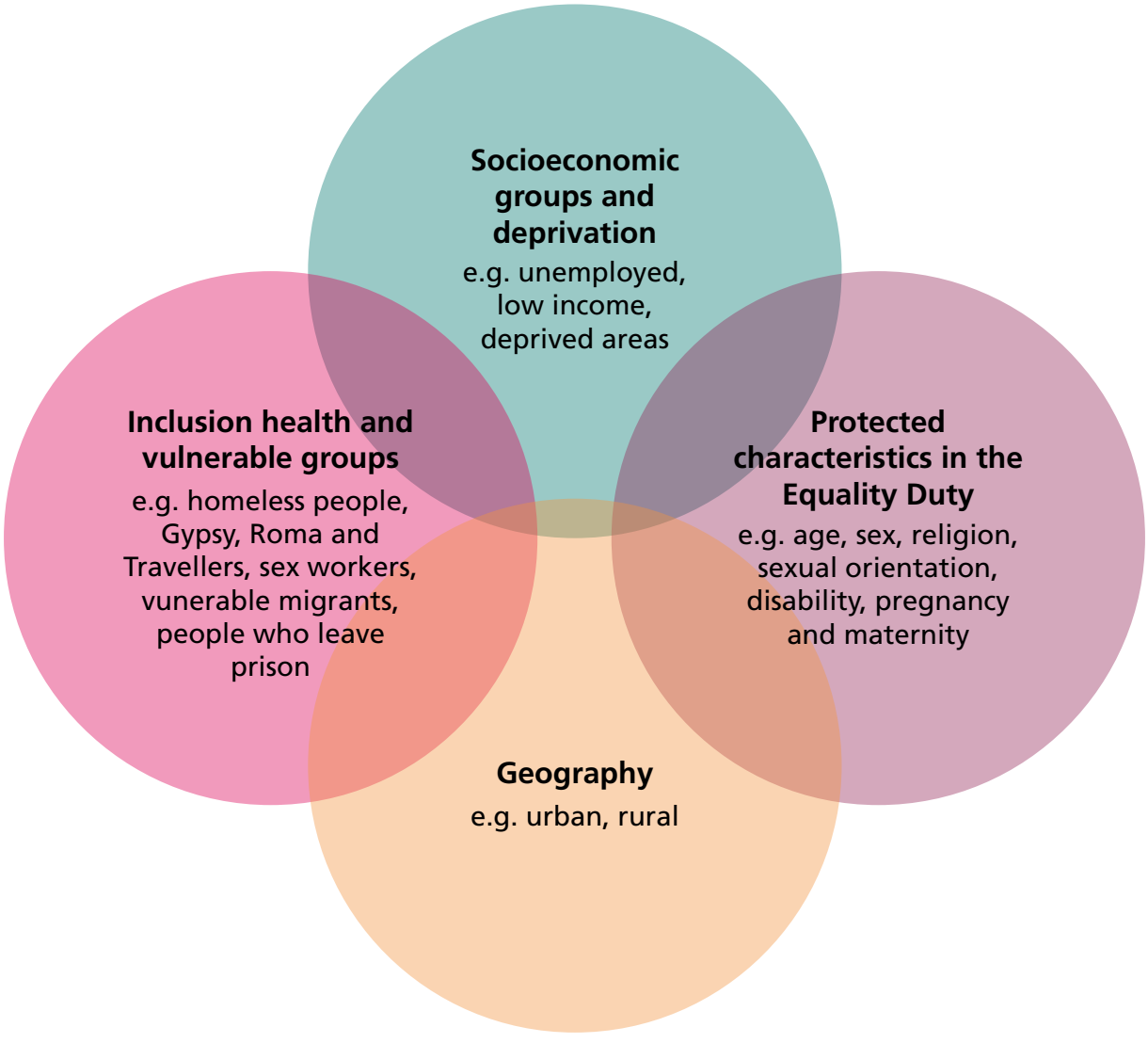



Fig. 4: The overlapping dimensions of health inequalities.

iv Department of Health 2010. Social Exclusion Task Force and Department of Health Inclusion Health: Improving the way we meet the primary healthcare needs of the socially excluded. Cabinet Office, Department of Health, London https://webarchive.nationalarchives.gov.uk/ukgwa/+/http://www.cabinetoffice.gov.uk/media/346571/inclusion-health.pdf

v Popay J, Escorel S, Hernández M, Johnston H, Mathieson J, Rispel L (2008). Understanding and tackling social exclusion: final report to the WHO Commission on Social Determinants of Health from the Social Exclusion Knowledge Network. World Health Organization, Geneva https://www.researchgate.net/publication/244919409_Understanding_and_tackling_social_exclusion

# National context

**The Health and Social Care Act 2012 sets out the need to reduce inequalities in access to care and outcomes of care. The Care Act 2014 establishes the 'wellbeing principle' as the guiding principle for local authorities, which means that they should promote wellbeing when carrying out any of their care and support functions for any individual, whether they are people receiving care or their carers.**

The NHS Long Term Plan[vi] sets out a widely supported route map to tackle our greatest health challenges, including closing the gap in health inequalities in communities, recognising the important role the NHS has in addressing this in partnership with local authorities and the voluntary and community sector.

Health and care services worldwide have faced an unparalleled challenge in responding to and managing the impact of COVID-19. The disproportionate impact of the virus on different groups and communities has highlighted longstanding health inequalities. Recovery from the pandemic presents both a real challenge and a real opportunity to address health inequalities.

The white paper 'Integrating Care[vii]: Next steps to building strong and effective integrated care systems across England' describes the role of Integrated Care Systems (ICS) in the delivery of integration to serve four fundamental purposes:

a. Improving population health and healthcare
b. Tackling unequal outcomes and access
c. Enhancing productivity and value for money
d. Helping the NHS to support broader social and economic development

It is clear that health inequalities are a priority nationally. Locally Northamptonshire's ICS presents an opportunity for leadership to ensure that we work collaboratively across the system to understand and address health inequalities in Northamptonshire.

Given the range of causes, a joined-up, place-based approach is necessary to tackle the complex causes of health inequalities. While action on the behaviours and conditions affecting health is a necessary part of the solution to reduce health inequalities, these also need to be addressed within the context of their root causes: the conditions under which people are born, grow, work and live.

Reducing health inequalities and workforce inequalities is a responsibility of all partners across the system.

vi NHS Long Term Plan https://www.longtermplan.nhs.uk/

vii DHSC, 2022, Health and social care integration: joining up care for people, places and populations https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations

# The Core20PLUS5 approach

**Core20PLUS5[x] is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level.**

The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' clinical focus areas requiring accelerated improvement.

## Core20

Core20 refers to the most deprived 20% of the national population, as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health: income, employment, education, health, crime, barriers to housing and services, and living environment.

## PLUS

The 'PLUS' element of the Core20PLUS5 approach refers to Integrated Care System (ICS)-determined population groups experiencing poorer than average health access, experience and/or outcomes, but not captured in the 'Core20' alone. This should be based on ICS population health data.

Inclusion health groups include ethnic minority communities; coastal communities; people with multi-morbidities; protected characteristic groups; people experiencing homelessness; drug and alcohol dependence; vulnerable migrants; Gypsy, Roma and Traveller communities; sex workers; people in contact with the justice system; victims of modern slavery; young carers; and other socially excluded groups.

## 5

The final part of the Core20PLUS5 approach sets out five clinical areas of focus. Governance for these five focus areas sits with national programmes, with national and regional teams co-ordinating local systems to achieve national aims.

These areas of focus are maternity, severe mental illness (SMI), chronic respiratory disease, early cancer diagnosis and hypertension case-finding.

