

## **INTEGRATED CARE PARTNERSHIP**

## **ITEM 06**

**18 October 2023**

Report sponsor: Chris Weiner, Chief Medical Officer, Derby and Derbyshire ICB  
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### **Establishing a Prevention and Health Inequalities Board in the Joined Up Care Derbyshire system**

#### **Purpose**

- 1.1 To provide the Integrated Care Partnership (ICP) with the rationale for the establishment of a Prevention and Health Inequalities Board in the Joined Up Care Derbyshire System

#### **Recommendations**

- 2.1 The ICP is requested to note the rationale for the establishment of a Prevention and Health Inequalities Board (PHIB) in the Joined Up Care Derbyshire System.
- 2.2 The ICP is asked to approve the establishment of the new PHIB, which will align to the Integrated Place Executive (IPE) and be accountable to the ICP Board.
- 2.3 The ICP is requested to receive regular future reports on system wide action to tackle health inequalities and increase prevention activity from the new PHIB.

#### **Reason**

- 3.1 Increasing prevention activity and tackling health inequalities are core priorities for the JUCD system, to improve the health and wellbeing of the population and ensure that the system meets the needs of every community. In order to coordinate and drive progress in these complex agendas across a multi-agency system, clear governance and oversight is required. The PHIB will provide the ICP with the mechanism to ensure health inequalities are addressed systematically and prevention activity increases across the system. Additionally, this will support the long planned 'left shift' in funding as well as clarity of governance.

## Supporting information

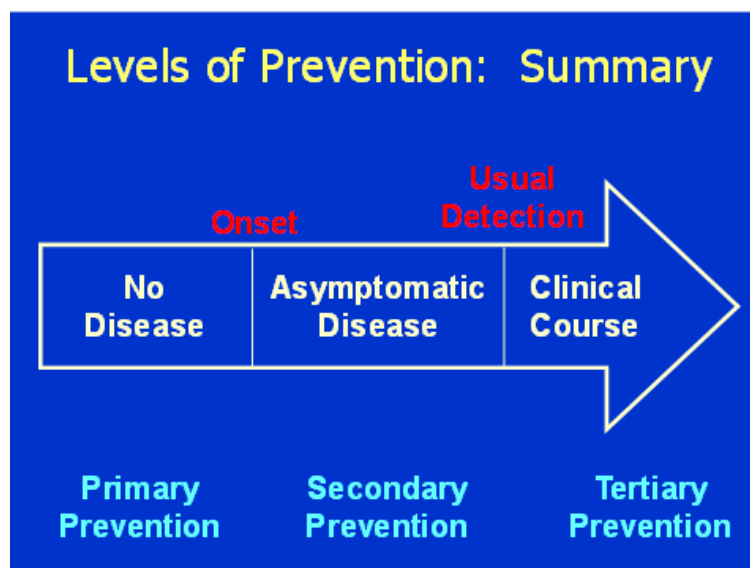
### Introduction

- 4.1 Preventing ill health and tackling health inequalities are separate but closely linked agendas that, taken together, are critical to improving the health and wellbeing of the population and reducing unfair and avoidable differences in health outcomes.
- 4.2 Both agendas are complex, multi-faceted and require sustained systemic action and integrated approaches across a range of partners and locations in order to make real progress at population level.
- 4.3 There is currently a range of activity happening across the JUCD system to prevent ill health and tackle inequalities, but it is not well coordinated, often happens in pockets, and is reported and discussed in many different parts of the system, with accountability and oversight fragmented.
- 4.4 This paper gives an overview of the prevention and health inequalities agendas and sets out a proposal to establish a multi-agency Prevention and Health Inequalities Board (PHIB) in the JUCD system architecture, reporting into the ICP Board. The PHIB will provide strategic direction, coordination and oversight of the prevention and health inequalities agendas across the whole system.

### Prevention

- 4.5 Prevention in the context of health and wellbeing is defined as; *“Taking action to reduce the incidence of disease and other health problems in the population”*.
- 4.6 There are different levels of prevention as summarised in Figure 1 below.

