**Question from member of the public and response for the ICB Board meeting held on 27 September 2022**

*"As a citizen, born, working and living in Gloucestershire what health inequality measures, and approaches to measuring health inequalities, will One Gloucestershire Integrated Care System Board seek insight and oversee so as to be fully assured, and fully re assured, that as a system, One Gloucestershire Integrated Care System Board  is consistently addressing health inequalities in a meaningful, timely and sustained way in serving all the people and communities, now and into the future?" This question was from Bren McInerney*

Improving equality, and equality of health outcomes is a core aim of the Integrated Care System and understanding the progress we are making – and the impact that has on people’s lives in Gloucestershire – is both a vital part of our assurance and a measure of our success.

The way we seek insight and oversee this work falls into two categories: quantitative/linear data monitored over time to understand the short, medium and long term shift at both macro (policy) and micro (service, clinical pathway, community) level; and qualitative/relational data and insight, grounded in what meaningful change looks like from the point of view of people and communities.

The first category, as you would expect, encompasses more data- and policy-driven dimensions and includes the following:

1. A countywide Health Equalities dashboard showing long- and medium range statistical metrics for the county and districts against key Marmot Policy areas including:
	* Inequality in life expectancy and healthy life expectancy
	* Under 75 mortality rates
	* Prevalence of smoking, obesity, physical inactivity and anxiety
2. A regular Integrated Performance Report to Integrated Care Board (ICB) providing an assessment against both nationally-set[[1]](#footnote-1) as well as locally important inequalities related metrics which are aligned to our ICS programmes of work. This includes areas such as:
	* Number of people supported through the diabetes prevention programme
	* Number of referrals to the NHS digital weight management services per 100k head of population
	* Proportion of acute or maternity inpatient settings offering smoking cessation services
	* Vaccination and screening population coverage targets
3. Integrated within the report above, “Core20Plus5”: data which allows us to understand the relative experience, access and outcomes of key populations compared with that of the general county population (also part of the 22/23 NHS Oversight Framework). The populations are:
	* ‘Core20’ – citizens who live in areas that count within the 20% most deprived nationally, as defined by the national Index of Multiple Deprivation
	* ‘Plus’ – the ICB has chosen to focus on citizens from racially minoritized communities, regardless of where they live

As well as understanding and acting on the disparities in general between what happens for these groups versus the wider population, we are also developing monitoring against five (more recently six) health themes:

* + maternity – continuity of carer
	+ severe mental illness
	+ chronic respiratory disease
	+ early cancer diagnosis
	+ hypertension
	+ Across all of these, smoking rates and access to support to stop smoking

The second category is different but equally important because tackling the underlying causes of inequality and inequalities of health outcomes requires us to work in sustained, meaningful, respectful and equal partnership with the communities and individuals affected.

We understand that real change will happen “at the speed of trust”, and any measures we use need to be grounded in what meaningful change looks like from the point of view of people and communities. Our quantitative metrics rarely tell this story and – at worst – can mask very real disparities in experience and outcome.

Some examples of the work we are doing to ensure we are making progress in this dimension, and that the ICB is assured of this, are:

1. Development of the Integrated Care Partnership Board, who will be responsible for setting strategic priorities for the Board and associated expectations on impact monitoring which we would expect to encompass the existing countywide health and wellbeing priorities as well as other dimensions to be agreed;
2. Development of our [Working with People and Communities Strategy](https://www.nhsglos.nhs.uk/have-your-say/working-with-you/strategy-and-insight/), which sets out how we will collaborate to tackle inequalities. This includes the commitments below, for which we will expect to be held accountable:
	* Support Core20PLUS5 priorities, ensuring insight informs action
	* Work with Integrated Locality Partnerships to develop bespoke involvement to support projects to tackle health inequalities
	* Work towards ‘continuous engagement’ to build relationships of trust
	* Accept that, with good intent, we will sometimes fail when we work with communities; we will be open and transparent when this happens, discuss together how we can address issues. We will avoid blame.
3. Continued delivery of the ICB Enabling Active Communities and Individuals Programme, focusing on building the partnerships to support strengths-based individual and community-centred action on prevention and health inequalities;
4. Focus on place-based working through the Integrated Locality Partnerships and a population health management approach;
5. Development of a Memorandum of Understanding, and underpinning infrastructure and policy, which supports an equal partnership with the county’s VCSE sector. This work leads naturally to better articulation of statutory partner duties as Anchor Institutions, for example in our workforce practices, asset-sharing and social value policies;
6. The Healthy Communities Together Programme, sponsored by the Kings Fund and funded by the National Lottery Community Development Fund, where we are building our understanding on how to define and capture – and be assured – that we are *building trust for fairer health*
1. NHS Oversight Framework 2022/23: https://www.england.nhs.uk/publication/nhs-oversight-framework-22-23/ [↑](#footnote-ref-1)