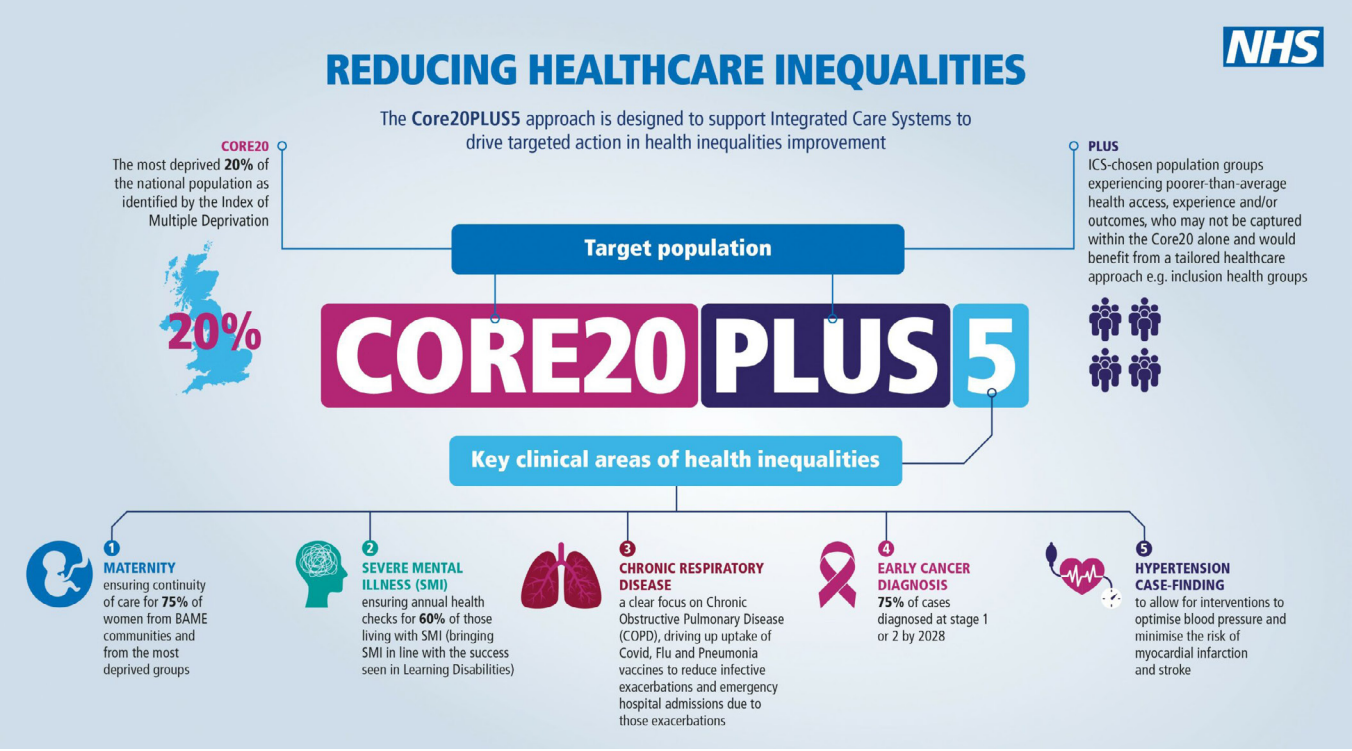



Fig. 5: The Core20PLUS5 approach to reducing healthcare inequalities.

## Five Key Priorities – Strategic

**Restore NHS services inclusively**

Assessing performance by patient ethnicity and Index of Multiple Deprivation (IMD), focusing on unwarranted variation in referral rates and waiting lists for assessment diagnostic and treatment pathways, immunisation, screening and late cancer presentations.

**Mitigate against 'digital exclusion'**

Ensuring providers offer face-to-face care to patients who cannot use remote services; and ensuring more complete data collection on how people access consultations, broken down by patient age, ethnicity, IMD, disability status, etc.

**Ensure datasets are timely and complete**

Continuing improvement of data collection on ethnicity, across a range of health and care settings.

**Accelerate preventative programmes**

Covering flu and COVID-19 vaccinations; annual health checks for people with severe mental illness (SMI) and learning disabilities; supporting the continuity of maternity carers and targeting long-term condition diagnosis and management.

**Strengthen leadership and accountability**

Supporting system-wide health inequalities leads to access training and wider support, including use of the NHS Confederation Health Inequalities Leadership Framework.

## Core20PLUS – Population Groups

**Core20**

(most deprived 20% of the population)

**PLUS**

(ICS-determined population groups experiencing below average health access, experiences and/or outcomes but not captured in Core20 alone)

### 5 Clinical Focus Areas

- Maternity
- Severe mental illness
- Chronic respiratory disease
- Cancer
- Hypertension

Fig. 6: The Core20PLUS5 approach sits alongside the five strategic priorities set out in the NHS Long Term Plan

viii NHS England and NHS Improvement (2022): Core20PLUS5 – An approach to reducing health inequalities
https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/

# Local context

**The development of Northamptonshire's Integrated Care System (ICS) presents a unique opportunity to shape the partnerships that will have a fundamental role in supporting and working with our diverse communities and creating the right environments for people, families and communities to thrive.**

The Integrated Care Partnership (ICP) will set the system-wide strategic priorities, which will be implemented through the ICS transformation priority programmes and at place, neighbourhood and Primary Care Network (PCN) levels, with a focus on ensuring needs are understood and addressed at the most appropriate local level.

Place-based approaches recognise the importance of addressing the wider determinants of health (the conditions under which people are born, live and work) across all stages of life. It is an approach which considers critical stages, changes and settings where large differences can be made in population health, rather than focusing on individual conditions at a single stage in life.

Directors of Housing, Communities and Wellbeing from North and West Northamptonshire Councils are leading the development of place-based plans for their local authority areas. These plans will set out how we will work in those areas to understand local needs and develop actions to address health inequalities, working with local communities.

Within these places community wellbeing forums will be created to enable local leaders and communities to influence policy and strategy development, bringing together the voices of populations of between 60,000 and 100,000 people. Each community wellbeing forum will have representation on the Health and Wellbeing Board for their place.

Sitting under these forums will be neighbourhood partnerships supporting populations of between 30,000 and 50,000 people. Each local area will be recognised as unique and individual with a variety of assets (people, organisations and buildings and physical places). Services and support will be organised around the profile of the local areas, including wider determinants.

These partnerships should be mainly represented by people and organisations that deliver and are able to shape and mould support to best meet desired outcomes. Community and family hubs will be key to local plans to improve early access to services for our communities and ensure that we take a 'prevention first' approach.

Neighbourhood profiles are being developed to inform the priorities and areas of action for each of these neighbourhoods. These action plans will recognise the differences between and within places and neighbourhoods and ensure that services are targeted and appropriate to meet population needs.

## Local Area Wellbeing Forums and Partnerships

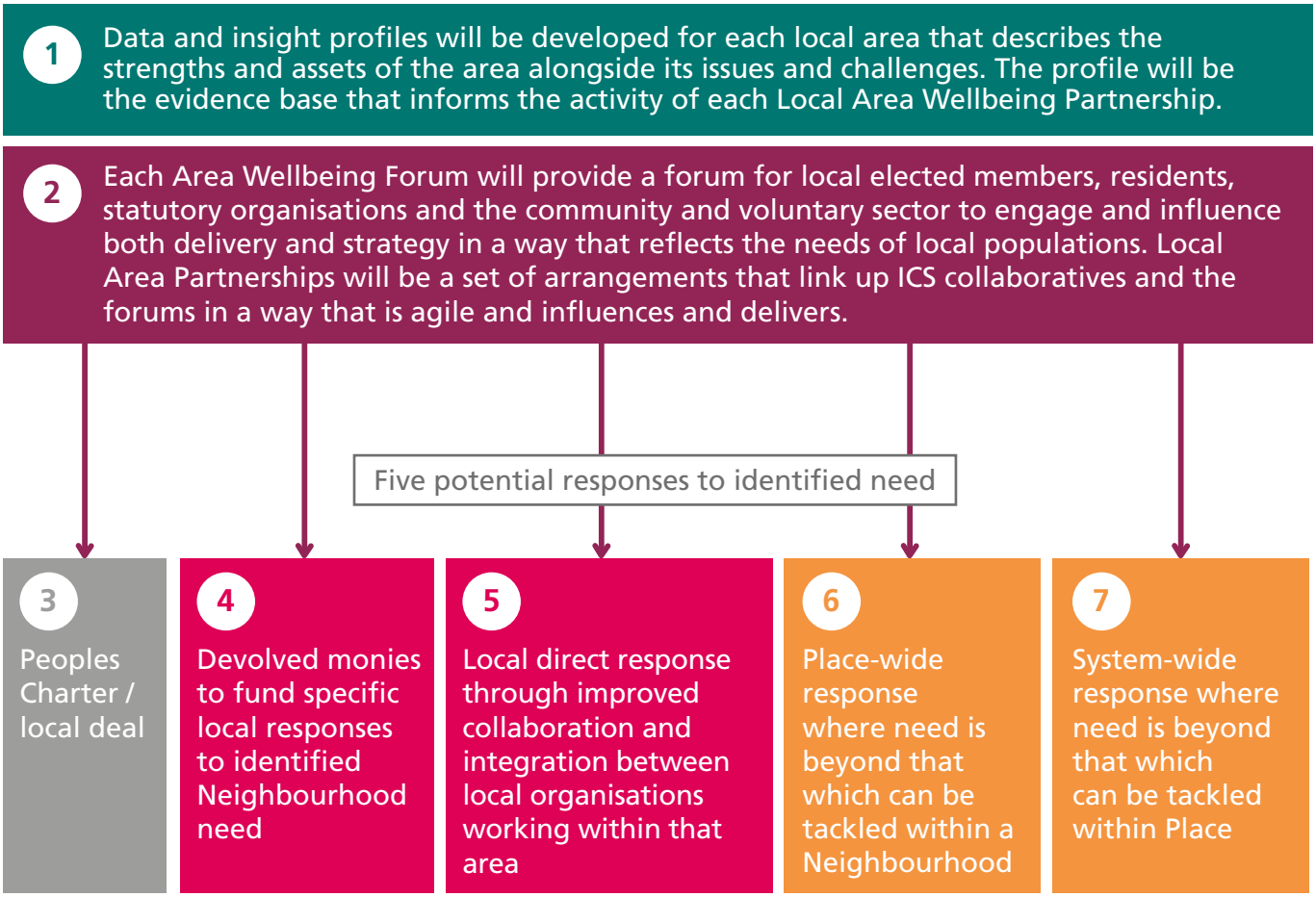



Fig. 7: Development of place-based plans, Wellbeing Forums and neighbourhood partnerships

### How Neighbourhood Partnerships would work:

- Local Area Wellbeing Partnerships, which bring together elected members, residents, voluntary and community and statutory organisations to help co-ordinate and respond to identified local needs to deliver the integrated care strategy.
- Underpinned by a co-produced People charter / local deal which outlines commitments between citizens and partners to work together.
- Resource-light in terms of administration to support functioning of partnership within each area.
- Some responsibility in directing funding to priorities based on identified need – but not all services would be commissioned or budgets devolved at a the most devolved level when scale makes sense.
- Local Partnership leadership from elected members residents (school governor type model), statutory / voluntary providers and/or PCN Clinical Directors.