**Figure 1: Levels of Prevention**



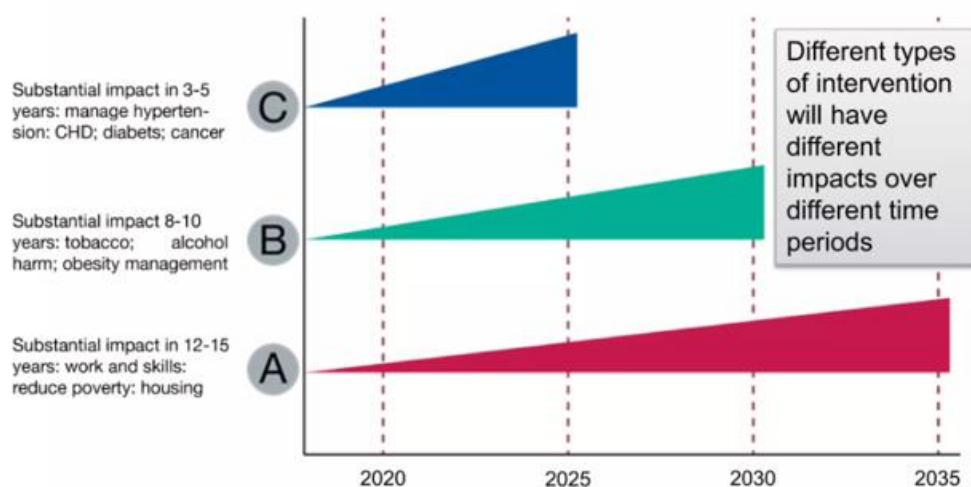
4.7 The NHS has a Prevention Programme which includes the following elements:

- Digital Weight Management Programme/Obesity
- Alcohol Dependency Programme
- Tobacco Dependency Programme
- HIV Prevention
- Tuberculosis (Latent TB testing and treatment)
- Antimicrobial Resistance
- Secondary Prevention
- Diabetes Prevention
- Cardiovascular Disease Prevention
- National Vaccination programmes
- National Screening Programmes (Cancer and Non-Cancer).

4.8 Prevention activities can improve outcomes in the short, medium and longer term, but to be effective they require sustained focus and action.

**Figure 2: Interventions for impact over time**

## Interventions for Impact Over Time

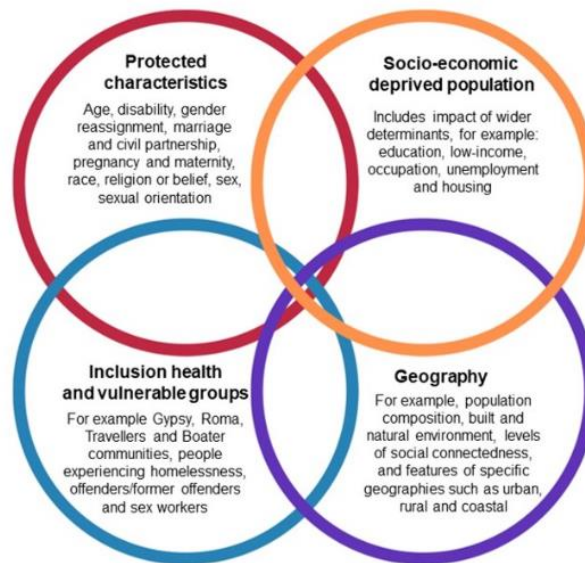


Source: PHE, *Reducing Health Inequalities: System, scale and sustainability*

### Health Inequalities

4.9 Health inequalities are defined as; “*Unfair and avoidable differences in health across the population, and between different groups within society*”. They arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health and wellbeing. Figure 3 overleaf, shows the complex range of individual characteristics and societal factors that have been identified as contributing to health inequalities:

**Figure 3: Domains of health inequality (adapted from [Health inequalities: place-based approaches to health inequalities](#))**



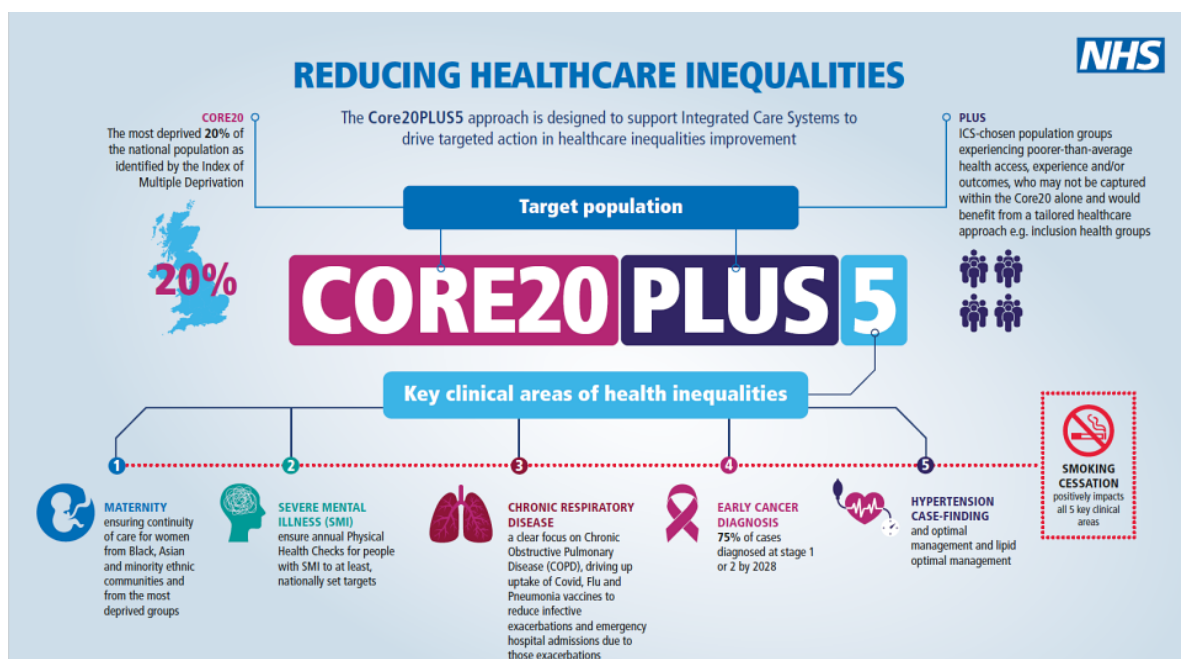
Whilst these are separate domains, actually the socioeconomic impacts often coexist with/ exacerbate the others, and that having more than one of these is additive, or perhaps multiplicative. Disability being an example - more likely to have a disability if born into poverty, but also those with a disability more likely to move into poverty.

- 4.10 Both the NHS and Local Government have statutory duties to tackle health inequalities, and it is only by working together effectively, alongside a range of wider partners that these complex and deep-rooted challenges can be tackled.
- 4.11 The NHS has placed tackling health inequalities at the heart of its Long-Term Plan for this decade. NHS England has set out its approach to tackle healthcare inequalities in the Core 20 Plus 5 frameworks for children and adults (see Figures 4 and 5).

**Figure 4: Core 20 Plus 5 Framework for Children**



Figure 5: Core 20 Plus 5 Framework for Adults



### Local priorities

4.12 Prevention and Tackling Health Inequalities act as a golden thread running through key local system strategies in JUCD as demonstrated below:

#### JUCD Integrated Care Strategy – Key areas of focus

- **Start Well** - To improve outcomes and reduce inequalities in health, social, emotional, and physical development of children in the early years (0-5) via school readiness
- **Stay Well** - To improve prevention and early intervention of the 3 main clinical causes of ill health and early death in the JUCD population - circulatory disease, respiratory disease and cancer
- **Age/ Die Well** - To enable older people to live healthy, independent lives at their normal place of residence for as long as possible. Integrated and strength-based services will prioritise health and wellbeing, help people in a crisis to remain at home where possible, and maximize a return to independence following escalations.

#### Derby and Derbyshire NHS 5 Year Forward Plan

- Guiding Principle: *Allocate resources more proportionately towards activities which will prevent, postpone, or lessen disease complications and reduce inequality in provision.*
- Strengthen Primary Care: Reduce inequalities of access, outcomes, and experience associated with care.

## **Derbyshire Health and Wellbeing Strategy**

Our Population Health Outcomes:

- Increase life expectancy
- Increase healthy life expectancy
- Reduce inequalities in healthy life expectancy and life expectancy.

Our Five Shared Priorities are:

- Enable people in Derbyshire to live healthy lives
- Work to lower levels of air pollution
- Build mental health and wellbeing across the life course
- Support our vulnerable populations to live in well planned and healthy homes
- Strengthen opportunities for quality employment and lifelong learning.

## **Derby City Health and Wellbeing Strategy**

Vision: Focusing on prevention and the wider determinants of health, the Health and Wellbeing Board will:

- Safeguard and improve the health and wellbeing of the people in the city.
- Reduce health inequalities.

Objectives: That the people of Derby have:

- Start Well
- Stay Well
- Age Well and Die Well

Our Population Health Outcomes:

- Increase life expectancy
- Increase healthy life expectancy
- Reduce inequalities in life expectancy and healthy life expectancy.

4.13 The ambition to increase life expectancy, healthy life expectancy and reducing inequalities in these sits across all the above key strategies and plans. To support this ambition, we are aiming to 'Turn the Curve' on the following indicators:

- Reduce smoking prevalence
- Increase the proportion of children and adults who are a healthy weight
- Reduce harmful alcohol consumption
- Improve participation in physical activity
- Reduce the number of children living in low-income households
- Improve mental health and emotional wellbeing
- Improve access to suitable, affordable, and safe housing
- Improve air quality.