# Health inequalities in Northamptonshire

**A data pack has been produced to understand health inequalities in Northamptonshire, which is available to access online at northamptonshirehcp.co.uk/health-inequalities. Below is a summary of the Core20PLUS5 framework applied to Northamptonshire.**

The Northamptonshire ICS will focus actions on these five areas, alongside other existing priorities that have been identified as a system. The ICS Outcomes Framework, together with other data and insights, will help further inform neighbourhood profiles, which will set priorities for the system

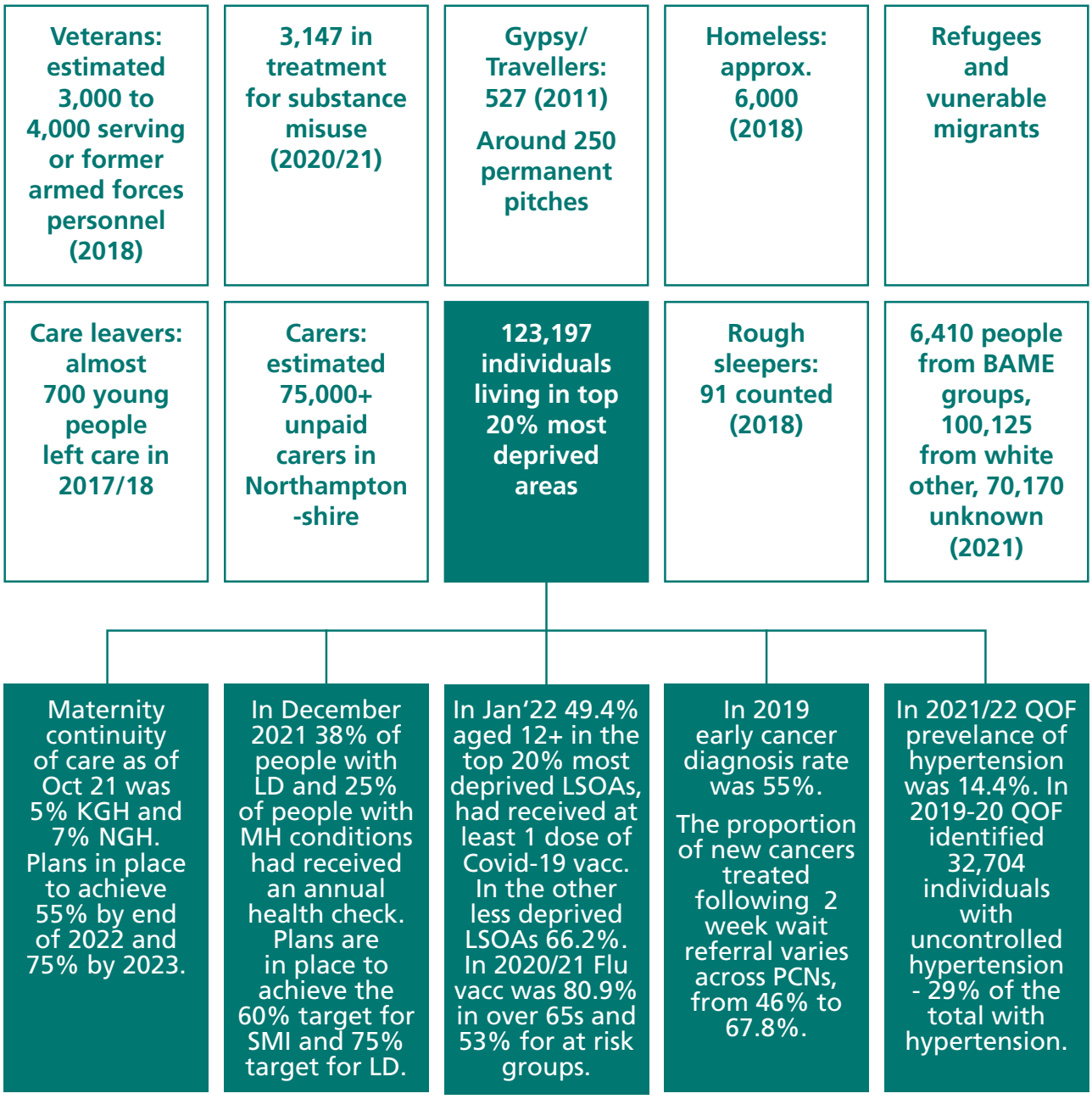



Fig. 8: Core20PLUS5 applied to Northamptonshire

The ICS has four existing system transformation priority programmes:

## 1) Mental Health, Learning Disabilities and Autism

Collaboration in mental health, learning disability and autism is enabling NHS providers, primary care and the voluntary and community sector to work successfully together with service users and carers over a number of years to really make a difference delivering better care for our communities.

## 2) Children and Young People

The NHCP Children and Young People Transformation Programme (CYPTP) is working to transform children's health and care services via four key areas of focus, or 'pillars'. These are Healthy Lifestyle; Complex Needs; Healthy Minds, Healthy Brains; and Accessibility.

Collectively, the CYPTP pillars provide the infrastructure for a strategic plan to identify needs and deliver joined-up, proactive and personalised services which provide high-quality care for children, young people and families at all levels of our ICS.

The pillars are also the means by which Northamptonshire will deliver on the commitments set out nationally for children and young people in the NHS Long Term Plan and the Department of Health and Social Care's 'The best start for life: a vision for the 1,001 critical days' – as well as create a framework to develop, implement, deliver and monitor children's services based on achieving the best possible outcomes for our younger population.

Each pillar will be guided by the THRIVE Framework, which keeps the voice of the child and their parents or carers at the centre of innovative service design, ensuring they are supported to access services based on their identified level of need with an emphasis on safeguarding them from harm throughout life.

By working together in partnership across health, care, education and the voluntary sector, the gaps in health inequalities will be reduced and better outcomes achieved for our children and young people through the integration and improvement of services.

## 3) Integrated Care Across Northamptonshire (iCAN)

iCAN's purpose is to deliver a refreshed focus and way to improve the quality of care and achieve the best possible health and wellbeing outcomes for older people across our county, supporting them to maintain their independence and resilience for as long as possible. The three core aims of the iCAN programme are to:

- Ensure we choose well: no one is in hospital without a need to be there
- Ensure people can stay well
- Ensure people can live well: by staying at home if that is right for them

## 4) Elective Care

Our vision is to improve health outcomes, inequalities and quality of care through a single patient-centred system approach across the whole elective care pathway. We will achieve this through:

- Improving the efficiency and quality of care
- Commissioning high-quality clinical services
- An effective, well-led and governed collaborative
- Developing, empowering and retaining our workforce
- Adopting a system approach to outcomes

These four priorities have been identified through data insights as part of the long-term plan work in 2019/20. These priority areas have full governance structures and workplans in place, which are varied in their maturity and readiness to implement plans. We are fully committed as a system to delivering service improvements in these areas for the citizens of Northamptonshire.

Planning and delivery within these priority programmes will be supported through the development of the ICS Outcomes Framework to help further inform prioritisation and resource allocation across the system.

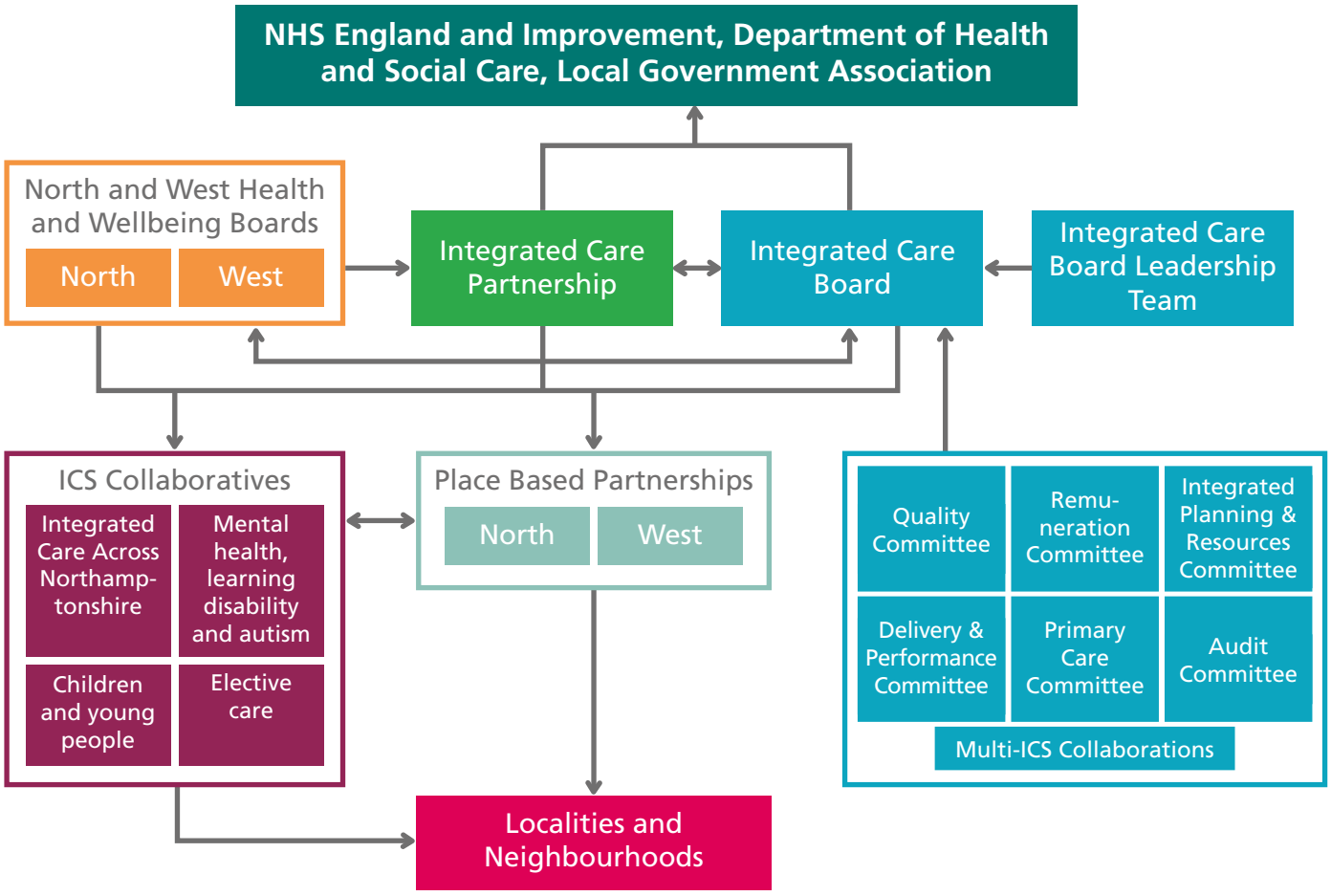



Fig. 9: DRAFT structure of the Northamptonshire Integrated Care System (correct as of May 2022)

# Aims and objectives of the Health Inequalities Plan

**Addressing health inequalities is a core principle behind the establishment of ICSs and new ways of working. NHS England and NHS Improvement require each local system to develop a local Health Inequalities Plan which sets out how the system will work together to address health inequalities.**

This Health Inequalities Plan is aligned to the ICS Population Health Management Strategy[ix], which outlines the ICS commitment to taking action to reduce health inequalities across Northamptonshire.

This plan sets out the strategic approach for how the ICS will reduce health inequalities. This will be the overarching vision that will inform the development of detailed plans which will establish, implement and monitor actions to reduce health inequalities.

**The Population Health Management system principles and actions include:**

1. Developing system-wide focus on prevention
2. Reducing health inequalities
3. Embedding health in policy
4. Evidence needs-based public health
5. Developing strong systems leadership
6. Responsibility to future generations

### Objectives of the Northamptonshire Health Inequalities Plan

1. Develop a set of broad guiding principles which describe practical actions for the Integrated Care System to reduce health inequalities.
2. To set out key areas of focus and next steps for developing these.

ix Northamptonshire ICS (2022) Population Health Management Strategy
https://northamptonshirehcp.co.uk/wp-content/uploads/2021/07/NHCP-PH-Strategy-V-5-Jan-2022.pdf

# Guiding principles of approach to reducing health inequalities

**The Northamptonshire Integrated Care System, and all partners within it, will sign up to and be guided by the following principles to embed addressing health inequalities in everything we do. These guiding principles cut across all areas of work in all parts of the system.**

## System principles


### We are all responsible for reducing health inequalities

Reducing inequalities and improving health should run through all work programmes at all levels as a 'golden thread' from system to place to neighbourhood to individual. Everyone will understand their role in addressing health inequalities and commits to taking action. This means that, as a system, we will all commit to taking a 'Health and Equity in All Policies' approach.


### We will use community-centred approaches

Community-centred approaches help people to have more control and confidence when it comes to their health and wellbeing. This is achieved through meaningful and constructive contact with others, helping people to build resilience and stay as healthy and productive as possible. We will work together to take a place-based approach to address health inequalities, taking into account all of the factors that influence health, including the wider determinants.

All partners will always try to listen to what really matters to people rather than focusing solely on 'what is the matter' with them. All partners will prioritise working with citizens to find the right approaches to reach and support them and involve them in decisions about services.

We will step away from established top-down approaches to bring people and communities together so they can decide and deliver what is right for them. We will develop relationships of trust with communities and work with them to integrate formal and informal care provision. We will ensure that services are personalised and person-centred. We will include communities and local partners in governance arrangements for health and social care services.


### We will ensure services are culturally appropriate, accessible and targeted to those who need them most

The ICS will recognise and value the diverse communities we serve, understanding their different assets and needs. Services should be designed with community needs in mind and ensure that they are delivering exceptional quality for all while maintaining equitable access, excellent experience and optimal outcomes. Although there will be a universal offer of services to all, there will be justifiable variation in services in response to differences in need within and between groups of people. Where there is variation in services that is not justified by variation in need, the ICS will take action to 'level up' the way the services are offered and outcomes achieved.

## We will encourage a diverse workforce that is representative of the local population

The importance of ensuring our workforce is representative of local communities cannot be over-emphasised. Workforce diversity is important for rooting services in local communities and maximising the influence and impact of services within communities. We will value staff through parity of recruitment, promotion and employment, ensuring staff are representative of the cultural, racial, and ethnic backgrounds of the patients they serve.

## We will act as Health Literate Organisations and harness the opportunities of digital technology

Health literacy has been defined as "the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health." All organisations will aspire to become Health Literate Organisations, ensuring that information and communications are delivered in a way that makes it easier for people to navigate, understand and use information and services to take care of their health.

Our COVID-19 response has included the rapid implementation of technology to enable delivery of care and support for residents and patients. This has highlighted opportunities to improve access for those who are willing and able to use the technology – particularly those who find it difficult to physically attend health and care settings, such as those in rural areas or those with conditions preventing attendance in person. Digital technology also provides opportunities for people to self-manage their condition, acting as an enabler.

However, expanding the use of technology brings with it clear health inequality risks, particularly for groups with limited access to technology and/or limited willingness or skill to use it. Many people find access to healthcare challenging and would prefer to visit GPs and other services in person. We will:

- Mitigate access risks for services using new technology and provide accessible services that suit everybody
- Mitigate any assessed impact on inequalities in access and outcomes resulting from virtual access to services, online portals and other access points that require computer literacy
- Consider, and mitigate, the impact of loss of personal contacts and trusted relationships for deprived patients and their health outcomes

## We will act as 'anchor institutions' to tackle inequalities

Anchor institutions promote health equity and reduce health inequalities by offering 'social value' through their employment, training, procurement and volunteering activities, and as major estate owners to influence social and economic development and environmental sustainability.

The ICS will identify a lead for this work and develop an action plan to develop the potential of the NHS and other partners to lead by example as anchor institutions and focus on what the collective public sector can do.

## Enablers


### We will use quantitative and qualitative data to enable a better understanding of health inequity at all levels

In order to improve health and reduce inequalities it is important to understand local population health and health risks for groups and areas. As an ICS we will work together on data and analytics to develop a collective understanding of health inequality gaps and contributing issues using a population health management approach. Health assessments will include the broader social and economic drivers of health as well as a focus on, and inclusion of, communities at particular risk of poor health. We will recognise the different communities, producing information and gathering intelligence to understand their demographic and other characteristics, such as epidemiology and the risks of poor access to, and experience of, services and outcomes.

To do this we will draw upon the best evidence and listen to what communities tell us about the services they need. This will inform and enable effective action to reduce inequalities and to evaluate the impact of our services, with qualitative approaches supporting quantitative data to provide insights into communities' experiences and recognising their importance. Any services failing to reduce inequity – or inadvertently increasing it – will be adjusted accordingly.

To enable the ICS to better understand health equity at all levels, all services must ensure completeness and consistency of data. The aim is to most appropriately reflect population need, including levels of deprivation, vulnerability and the experience of different groups (including the use of qualitative methods). Key partner organisations will develop plans for having ethnicity, accessibility and the communication needs of their populations appropriately coded in records.

Using integrated and shared data through the Northamptonshire Analytical Reporting Platform, we will be able to risk-stratify the population to identify vulnerable groups and individuals. This will enable us to offer proactive, holistic care involving a variety of system partners and enable commissioning and outcome frameworks to incentivise reductions in health inequalities and improve equity.


### We will provide training and resources to ensure we all have an understanding of health inequity and how to reduce it

All roles across the ICS can make a difference to health inequalities, whether that is about supporting an individual during a consultation, influencing the design of services or advocating for wider changes. To achieve this we will:

- Have a clear focus on health inequalities in organisational culture, with clear leadership. Organisations will have a named executive board-level lead for tackling health inequalities and overseeing adoption of these principles
- Promote equality and address health inequalities at the highest organisational level, including chief executives or equivalent posts
- Embed capacity at all levels to promote and address equality and health inequalities
- Embed addressing health inequalities in quality improvement and decision-making processes
- Provide a suite of resources including information, data, training and guides to support all staff across the ICS. This can be found at northamptonshirehcp.co.uk/health-inequalities

  Health Equalities Assessments will be used for all levels of decision-making, planning, commissioning, service redesign and evaluation across the ICS and within partner organisations. They will include the broader social and economic drivers of health as well as a focus on the communities that are at risk of poor health.

Conducting a health equalities assessment helps organisations to understand the adverse or positive impacts of system and service design and delivery on health inequalities for particular groups. Analysis can support the necessary strategic approach and actions required to promote equality and reduce health inequalities. This includes engaging with different groups and providing tailored, more accessible and appropriate services.

It will also help to ensure health and health equity perspectives are a core part of ICS business. This is particularly important to enable the system to understand the influence of the wider determinants of health such as housing, education and employment. Health Equalities Assessments will:

- Explore the impact of decisions on health inequalities early in the decision-making process
- Be at a proportionate scale to the work being conducted
- Be an integral part of policy development and reporting and provide an opportunity to consider whether a policy or practice could be revised or delivered to advance equality and reduce inequality
- Include rigorous assessments of equality and inequality duties, at both local and national levels, ensuring that these cover plans, processes, outcomes and annual reporting
- Be included in contracts as a key requirement for service providers


## We will ensure that resources are deployed to address inequalities

We will ensure that resources are deployed to address inequalities within existing programmes and transformation funding for key priorities. This may require additional resources and actions for some deprived communities and areas.

The ICS will agree a framework to collectively manage and distribute financial resources to address the greatest need and tackle inequalities in line with the system plan, having regard to the strategies of the ICS. This framework will enable the ICB to collectively exercise its functions in a way that does not consume more than its fair share of NHS resources.

The existing ICS transformation priority programmes are already exploring ways of pooling resources across the system and addressing health inequalities. These will be continually assessed with lessons about resource allocation feeding into any future collaborations. The ICS will adopt a phased approach to develop a comprehensive system that will:

- Make clear the cost of doing nothing – if the ICS does not develop methods for identifying and addressing health inequalities then the demand for health services will accelerate above capacity within the system
- Determine how well resources are distributed to different groups within the population, which might be between or within programmes
- Determine how well allocated resources are used to achieve outcomes for all of the ICS population

As the tools and methodologies necessary for this are put into place, all investments and business cases that the ICB are to consider will need to demonstrate:

- The expected impact on health inequalities within the population
- The expected impact on health outcomes
- An economic assessment
- An accounting assessment on all organisations within scope – this will demonstrate the cashable impact on each relevant organisation

# Areas of focus and actions to address inequalities

## Health inequalities result from a complex range of interrelated causes – and the causes of those causes, which are the conditions under which people grow, learn, work and live.

In some cases, actions will be mainly the responsibility of one partner. In other cases, reducing inequity will require close collaboration between several organisations across the ICS. At each level of the ICS, partners across the NHS, local authorities and the voluntary and community sectors will come together to plan in detail the actions they are going to take, individually and collectively, to reduce health inequity.

The ICS agrees to work together to adopt the health inequalities principles outlined above to develop an action plan informed by data and insights.

These actions will need to be across the drivers of health inequalities as the areas of focus described below. This plan is accompanied by an action plan document (see Appendix) which will be reviewed annually and sets out the areas of focus and actions we need to take to implement this plan.

### ACTION 1: The ICS will take action on the wider determinants of health as well as medical treatment

Local authorities and the voluntary and community sector are key partners and we will come together as an ICS to address the wider determinants of health. This aligns with the Government's commitment set out in its Levelling Up white paper[x], along with its strategy to tackle the core drivers of health inequalities through an upcoming Health Disparities white paper.

As two new local authorities, West and North Northamptonshire Councils are developing their corporate plans and strategies and many of these align with this strategic objective to take action on the wider determinants of health.

The NHS also needs to ensure it plays a role in addressing the wider determinants of health. It can do this through its role as an anchor institution as well as through a commitment to understanding and considering the impacts of the wider determinants of health, working across the system to address these and aligning work programmes to have maximum impact.

As an ICS we will come together to ensure:

- Every child has the best start in life
- Everyone has access to good education and learning
- Residents have employment that keeps them and their families out of poverty
- Housing is affordable, safe and sustainable in places which are clean and green
- People feel safe in their homes and when out and about
- Our communities are connected, cohesive and thriving

x Department for Levelling Up, Communities and Housing (2022) Levelling Up the United Kingdom https://www.gov.uk/government/publications/levelling-up-the-united-kingdom

## ACTION 2: The ICS will ensure that residents can access health and wellbeing services to promote good health and prevent ill health

Prevention is essential for improving health equity and we will work together as an ICS to address the causes of inequalities. As well as treating ill health we need to focus more on preventing ill health and supporting good health. This means providing more services that work to improve the conditions in which people live – which, in turn, will improve their health – rather than just reactive services focusing solely on treating people who are already ill.

Our ambition is to create an offer for the population of Northamptonshire, using a place-based approach, to ensure that everyone is able to access clear advice on staying well and a range of preventative services. The ICS will take a whole-life approach, supporting children to have the best start in life and providing parenting support to families in the early years, focusing on diet, physical activity and mental health support for school-age children. Health promotion services will support good nutrition and physical activity and offer help to reduce smoking and use of alcohol and recreational drugs, promoting parity between mental and physical health. This is alongside supporting adults to maintain good mental health and prepare for a healthy retirement and later life by keeping well. These services are provided by a range of providers across the NHS, local authorities and the voluntary and community sector and require joint working to ensure that they are aligned, accessible, appropriate and targeted to those who need them most. All partners will adopt a 'making every contact count' approach to maximise opportunities for people to improve their health and wellbeing.

The development of local neighbourhood partnerships will improve partnership working across the NHS, local authorities and the voluntary and community sector. This is essential to ensure we can work with our communities to join up services and improve accessibility for our residents.

Each of the ICS transformation priority programmes includes a focus on prevention to ensure that this is embedded in their work. Alongside this the NHS Long Term Plan sets out requirements for the acceleration of preventative programmes and proactive health management for groups at greatest risk of poor health outcomes, focusing on the Core20PLUS5 priority areas. Specific actions we are taking as an ICS are outlined in our action plan (see Appendix). The ICS commits to ensuring that prevention interventions are included in all clinical care pathways, with strategic boards including representation of partners across the system. A Prevention Board will be established to oversee this work.

### Corporate Parenting

The Children and Social Work Act 2017 defines in law the responsibilities of local authorities as corporate parents to secure positive and nurturing experiences for the children they look after and the care leavers they continue to support. As corporate parents we will ensure that children in care and care leavers are able to live happy and healthy lives and reach their full potential. We believe it is everyone's responsibility to help children and young people in care and those who have been in care to overcome the difficulties they have experienced in their childhoods, so that they can lead successful adult lives.

### ACTION 3: The ICS will work to prevent ill-health by providing vaccination and screening programmes that are accessible to all

The Northamptonshire Health Protection Plan sets out the commitment to address inequalities in screening and immunisations and there are associated boards in place to ensure oversight of these commitments.

The ICS has developed a COVID and flu vaccination plan for a clinically, operationally and financially viable provider-led delivery mechanism for COVID and flu vaccination. COVID vaccination uptake across the region is linked to a variety of socio-economic factors, including age, affluence, mobility and cultural elements (e.g. religion). The localities requiring focus for future vaccination provision are Corby, Wellingborough, Kettering, Northampton and Daventry, once vaccination uptake by ethnicity and deprivation are considered. The model will ensure that our services will be welcoming, easy to access and available to all in society, delivered consistently and equitably via delivery models that reflect our diverse communities.

### ACTION 4: The ICS will make health and social care services accessible to all and targeted to those most in need or at risk of poor outcomes

All partners across the ICS will ensure that residents have access to simple, joined-up care and treatment when they need it, as well as access to digital services (with non-digital alternatives) that put the citizen at the heart of their own care. Services will ensure that people have access to proactive support to keep as well as possible where they are vulnerable or at high risk.

Services will be delivered in the right place at the right time. The development of community and family hubs will ensure that people can access services in their locality. Primary Care Networks (PCNs) will ensure that primary care services are accessible and, as part of the Directed Enhanced Service, will identify priorities and plans for addressing health inequalities.

Personalised care is particularly beneficial to address health inequalities as it gives people choice and control over the way their care is planned and delivered based on what matters to them and their individual strengths, needs and preferences. It ensures that services are specific to local area need, available resources and strengthens the focus on social determinants of health and the services that address them.

The Northamptonshire Community Resilience Pillar, part of the iCAN programme, is leading the expansion of a personalised approach, giving individuals more choice and control over the way their care is planned and delivered.

## ACTION 5: The ICS will ensure that end of life services support a dignified and pain-free death

The ICS is committed to ensuring that the people of Northamptonshire can access the most appropriate palliative and end-of-life care at the right time, irrespective of who they are and where they live. The ICS and all specialist palliative care providers across the county will promote equitable access and work collaboratively to achieve a dignified and pain-free death for our patients.

The ICS understands that individuals from marginalised communities may require additional focused services and support to ensure that they are able to access care when and where they need it. As approximately one in six deaths are people with a diagnosis of dementia, a regional working group is underway to better understand what is required for people with a diagnosis of dementia, and involvement in this will better identify how services within the county will better inform their processes. The Strategy for End of Life and Palliative Care is in development and will identify plans to better understand what is required for people with a learning disability, people in prison, people experiencing homelessness and those from Gypsy and Traveller communities.

## ACTION 6: The ICS will work to understand the full effect of the COVID-19 pandemic on health inequalities, to allow effective and equitable system recovery

The system will take action to:

- Identify those communities and groups of all ages which have been most affected by the pandemic as a result of pre-existing vulnerabilities and disadvantages
- Ensure vaccine uptake is equitable
- Ensure a primary prevention focus to recovery that considers the wider determinants of health and causes of the causes including education, employment, housing and poverty
- Promote parity of esteem between mental and physical health to those groups worst affected by the pandemic

# Outcomes

## Specific measures and indicators to demonstrate success will be developed as actions are developed at place and neighbourhood levels, recognising that developing outcomes which matter to different groups will take time.

These will link to the ICS Outcomes Framework currently in development. Metrics will be jointly developed to support the continuous shaping of services to meet the needs people most affected by health inequalities.

For these health inequalities outcomes, the focus will be on:

### Short term

Monitor progress of actions (have we done what we said we were going to do?).

### Medium term

Monitor improvements in service access and usage for population segments with low uptake.

### Long term

Increase life expectancy and quality of life for people living in Northamptonshire and reduce the gap between the healthiest and least healthy populations within our county by:

- Reducing Potential Years Life Lost (PYLL) for conditions amenable to healthcare
- Improving Healthy Life Expectancy (HLE)
- Increasing years lived with disability in good health

# Next steps

**Much of the implementation of work to reduce health inequalities will occur at place and neighbourhood levels. Within the requirements of our ICS, places will be expected to influence the priorities for their populations.**

This is about understanding the population, how factors such as education, economy, housing and health are impacting local communities and ensuring local engagement and co-production of strategies and plans.

The development, delivery and evaluation of place-based plans will be led by Directors of Adults, Communities and Wellbeing at North and West Northamptonshire Councils for their respective areas and will be accountable to Health and Wellbeing Boards. The plans will apply the guiding principles to address health inequalities and be based on local data and intelligence – qualitative and quantitative – derived from public health, local authority services, the NHS, the voluntary and community sector, other public sector partners, and communities themselves. Multi-disciplinary team working, the sharing of information and engagement of individuals and communities around their assets and strengths will ensure that action is direct, person-centred and sensitive to feedback and revision from the teams and the people those teams serve.

Each organisation will have an executive nominated lead for health inequalities who will be responsible for driving this agenda forward in their own organisation. Indicators to demonstrate success will be developed as the actions are developed at place and neighbourhood level, and will link to the system outcomes framework currently in development.

## Key actions over the next six months

1) **Finalise governance arrangements**. As ICS governance structures are finalised we need to finalise arrangements for health inequalities. The Integrated Care Partnership (ICP) will set the system-wide strategy for health inequalities, which will be implemented through the ICS transformation priority programmes and at place level. A Health Inequalities Oversight Group of the Population Health Board will be established to oversee 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 beneath place level will be agreed between local partners using the most appropriate structures for effective representation and oversight. Each organisation will have a nominated executive lead for health inequalities who will be responsible for driving this agenda forward in their own organisation.

2) **Establish the Health Inequalities Oversight Group,** bringing together stakeholders from across our ICS. This will include links with health inequalities leads for each organisation and the ICS transformation priority programmes to develop the Health Inequalities programme plan for short, medium and long term initiatives. This group would also monitor health inequalities data, further develop health inequalities indicators, respond to emerging evidence and develop recommendations.

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

4) **Finalise the ICS Outcomes Framework**

5) **Develop place and neighbourhood plans**

For enquiries relating to this document, please email Chloe Gay, Public Health Principal for Health Improvement, Public Health Northamptonshire, at chloe.gay@northnorthants.gov.uk

# Appendix: Health Inequalities Action Plan

# Northamptonshire Health Inequalities Action Plan

| Alignment with area of focus or guiding principle | Objective | Outcomes | Lead | Delivery date |
|---|---|---|---|---|
| **Health Inequalities leadership** | Implement the HI toolkit, ongoing adaptation of the approach based on feedback | Improved understanding of HI and the tools available to support this | Population Health Management | Ongoing |
| | Ensure that there is adequate capacity and resource to understand and address HI, including how to engage with communities | Improved system response to health inequalities | Population Health Management | July 2022 |
| | Recruit Health Inequalities lead and programme management support to lead operationalisation and implementation of the HI Plan | Improved system response to health inequalities | Population Health Management | September-22 |
| | Work across system to develop proposal for HI funding allocation and oversee implementation of this | Reduction in health inequalities | Population Health Management | May-22 |
| | Work with Place based leads to develop Place based action plans | Development of place and neighbourhood action plans to reduce health inequalities | Population Health Management and Public Health | Sept 2022 |
| | Set up Inequalities sub-group | Improved system response and leadership to reduce health inequalities | Population Health Management | July-22 |
| | Identify Inequalities leads in all organisations | Improved system response and leadership to reduce health inequalities | HI Lead | Jun-22 |
| | Develop training programme to improve awareness and understanding of HI across the system | Improved understanding of HI and the tools available to support this | People Board | Summer 2022 |

# Northamptonshire Health Inequalities Action Plan

| Alignment with area of focus or guiding principle | Objective | Outcomes | Lead | Delivery date |
|---|---|---|---|---|
| | | | | |
| | Finalise the outcomes framework | Data to inform system prioritisation and plans | Population Health Management | Summer 2022 |
| | Development of neighbourhood profiles ensuring that these include data and insights on the groups most vulnerable to inequalities as shown in the 'dimensions of inequality', including those living in deprivation, protected characteristics, inclusion health groups and rural populations | Data to inform system prioritisation and plans | Public Health | Summer 2022 |
| | Launch of Decision Support Unit | Data to inform system prioritisation and plans | Population Health Management | 2022/23 |
| | Provide ongoing support to primary care to deliver the HI DES | Improved system response to health inequalities | Population Health Management and Primary Care | Summer 2022 |
| | Identify a system lead for anchor institutions work | Increase social value | Population Health Management and Public Health | Summer 2022 |
| **Principle 4: We will use quantitative and qualitative data to enable a better understanding of health inequity at all levels**<br><br>Aligning to LTP priority: Ensuring datasets are complete and timely | Data Quality Group established to review the use of 'unknown' and 'not-stated' values throughout clinical systems (linked to stage approach above) | Improved understanding of inequalities | Elective Care Board and Population Health Management | Jun-22 |
| | Health Inequalities lead to work with commissioners and providers to improve data collection on ethnicity, across primary care/outpatients/A&E/mental health/community services, specialised commissioning and secondary care Waiting List Minimum Dataset (WLMDS) | Improved data collection and understanding of health inequalities | Health Inequalities lead | 2022/23 |
| | Develop project with primary care to improve completeness of datasets | Improved data collection and understanding of health inequalities | Health Inequalities lead | Summer 2022 |

# Northamptonshire Health Inequalities Action Plan

| Alignment with area of focus or guiding principle | Objective | Outcomes | Lead | Delivery date |
|---|---|---|---|---|
| | | | | |
| | Launch of Northamptonshire Analytical Reporting Platform (NARP) | Improved data analytics | Digital lead | Summer 2022 |
| **Guiding Principle 8: We will encourage a diverse workforce that is representative of the local population** | Increase the number and diversity of our volunteers and starting to build our career paths to ensure volunteering is an effective route into healthcare careers in Northamptonshire | Increasing diversity in the workforce | People Board | 2022/23 |
| | Joint working between the OD and EDI leads and the EDI networks to ensure the successful implementation of the EDI strategy and actions to support improvements in experience and provide greater awareness within the group through programmes such as reverse mentoring | Increasing diversity in the workforce | People Board | 2022/23 |
| | Talent management programmes to support talent and ensure the leadership pipeline is diverse and inclusive | Increasing diversity in the workforce | People Board | 2022/23 |
| Priority 9: **We will act as Health Literate Organisations and mitigate against digital exclusion**<br><br>LTP Priority: Mitigating against 'digital exclusion' | Recruit a lead for digital exclusion | To reduce digital exclusion | Population Health Management and Digital lead | September-22 |
| | Develop approach to understanding who is accessing face to face/telephone/video consultations is broken down by patient age, ethnicity, IMD, disability status and other vulnerability factors to monitor trends and to identify actions to address any concerns | To reduce digital exclusion | Digital Exclusion lead | Oct-22 |
| | Pilot Patient Knows Best which interfaces to the NHS App, staring with maternity and advance care planning, and supports patient views of their record and communication channels | Improved access to services | Digital Lead | 2022/23 |
| **The ICS will ensure that all partners work together to prevent ill-health through the** | Ensure the delivery of childhood and adult immunisation programmes in accordance with national and local targets | Improved uptake of immunisations | Immunisation Steering Group | 2022/23 |
| | Ensure that inequities in vaccination uptake is investigated and actions put in place to address these | Reduction in inequalities in uptake of immunisations | Immunisation Steering Group | 2022/23 |

# Northamptonshire Health Inequalities Action Plan

| Alignment with area of focus or guiding principle | Objective | Outcomes | Lead | Delivery date |
|---|---|---|---|---|
| **provision of vaccination and screening programmes that are accessible to all**<br><br>Immunisations | | | | |
| | Improve the uptake of the COVID vaccination programme across all groups targeting those most at risk of inequalities | Improved uptake of COVID vaccination | COVID vaccination programme team | 2022/23 |
| **The ICS will ensure that all partners work together to prevent ill-health through the provision of vaccination and screening programmes that are accessible to all**<br><br>Screening | Improve uptake and coverage of the three NHS cancer screening programmes. This includes identifying the population groups with low screening uptake locally (with a primary focus on their 'CORE 20' population) and developing action plans in response | Improved uptake of NHS cancer screening programmes | Northamptonshire Cancer improvement group | 2022/23 |
| CYP Transformation cuts across all of the areas of focus | Develop family hub model that supports access to services at place and neighbourhood with emphasis on the 1001 Critical Days, Best Start for Life and support children, young people and their families from conception to 19 years | Improved access to prevention and early intervention services | CYP | 2022/23 |
| | There are six areas of CYP that has been identified initially as priority areas to focus on, these will help to identify the unmet need and action plans will be developed to reduce the health inequalities and improve outcomes for CYP: The CYPTP priority areas are:<br><br>• Promoting Healthy Lifestyle Choices | Improved outcomes for CYP | CYP | 2022/23 |

# Northamptonshire Health Inequalities Action Plan

| Alignment with area of focus or guiding principle | Objective | Outcomes | Lead | Delivery date |
|---|---|---|---|---|
| | • Supporting children to achieve well educationally<br>• Reducing incidence of emotional wellbeing and mental health needs for CYP and supporting children who self-harm<br>• Promoting outcomes for CYP with long term conditions<br>• Promoting outcomes for children in care while in care and when they leave care by delivering holistic support<br>• Securing ease of access to the right help, at the right time and in the right place<br><br>(This aligns with our case for change and pillars of work) | | | |
| **The ICS will ensure that residents are able to access health and wellbeing services to promote good health and prevent ill health**<br><br>Aligns to LTP Priority: Accelerating preventative programmes | Set up system Prevention Board | Improved system response and leadership for prevention | Population Health Management and Public Health | Jun-22 |
| **The ICS will ensure that residents are able to access health and wellbeing services to promote good** | Complete mental health needs assessment to understand the mental health and wellbeing of people of all ages living in Northamptonshire, to identify those groups who are most vulnerable understand the risk factors | Improved understanding of MH needs | MHLDA | 2022/23 |
| | Develop a joint action plan to improve mental health and wellbeing for all | Improved mental health and wellbeing for all. | MHLDA | 2022/23 |

# Northamptonshire Health Inequalities Action Plan

| Alignment with area of focus or guiding principle | Objective | Outcomes | Lead | Delivery date |
|---|---|---|---|---|
| **health and prevent ill health**<br>Aligns to LTP Priority: Accelerating preventative programmes<br><br>CORE20+5 Priority: MH | | | | |
| | Implement the new model for delivering health checks for people with severe mental illnesses. This includes additional resource, training and development for our Primary Care staff in order to develop the skills and infrastructure required | 80% of people with severe mental illness access physical health check | MHLDA | 2022/23 |
| | Delivery of the Northamptonshire all age Learning Disability and Autism 3-year strategy | Improved outcomes for people with learning disability and autism | MHLDA | 2022/23 |
| | Improve data monitoring and data sharing and provide a more detailed understanding of the health needs and experience of treatment and care of people with learning disability and autism across the life course | Improved understanding of the health needs and experience of treatment and care of people with learning disability and autism | MHLDA | 2022/23 |
| | Complete a needs assessment to understand the needs of people with learning disability and autism of all ages. | Improved understanding of the health needs and experience of treatment and care of people with learning disability and autism | MHLDA | 2022/23 |
| | Develop action plan to increase physical health checks of people with a learning disability | Annual health checks for 60% of those with LD | MHLDA | 2022/23 |
| | Develop the Equalities Enabler Group to support the four pillars of the Mental Health, Learning Disability and Autism (MHLDA) ICS Collaborative in surfacing and driving health inequalities within and across pathways and to set in motion quality improvement actions to address them | Improve access, patient experience and outcomes | MHLDA | 2022/23 |

# Northamptonshire Health Inequalities Action Plan

| Alignment with area of focus or guiding principle | Objective | Outcomes | Lead | Delivery date |
|---|---|---|---|---|
| **The ICS will ensure that residents are able to access health and wellbeing services to promote good health and prevent ill health**<br><br>Aligns to LTP Priority: Accelerating preventative programmes<br><br>CORE20+5 Priority: Respiratory | Implement the Tobacco Dependency Treatment pathway that offers timely, effective, specialist support to ensure that patients remain smoke free whilst under the care of the NHS in acute, maternity and community settings. A pathway into community stop smoking services will be developed so that many of these individuals will continue on this path once discharged from care | Reduction in smoking | Public Health | 2022/23 |
| **The ICS will ensure that residents are able to access health and wellbeing services to promote good health and prevent ill health**<br><br>Aligns to LTP Priority: Accelerating preventative programmes | Improve access and uptake of NHS Health Checks | Improved health and wellbeing | Public Health | 2022/23 |
| | Improve uptake and access to weight management services | Reduction in obesity | Public Health/ CCG | 2022/23 |
| **Health and social care services will be accessible to all** | To map the existing diabetes pathway | Improved outcomes for diabetes | Diabetes Collaborative Care Board | May-22 |

# Northamptonshire Health Inequalities Action Plan

| Alignment with area of focus or guiding principle | Objective | Outcomes | Lead | Delivery date |
|---|---|---|---|---|
| **and targeted to those most in need or at risk of poor outcomes**<br><br>Diabetes | | | | |
| | To use shared data to develop diabetes pathways to reduce risks, maximise opportunities and ultimately improve care | Improved outcomes for diabetes | Diabetes Collaborative Care Board | 2022/23 |
| **The ICS will ensure that residents are able to access health and wellbeing services to promote good health and prevent ill health**<br><br>**Health and social care services will be accessible to all and targeted to those most in need or at risk of poor outcomes**<br><br>CORE20+5 Priority: CVD | Set up system programme board for CVD | Improved outcomes for CVD | CVD Clinical Lead | 2022/23 |
| | Develop CVD strategy for the ICS | Improved outcomes for CVD | CVD programme board | 2022/23 |
| | Develop action plan to improve identification of hypertension, working with partners across the system to target priority groups, taking a making every contact count approach and working within communities | Reduction in hypertension | CVD programme board | 2022/23 |
| **Health and social care services will be accessible to all and targeted to those most in need or at risk of poor outcomes** | We will complete a service review including an equity audit to understand which groups have poor uptake and outcomes and will inform which communities we need to engage with | Improved access to respiratory services | Respiratory Care Board | Jul-22 |
| | Set up a task and finish group to complete a needs assessment which includes understanding which groups have poor uptake and | Improved access to and experience of respiratory services | Respiratory Care Board | Jul-22 |

# Northamptonshire Health Inequalities Action Plan

| Alignment with area of focus or guiding principle | Objective | Outcomes | Lead | Delivery date |
|---|---|---|---|---|
| CORE20+5 Priority: COPD | outcomes and then engaging with these groups to inform service design an improve uptake | | | |
| | Restart pulmonary rehab and develop personalised care approach | Improved respiratory outcomes | Respiratory Care Board | 2022/23 |
| | Use the STAR tool to complete an economic evaluation of COPD services | Improved respiratory outcomes | Respiratory Care Board | Sep-22 |
| **Health and social care services will be accessible to all and targeted to those most in need or at risk of poor outcomes**<br><br>Cancer | Develop plans to improve Quality of Life including implementation of psychosocial support, plus one other priority to be identified for local intervention from the Cancer Data Dashboard | Improved experience and outcomes | Cancer Lead | 2022/23 |
| | Ensure that existing personalised care activities are being offered to everyone | Improved experience and outcomes | Cancer Lead | 2022/23 |
| | To complete any outstanding work on post-pandemic cancer recovery objectives to return the number of people waiting for longer than 62 days to the level in February 2020, and to meet the increased level of referrals and treatment required to reduce the shortfall in number of first treatments, including a particular focus on the three cancers making up two thirds of the national backlog (lower GI, prostate and skin) | Increased access to services | Cancer Lead | 2022/23 |
| | Northamptonshire will make progress against the ambition in the Long-Term Plan to diagnose more people with cancer at an earlier stage, focusing on:<br><br>• Timely presentation and effective primary care pathways<br>• Faster Diagnosis<br>• Targeted case finding and surveillance | Earlier diagnosis of cancer | Cancer Lead | 2022/23 |
| | Ensure that recovery is delivered in an equitable way, using the COVID-19 Cancer Equity Data packs and other relevant data to | Reduction in inequalities in access and outcomes | Cancer Lead | 2022/23 |

# Northamptonshire Health Inequalities Action Plan

| Alignment with area of focus or guiding principle | Objective | Outcomes | Lead | Delivery date |
|---|---|---|---|---|
| | identify and take action to address any gaps in the rate of referral and/or treatment recovery for particular patient groups | | | |
| | System and trust level analysis of cancer waiting times disaggregated by ethnicity and deprivation to understand and address any variation among different patient groups | Improved understanding of inequalities | Cancer Lead | 2022/23 |
| | Reduce unwarranted variation in access to cancer treatment, including using treatment variation data to prioritise and implement specific targeted action to ensure equitable access to treatment, including for older people | Reduction in inequalities in access and outcomes | Cancer Lead | 2022/23 |
| **Health and social care services will be accessible to all and targeted to those most in need or at risk of poor outcomes** | Ensure that we support residents to age well, remain healthy and active, prevent frailty, support people to have independence and remain in their community | Improved health and wellbeing | ASC/ iCan | Ongoing |
| | Identify areas in the community, and care homes, that are more at risk of health inequalities | Improved understanding of health inequalities | iCan | 2022/23 |
| | Ensure that residents in our care homes and supported accommodation have access to regular health checks and health action plans, including national or local screening programmes | Improved health and wellbeing | ASC | 2022/23 |
| | Facilitate smooth transfers back from hospital with a plan of care/plan of recovery and follow up where this is required | Improved access to services | ASC | 2022/23 |
| | Ensure residents have access to equipment that enables, including assistive technology | Improved health and wellbeing | ASC / iCan | 2022/23 |
| | Ensure that older people services are appropriate, taking a person-centred approach considering language, culture, age, gender, and LGBT appropriateness, including access to other community services to advise or support as required | Reduction in inequalities | ASC | 2022/23 |

# Northamptonshire Health Inequalities Action Plan

| Alignment with area of focus or guiding principle | Objective | Outcomes | Lead | Delivery date |
|---|---|---|---|---|
| | Develop commissioning principles ensuring that we are commissioning for health and addressing health inequalities | Reduction in inequalities | ASC | 2022/23 |
| | Develop Community Hubs model that aligns with Family Hubs work | Improved working with communities | Director for Adults, Communities and Wellbeing and Children's Trust | 2022/23 |
| | Provision of and scaling up of peer support groups for Dementia, to include Dementia Hubs, CHD and Heart failure, Diabetes, COPD | Improve patient experience and outcomes | iCan | 2022/23 |
| | Develop model for remote monitoring linked into the remote monitoring Hub | 4,000 home-based residents set up by Nov 2022 and 1,000 care home residents | iCan | Nov-22 |
| | Maximise independence and long-term happiness by helping more people remain at home and thriving in their community | Improve patient experience and outcomes | iCan | 2022/23 |
| | Provide holistic planned care in the community which reduces avoidable escalations | Improve patient experience and outcomes | iCan | 2022/23 |
| | Create a range of digitally accessed content to support good management of long-term conditions (videos with top tips, frequently asked question sheets, live q&a sessions with professionals) | Improve patient experience and outcomes | iCan | 2022/23 |
| | At scale deployment of home-based remote monitoring equipment and assistive technology (5,000 additional year one) - 24-hour monitoring of readings and proactive outreach contact from monitoring team – building on 7,000 existing persons with lifeline support | Improve patient experience and outcomes | iCan | 2022/23 |

# Northamptonshire Health Inequalities Action Plan

| Alignment with area of focus or guiding principle | Objective | Outcomes | Lead | Delivery date |
|---|---|---|---|---|
| | Identification of key community 'hub' sites and expand range of outpatient clinics delivered and diagnostic capacity at each location | Improve access, patient experience and outcomes | iCan | 2022/23 |
| | Increased used of virtual wards and remote monitoring to follow up patients recently discharged | Improve access, patient experience and outcomes | iCan | 2022/23 |
| **Health and social care services will be accessible to all and targeted to those most in need or at risk of poor outcomes**<br><br>CORE20+5 Priority: Maternity | Ensure women most likely to experience poorer outcomes are provided with continuity of care. The LMNS in partnership with the Maternity services have developed an extensive Midwifery Continuity of Carer (MCoC) Long-term plan for the delivery of MCoC across Northamptonshire. The plan includes all elements identified by the national team where MCoC should be focused and clear building blocks to support the future development and sustainability of this model of care | 51% women have CoC | LMNS | Nov-22 |
| | Ensure women most likely to experience poorer outcomes are provided with continuity of care | 75% women have CoC | LMNS | Nov-23 |
| **Health and social care services will be accessible to all and targeted to those most in need or at risk of poor outcomes**<br><br>Aligned to LTP priority: Restoring NHS services inclusively | Develop waiting well interventions that provide a proportionate universal approach to support physical, social, and mental health needs of the longest waiters. This needs to be co-produced with communities and maximising personalised care and social prescribing throughout, including opportunities for shared decision-making conversations and supported self-management | Reduction in inequalities | Elective Care Board | 2022/23 |
| | Planning and mobilise Community Diagnostic Centres across two locations in the county. These locations will be based on both demographic and operational needs | Improved access to services | Elective Care Board | 2022/23 |
| | Set up Elective Care Health Inequalities working group and identify leads across the system | Improved system response and leadership to reduce health inequalities | Elective Care Board | May-22 |

# Northamptonshire Health Inequalities Action Plan

| Alignment with area of focus or guiding principle | Objective | Outcomes | Lead | Delivery date |
|---|---|---|---|---|
| | Establish an Elective Care Health Inequalities working group across business intelligence and population health management to develop reporting capacity specifically for Elective Health Inequalities | Improved system response to health inequalities | Elective Care Board and Population Health Management | Jun-22 |
| | Phase One: collection and analysis of data<br><br>Identification of population segmentation and assessment of PTL data<br><br>Data quality/completeness mapping | Improved understanding of inequalities | Elective Care Board and Population Health Management | Jun-22 |
| | Phase Two: identification of approach/actions | Reduction in inequalities | Elective Care Board | Sep-22 |
| | Design the interventions to address the drivers of inequalities such as engage more patients in prevention strategies | | | |
| | Phase Three: embedded rolling programme of review/action | Reduction in inequalities | Elective Care Board | Mar-23 |
| | Test outcomes of agreed interventions post implementation and ensure continuous feedback loop for further development | | | |
| | Develop action plan to identify unmet need with proactive case-finding and collaboration across acute, primary care and VCSE | Reduction in inequalities | Elective Care Board | Mar-23 |
| | Launch Northamptonshire Analytical Reporting Platform (NARP). This platform will and embed inequalities into quality improvement processes through improved access to data on equity of access and outcomes for service providers and commissioners to use to inform service improvement | Increase access to quality assured data, turned into intelligence to inform actions to address health inequalities | Digital Lead | Jul-22 |
| **Health and social care services will be accessible to all** | Expansion of a personalised care, giving individuals more choice and control over the way their care is planned and delivered | Increases in Shared Decision Making | Personalisation Board | 2022/23 |

# Northamptonshire Health Inequalities Action Plan

| Alignment with area of focus or guiding principle | Objective | Outcomes | Lead | Delivery date |
|---|---|---|---|---|
| **and targeted to those most in need or at risk of poor outcomes**<br><br>Personalised care | | Increased number of Personalised Care & Support Plans<br>Increased number of supported self-management activities | | |
| | Implementation of social prescribing at scale through Spring to provide the necessary local infrastructure to empower individuals to better manage social exacerbations of their Long-Term Conditions. This is a service for adults | Engagement Assessment (Individual action plan)<br><br>Improvement in general wellbeing (Wellbeing Star improvement)<br><br>Improvement in Mental Health (WEMWS improvement)<br><br>Improvement in physical health (reduced GP consultations) | Personalisation Board | 2022/23 |
| **The ICS will ensure that end of life services support a dignified and pain free death** | Develop the Strategy for End of Life and Palliative Care | Improved end of life care | iCan | 2022/23 |