These 'Turning the Curve' outcome indicators are similarly shared across the JUCD system and the ambition to make positive change across them is embedded within all the system strategies and plans referenced.

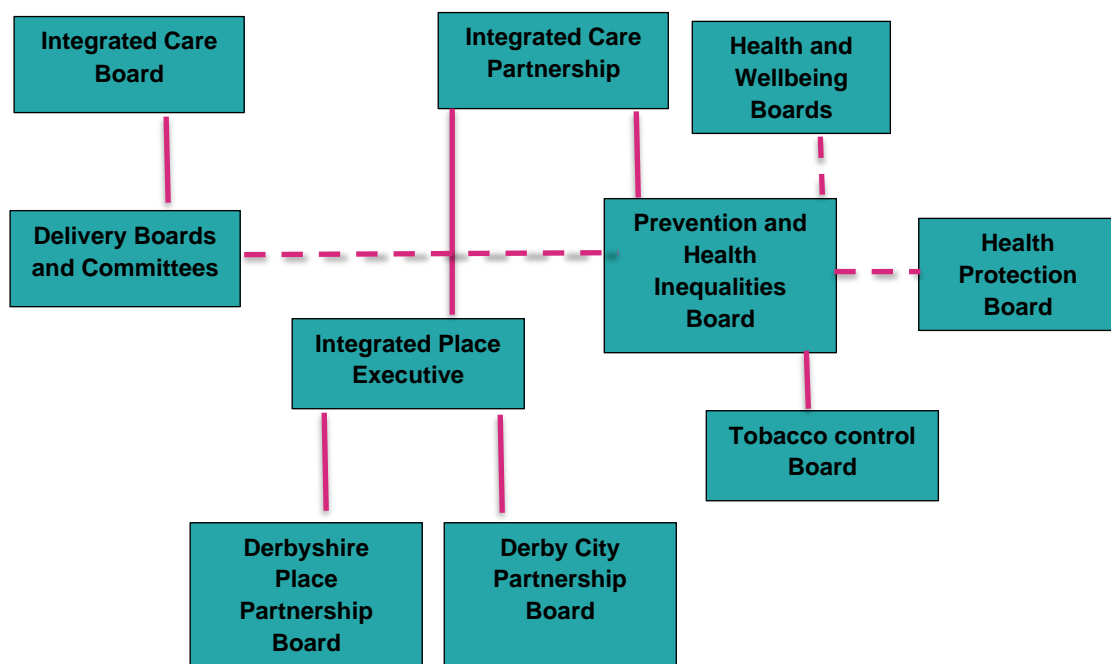
### **Establishment of a Prevention and Health Inequalities Board (PHIB)**

- 4.14 Embedding a systematic and concerted approach to prevention and health inequalities is essential in improving population health, particularly for those who have the poorest health outcomes. The fact that improving population health and the importance of prevention and health inequalities is embedded throughout our strategic planning is significant and demonstrates our shared intent.
- 4.15 Whilst action on prevention and health inequalities should ideally be embedded in all our work this has proved challenging. There are pockets of positive work but there is lack of consistency and endeavour on these complex issues. The establishment of a PHIB will provide an opportunity for consistency and to drive system-wide joined up effort and progress to achieve our shared ambitions. In addition, it will be a point to identify and unblock issues that are limiting progress.
- 4.16 PHIB will be knowledge-led, using both quantitative and qualitative data to ensure the needs of our communities are fully understood and that interventions are based on evidence and best practice. It will also be essential for evaluating success and monitoring progress.
- 4.17 Importantly, PHIB will embed and build on strength-based and person-centred ensuring that our communities are heard and trusted to co-produce local solutions.

### **Governance Arrangements**

4.18 The figure below demonstrates the proposed governance arrangements for PHIB:

**Figure 6: Proposed governance arrangements**



## Public/stakeholder engagement

5.1 None.

## Other options

6.1 Progression without the establishment of PHIB. This is the current status and there is difficulty in aligning effort and progressing any significant action, hence this proposal.

## Financial and value for money issues

7.1 None specifically arising from this report.

## Legal implications

8.1 None specifically arising from this report.

## Climate implications

9.1 None specifically arising from this report.

## Socio-Economic implications

10.1 None specifically arising from this report.

## Other significant implications

11.1 None specifically arising from this report.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal		
Finance		
Service Director(s)		
Report sponsor	Ellie Houlston, Director of Public Health, Derbyshire County Council Robyn Dewis, Director of Public Health, Derby City Council	10/10/2023
Other(s)		

Background papers:  
List of appendices: