Norfolk County Council

Norfolk Health & Wellbeing Board & Norfolk and Waveney Integrated Care Partnership

Date: **Wednesday 12 June 2024**

Time: **09:30 am**

Venue: **Council Chamber, County Hall, Martineau Lane, Norwich NR1 2DH**

SUPPLEMENTARY
A g e n d a

Advice for members of the public:

This meeting will be held in public and in person.

It will be live streamed on YouTube and members of the public may watch remotely by clicking on the following link: Norfolk County Council YouTube

We also welcome attendance in person, but public seating is limited, so if you wish to attend, please indicate in advance by emailing committees@norfolk.gov.uk

Current practice for respiratory infections requests that we still ask everyone attending to maintain good hand and respiratory hygiene and, at times of high prevalence and in busy areas, please consider wearing a face covering.

Please stay at home if you are unwell, have tested positive for COVID 19, have symptoms of a respiratory infection or if you are a close contact of a positive COVID 19 case. This will help make the event safe for attendees and limit the transmission of respiratory infections including COVID-19.

Norfolk and Waveney Integrated Care Partnership

Tom McCabe
Chief Executive Officer

County Hall
Martineau Lane
Norwich
NR1 2DH

Date Supplementary Agenda Published: 5 June

If you need this document in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Improving lives **together**
Norfolk and Waveney Integrated Care System

Norfolk and Waveney Integrated Care System

Health Inequalities Strategic Framework for Action

2024 - 2034

A3

Foreword

Norfolk and Waveney is generally a healthy and safe place to live. We are fortunate that life expectancy locally is higher than the national average for both men and women.

However, there are significant differences between different parts of Norfolk and Waveney, as well as between groups of people. Right now, some people in Norfolk and Waveney are dying a decade younger than they should. This is just one of many statistics that show the avoidable differences in the health of our residents.

Too many people are living for years in poor health; too many families have lost a loved one too soon. Changing this is what is driving us to do better.

Addressing health inequalities is everybody's business. This is because our physical and mental health depends upon so many things, not just health and care services, but economic factors, such as whether we have decent work or enough money, our environment, if we have close family and friends, and of course our own lifestyles.

This is why our Integrated Care Systems is so important, as it includes such a wide range of partners, from the voluntary, community and social enterprise sector and our many residential and domiciliary social care providers, to local government, the NHS and other statutory organisations.

There are many people and organisations in Norfolk and Waveney who are already doing excellent work every day to address health inequalities, despite the financial constraints that affect us all. This important new framework will enable us to have a much greater impact than we currently are. We know that by working more closely together we can achieve so much more: this framework gives us all the common vision, purpose and plan that we need.

Over 100 organisations and hundreds of people were involved in developing this framework. We are really grateful to everyone for contributing their time, energy, skills and experience – we will need the same commitment as we work together to change things, not just for the next 12 months, but for the years ahead.

By working together we can create a healthier Norfolk and Waveney for all our residents.

Councillor Bill Borrett, Chair, Norfolk and Waveney Integrated Care Partnership
Rt Hon. Patricia Hewitt, Chair, NHS Norfolk and Waveney Integrated Care Board

A clinical view

As a nurse, I have seen first-hand the impact that health inequalities have on people, families, communities and patients I have cared for. There are many health and care professionals, as well as people who choose to volunteer their time and energy, who work tirelessly to address inequalities which are unfair, unjust and avoidable. I am so pleased with our strategic framework for action because it provides us with a stronger foundation from which we can all work together more effectively to change things for the better for our communities and future generations.

The COVID-19 pandemic played out against a backdrop of multiple inequalities, driven by a range of factors, including levels of poverty and deprivation, systemic discrimination, access to safe and healthy housing, education, employment, healthy food and green spaces. The pandemic highlighted these issues, we cannot now forget about them. We must continue to focus on inclusion, exposing and addressing the stark differences that excluded, minority and vulnerable groups experience.

It's our duty to understand and overcome the root causes of health inequalities, ensuring that the health and care services we offer are inclusive and welcoming to everyone. We must eliminate barriers, bias and discrimination wherever they are identified, with compassion and openness, and by gaining the trust of our communities. We know that this will take time and that it will be challenging, but it is the right thing to do.

This strategy holds at its heart the values of our Integrated Care System. It will build a culture of collective responsibility for the delivery of inclusive and equitable care for all. It will move our care beyond the current boundaries. And it will enhance the experience of our communities, patients and our staff, as we strive to improve the quality of life for all.

Tracy Williams, Queen's Nurse and Clinical Lead for Health Inequalities and Inclusion Health

Introduction

Right now, some people are dying a decade younger than they should. Lives are being cut short because of where someone lives and works, how they are treated and because they might not be able to access services.

This framework for action is designed to change that, to help individuals, families, communities and organisations tackle these issues. Nationally, and locally, we know where and what the causes are, but no one organisation can address it alone. That is why this framework will try and map actions and develop tools and commitments so we can act **together** now.

Many people who are passionate about making a difference have contributed to the ideas and information presented within this framework. Our Health Inequalities Conversations have taken place across Norfolk & Waveney and have helped to shape this framework.

There are many people and organisations in Norfolk & Waveney who are working to address health inequalities every day. Action around health inequalities is not new, but the whole Integrated Care System recognising our key issues and coming together under a common purpose and framework is.

The spotlight on those individuals and communities who have been most affected during the pandemic has meant that we all want to do things differently. Now is the time to act, the creation of our Integrated Care System, and the national drive for change has contributed to the urgency and determination to come together with a common vision, language and goals.

We are focused on our **'building blocks'** for good health, alongside how we strengthen our foundation to **create the conditions for success.**

This is a ten-year framework, which contains within it it a requirement to create annual action plans that are to be reviewed every year. Our initial actions detailed in this framework are the **first steps** towards a whole-system approach, and will be valid for our first 12 months of implementation.

Norfolk and Waveney Vision

We will come together to tackle unfair and avoidable differences in health outcomes. We will do this by listening to communities, prioritising prevention, and taking action together, making health inequalities everybody's business.

What are health inequalities?

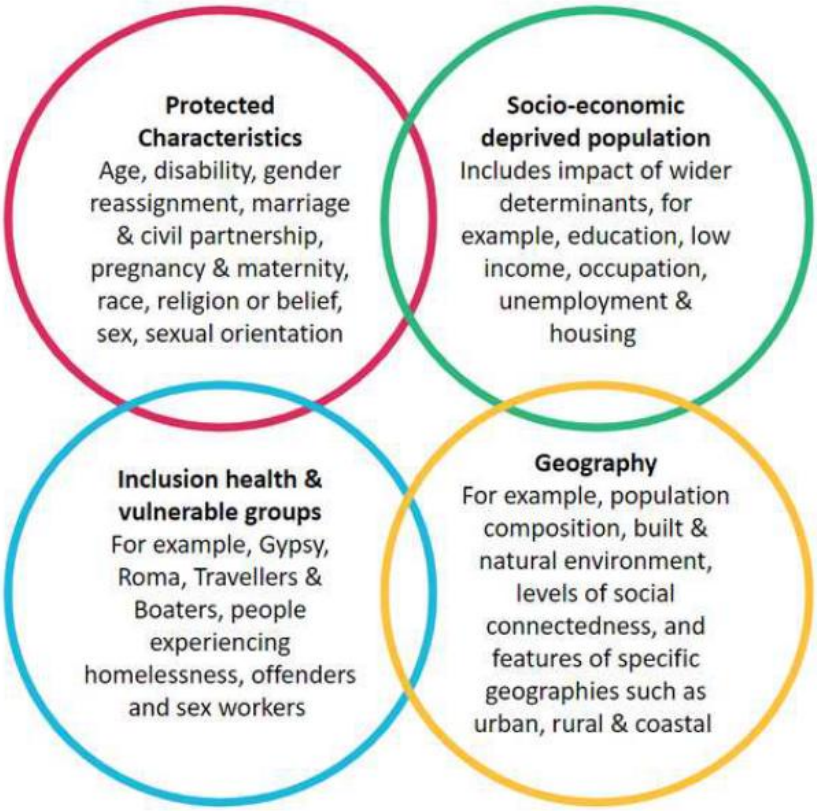
Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing. The effects of inequality are multiplied for those who have more than one type of disadvantage. (Kings Fund)

Inequalities of what?

This can involve differences in outcomes and in known contributing factors to health:

- **Health status** e.g. life expectancy and prevalence of health conditions
- **Access to care** and non-clinical services e.g. availability or waiting times for treatments, take-up of services, access to information
- **Quality and experience of care**, e.g. levels of patient satisfaction, feeling involved
- **Behavioural risks** to health, e.g. smoking rates
- **Mental wellbeing** and exposure to stressors and adversities (or protective factors)
- **Social economic and environmental conditions** that are 'wider determinants' of health e.g. cost of living, housing quality, community life, discrimination

Inequalities between who?



Keeping healthier for longer

There are lots of studies that show us that where we live and work influence our behaviour, as does how we spend our time and who we spend it with. The chart below is a good starting point for understanding all the factors that make up our health and decisions on our health, as well as those things we can't influence on our own.

Key areas that impact the health and wellbeing of our most vulnerable residents include good work, healthy communities and places, having the best start in life, tackling racism, discrimination and its outcomes, and environmental sustainability (Marmot, 2024).

In the Norfolk and Waveney area, there has been an emphasis on place-based approaches, and the need to address the socio-economic factors and geography outlined in the chart above (Figure 1). These are described locally as **Living and Working Conditions.**

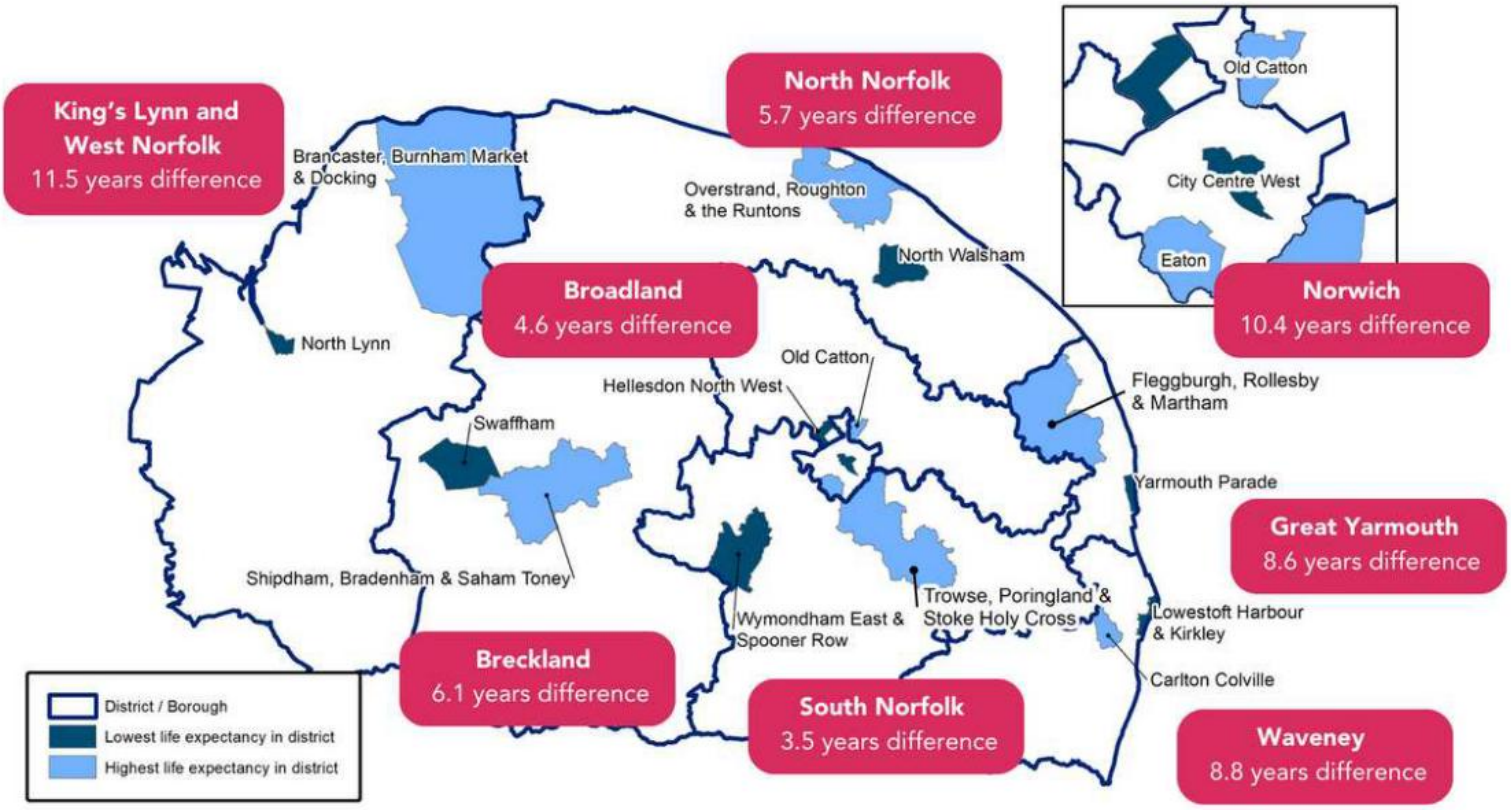
All of us can make a difference to our own health and wellbeing by making good, healthy choices, but sometimes this is not easy to do, especially when faced with a disadvantage because of where you live or if you face discrimination. We have described this as **Lifestyle Factors.**

And of course, when we need help, being able to access services early, and quickly, the same as anyone else with similar issues, but recognising the way in which the services are delivered might need to be different. For example, a person with autism accessing mental health services, someone with a mental health condition accessing stop smoking services, or someone attending a hospital appointment when English is not their first language. We describe this as **Healthcare Inequalities.**

Why are we doing this?

Health equity means everyone should be able to reach their full potential for health and well-being, with fair and just opportunity to do so. Right now, we know this is not happening as some people are dying earlier than we would expect.

The map below shows that people are dying much earlier in some parts of Norfolk & Waveney than others, for reasons that can be prevented. The difference in average life expectancy between residents in one place compared to another is the kind of gap we want to close.



Across Norfolk & Waveney differences in life expectancy can be seen in each district footprint. There is a 11.9 year age gap between the lowest life expectancy in Norfolk and Waveney (72.2 years as seen in North Lynn & Yarmouth Parade) and the highest (84.1 years seen in Eaton).

This gap in life expectancy is even bigger for some groups, such as those who are homeless, or with a learning disability.

Norfolk insight is our local data hub where anyone can look online at local data about the population of Norfolk and Waveney. We know who lives in poor health, who dies earlier from preventable illnesses, who has worse health outcomes, where they live and much of the time, why they have worse outcomes.

We know that people are dying earlier from preventable illnesses in some communities, with around half (men) to a third (women) of these due to circulatory diseases and cancer in Norfolk.

You can find more data relating to health inequalities by clicking here.

We have also been speaking to our communities that experience inequalities to better understand the barriers and build a rich picture to help close the health gap between groups.

Who will we reach?

Although we have a lot of data telling us about the different outcomes in our communities, we also want to make sure that we are listening to those who are seldom heard, and that people are able to speak for themselves. To help write this framework, we have asked people who experience health inequalities directly, what the issues are that affect them the most.

Community Voices

Using your feedback to improve care

We have targeted these conversations towards the groups that experience the greatest differences in health outcomes, working with our trusted communicators across sectors through our Community Voices programme.

These conversations highlight how important it is to understand how residents who experience health inequalities live and work, those factors that influence their health behaviours and what makes it difficult or possible to access services.
The summary below highlights some of what we have heard and more information can be found in our summary reports here.

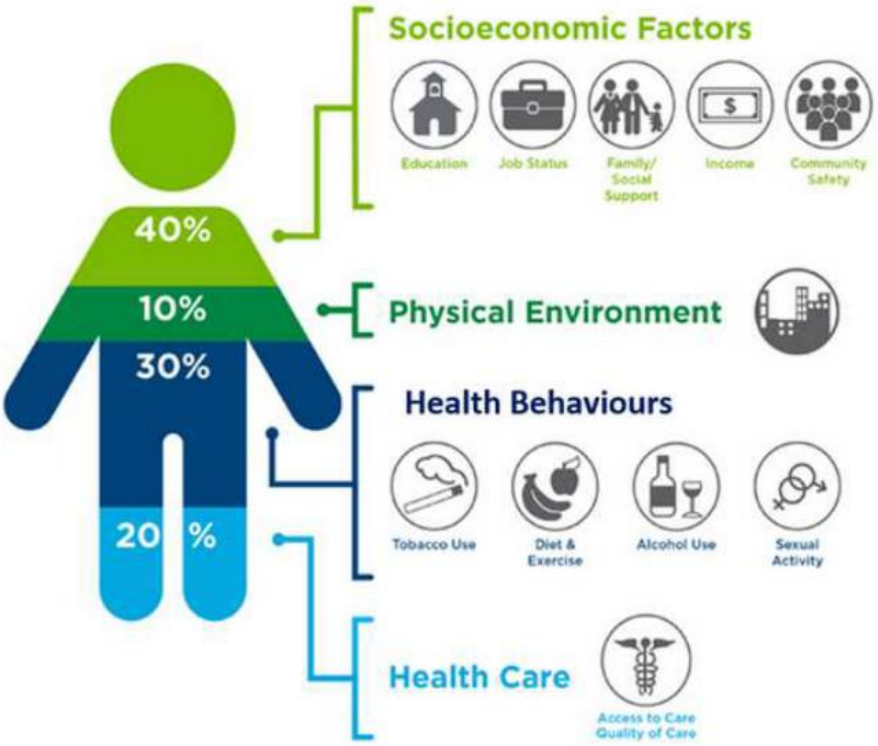
"Living in poor housing adds to (my) health issues and stress"

"Gp has told them they must quit (smoking) due to heart condition. Has tried vapes and tablets (champix) . Finds current living condition very stressful and feels that quitting now would be a huge stress 'on top of everything'..... Has anti social neighbours and black mould caused by an issue with leak in flat above. Doesn't feel in 'right place mentally' to quit"

"Some residents have concerns they are treated differently due to being a migrant or having a language barrier. Many report a lack of trust in the NHS, ofen stemming from miscommunications or feeling unheard"

[recently left prison] he has not been able to sort his benefits for the last 5 months and is living on a very limited budget for food which is also playing a big part in his illness [diabetes] and feels he cannot afford to spend what little money he has on a nutritious diet that he needs to try and keep healthy"

Our Community Voices conversations highlight why action should not be limited to health services alone. The causes of disease begin long before someone sees a health professional as outlined below. This image clearly shows the '**building blocks'** for good health.



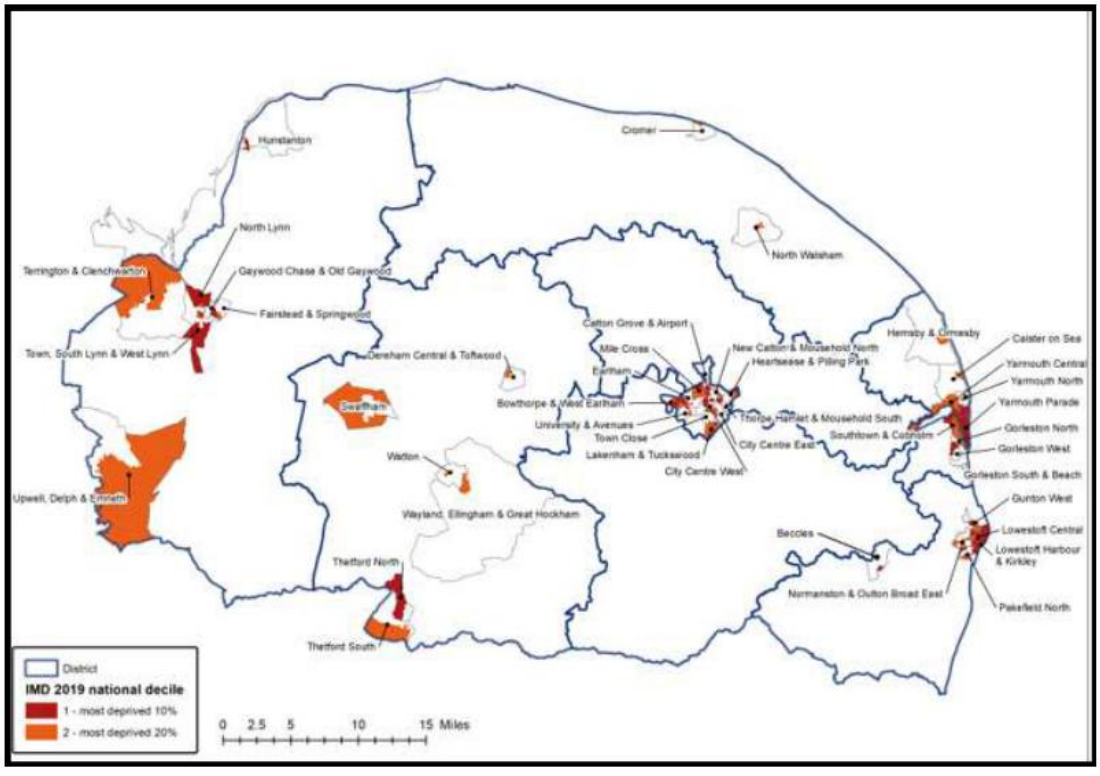
Education
Job status
Family/social support
Income
Community safety

Location
Home

Tobacco use
Diet and exercise
Alcohol use
Sexual activity

Access to Care
Quality of Care

The NHS has identified the communities and groups we should focus on as the 'Core20plus' communities. These are the people living in the most deprived areas and vulnerable people in the local area, who are referred to as the 'plus groups'. Our most deprived 'Core20' communities are highlighted in the map below - we have 42 of these in Norfolk & Waveney.



The Norfolk & Waveney 'plus' groups have been locally defined and agreed. These are:

- Ethnic minority communities
- Inclusion health groups
  - People experiencing homelessness
  - Drug & alchohol dependence
  - Vulnerable migrants
  - Gypsy, Roma and Traveller communities
  - Sex workers
  - People in contact with the justice system
  - Victims of modern slavery
- People with a learning disability, neurodiversity and autistic people
- People living in coastal and rural communities
- Young carers and looked after children
- Armed forces community

We have produced some fact sheets which give more information about each of our plus groups, which you can find here.

Health services have a clear call to action outlined via the Core20plus5 health equality improvement frameworks, which map where the inequalities are nationally, and what the NHS should focus on locally. The frameworks also include 5 clinical priority areas, and there is a framework for adults and a framework for children and young people. You can find out more information about the adult framework here and more about the children and young people framework here.

What difference will we make?

Residents who face the worst health outcomes will:

- Be able to access the right services more easily and get the right support to improve their health and wellbeing.
- Have more say about services, especially feedback on whether they are working well.
- Live longer, healthier, happier lives.

Organisations involved in improving the health of residents will:

- Commit to working together more effectively to tackle the causes of health inequalities.
- Have a common language and purpose and commit to improving outcomes for residents experiencing inequalities.
- Recognise and respond to risk for specific groups, with good quality information and understanding of need and be supported to enable this.
- Detect and manage need early, targeting resources based on preventing further ill health.
- Increase their effectiveness through a healthy and diverse workforce.
- Understand that not taking action early has a negative financial impact on organisations, and worse health outcomes for residents.

Existing commitments

Our organisations and leadership are not new to trying to prevent unfair and avoidable differences in experiences and early deaths from preventable illness. Listed below are the ICS strategies and approaches that include commitments relating to health inequalities. This framework will help to deliver them and a summary of their existing objectives can be found here.

Our Guiding Principles

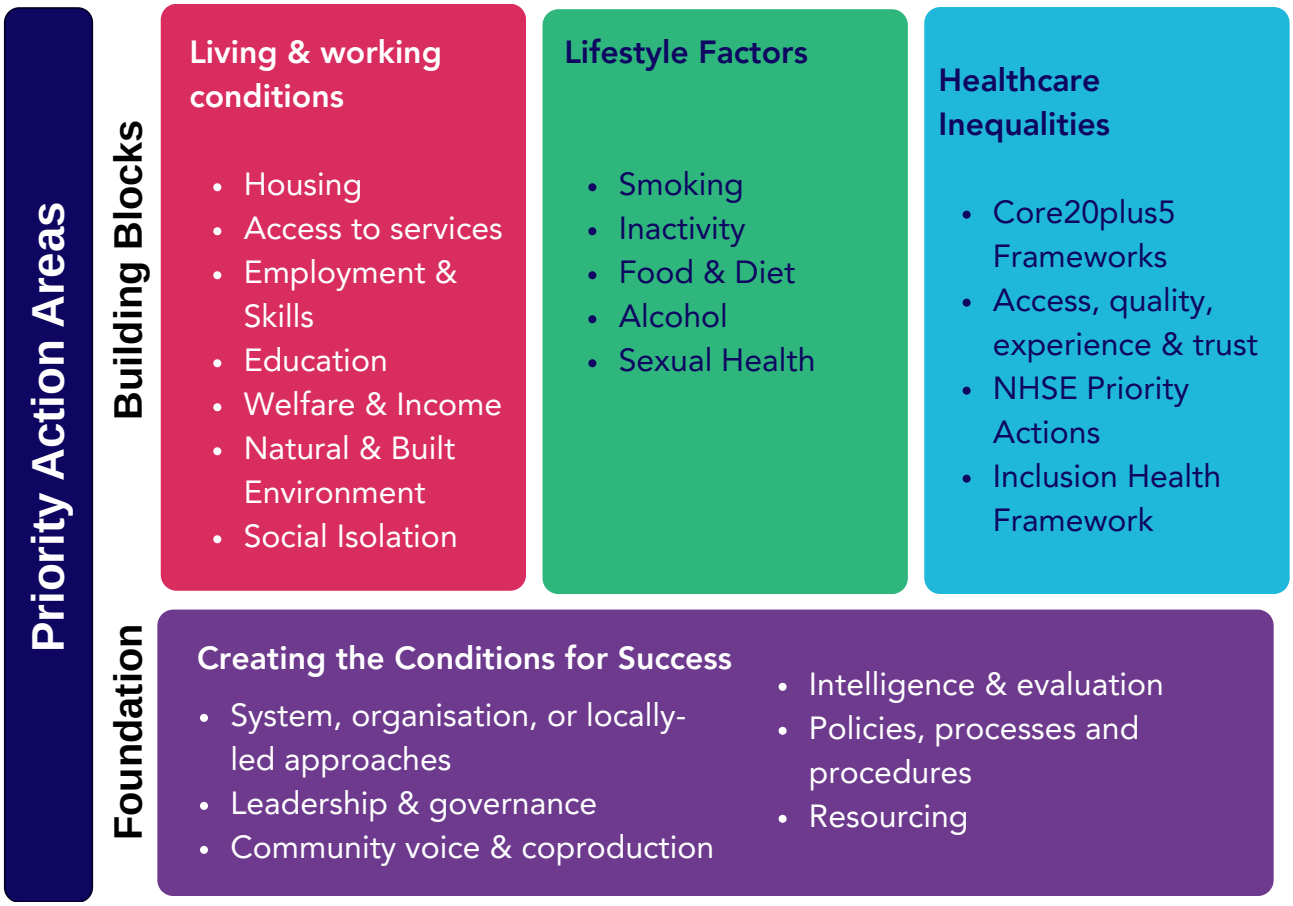
Through our Health Inequalities Conversation we have developed the following guiding principles that we ask our partner organisations to adopt. These are guidelines for decision making.

- **Everyone needs something, some people need more.**
- **We know we can make a difference, and this is a long-term commitment.**
- **Enabling communities to have a voice is key and requires creativity and persistence.**
- **We will work as close to people and communities as possible.**
- **Our approach must be personalised to ensure the right action at the right time for the right individual.**
- **We will ensure accessible services for those in greatest need.**
- **We will take an approach that includes consideration for families and all stages of life.**
- **Leading for change requires shared responsibility, collaboration and enduring focus.**
- **We will understand who is accessing our services, who isn't and why in order to act.**
- **Recognising the building blocks for good health & wellbeing are not just in health services.**
- **Building fairer services means supporting change in our organisations.**

Health Inequalities Conversation

Our priority areas for action

Through our Health Inequalities Conversation we have determined our priority areas for action, as described below. We refer to these as our **'building blocks'** and our '**foundation'.**



Living and working conditions

The well-being of a community depends on many things, including education, housing, employment, and access to good healthcare. These factors can affect a person's health throughout their life and can also contribute to health inequalities. (Marmot, 2010). They are also often linked. For example, someone who is unemployed may have a harder time finding good housing and may not have access to healthy food or green spaces.

To address these issues, we need to focus on spending money where it is needed most, to make sure everyone has the same chance at good health. This means investing in the root causes of health inequalities and making sure resources are distributed where there is need. (The King's Fund, 2022).

This may very well be at place level in order to meet local need, and be delivered by organisations and people who know the place and community best.

Lifestyle factors

The choices we make in living our lives impact our health and wellbeing. The impact of smoking, choosing unhealthy foods to eat, not getting enough exercise, and too much alcohol are known as behavioural risk factors. These are a major challenge for health and social care for all residents, not only those communities that experience inequalities in outcomes.

These factors increase our chances of developing chronic conditions like heart disease, cancer or diabetes and can lead to early death. Health inequalities increase the risk of becoming ill and living in poor health among some groups in society and can be seen and measured as a result.

Health and care services

Health and care services are there to maintain and improve our health. The original focus of the NHS was the diagnosis and treatment of disease. Now it plays more of a part in both preventing ill health and improving the physical and mental health of the population.

Health and care services are structured to meet *everyone's* need which at times makes it difficult for some groups or people to get access. This can be due to examples like services not being available, adjustments not being made for disability, people having challenges being understood because of language barriers, or discrimination.

The NHS has legal duties relating to health inequalities, and there are 5 Urgent Actions that are identified in NHS operational planning guidance, which will require a partnership approach to implement. More information about these duties to address health inequalities can be found here.

Please go the ICS health inequalities webpages for case studies that give examples of the work underway in Norfolk and Waveney by clicking here.

Creating the Conditions for Success

This framework for action is ambitious. We have to work together building on our successes so far, sharing our knowledge, tools and resources to drive change. If we are going to make a difference to health outcomes, so people have a fairer chance to live longer and healthier lives, we have to change the way we work within our organisations and together and with our communities.

Navigating our different duties, relationships, structures and priorities is going to be difficult. However, this is the chance to work more closely with communities, understanding better how we can do differently, and leading more effectively.

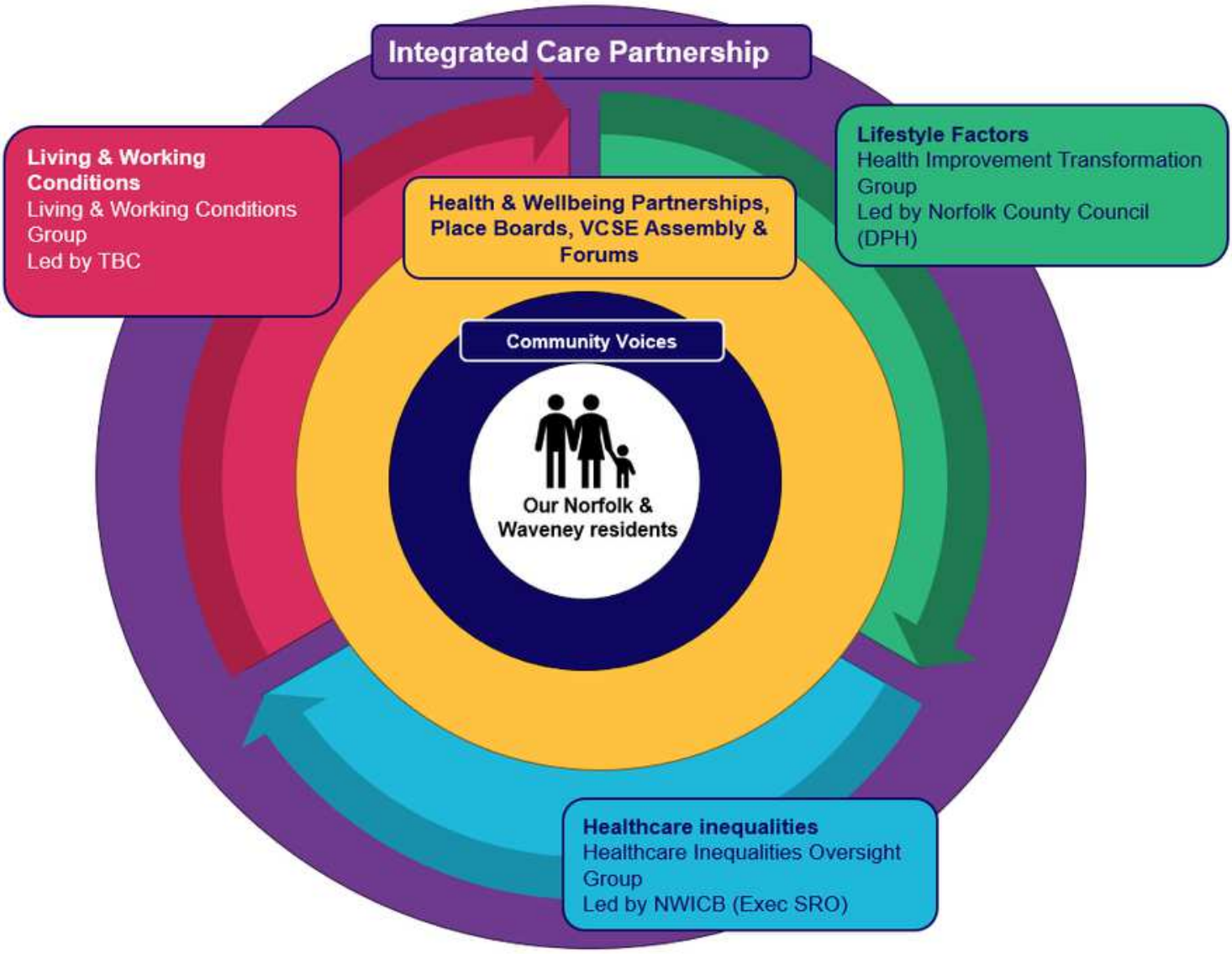
Leadership & Governance

We recommend a leadership and governance structure for health inequalities that maximises our existing resources and expertise and responds to the benefits of working locally.

This proposed structure enables us to share, learn and scale what works and understand what doesn't. This is about what we can do together and all parts of our Integrated Care System have a role to play - this includes our district, city, borough and county councils, Voluntary Community & Social Enterprise (VCSE) sector, the NHS and the independent sector.

Our Norfolk & Waveney Integrated Care Partnership brings together health and social care providers, local government, the VCSE sector and other partners. It will provide oversight and ensure the Health Inequalities Framework is delivered.

How we will organise ourselves



Action within our organisations

Our organisations already make a huge difference to the wellbeing of people living in Norfolk and Waveney right now. Closing the gap so that everyone has a fair chance; stopping the early deaths of vulnerable people, will mean doing some things differently. Organisations involved have a number of ways to make this happen, for example:

- By embedding these guiding principles in their organisational action plans and ways of working
- As 'anchor institutions' working locally to lead by example as an employer and estate owner, as well as through buying power (see below diagram).
- Through good quality equality impact assessments, complaints procedures or by embedding a requirement for social value in contracts.
- A commitment to training and learning.
- Through sharing good practice and intelligence to inform action
- Through a commitment to actively listening to people, especially the most vulnerable
- Through robust data collection and sharing

This isn't everything we can do, and we have outlined below what some of this might look like. UCL Partners, an organisation working alongside NHSE, have produced a useful toolkit that you can find here, which helps anchor organisations understand 'how strong is your anchor' currently.

Acting as close to communities as possible

Organisations often come together around a 'place'. This might be a few streets, a neighbourhood, a council footprint or a health system boundary. local services and people have a good idea of what works for them, and how it is best to go about making change happen. There are ways in which people in communities and organisations can plan their place together, that helps identify where the greatest need is, and what the best approach is for that place. This might not be the same everywhere as every place is different.

Place-based partnerships are an important vehicle for tackling health inequalities. They bring together organisations at a local level, including district councils, VCSE organisations and health and care services, to enable greater understanding, connectivity and collaboration.

Place-based partnerships will be supported to close the gaps between groups, through the update and production of tools and guides. Place-based structures will play a key role in developing the action plans for each of the building blocks, with the **Health & Wellbeing Partnerships** coordinating action relating to **Living & Working Conditions** and **Lifestyle Factors,** and **Place Boards** coordinating action relating to **Healthcare Inequalities and Creating the Conditions for Success.**

Empowering communities

The Voluntary, Community & Social Enterprise (VCSE) sector plays an important role in addressing health inequalities.

The VCSE sector is a vibrant and creative sector that can lead the way to finding solutions to local health issues. Rooted in communities with established relationships in place, the sector has long been acting as 'trusted communicators' highlighting community need and assets. The sector offers the opportunity for better connection to those who experience the worst health disadvantage. The Covid 19 Pandemic response also reinforced that the VCSE sector able to shift focus, respond quickly and help meet immediate need.

The VCSE sector are powerful partners needed to succeed in transforming health inequalities, promoting community wellbeing and ensuring equitable access to healthcare. In order to do this successfully more needs to be done to empower organisations in the sector. Therefore, this framework for action commits member organisations to the development of a VCSE partnering work programme, as well as the continued development of a VCSE Assembly that complements what is already in place.

Acting together as a 'system'

The word system has different meaning for different people. Simply put it means organisations coming together to tackle a common goal, considering the desired outcome rather than individual organisational interests.

We need to better coordinate our action to tackle health inequalities as a 'whole system' , so that we can join up and coordinate our existing work, share best practice, scale what works and understand better what doesn't.

Our proposed structure will establish and further develop three groups all of which are to be representative of our Integrated Care System, that will drive further action relating to our building blocks:

- Living & Working Conditions Group to drive action relating to **Living and Working Conditions**
- Health Improvement Transformation Group to drive action relating to **Lifestyle Factors**
- Population Health & inequalities Board to drive action relating to **Healthcare Inequalities**

Further to these groups we will seek to establish a Health Inequalities Coordination Group overseen by a Strategic Steering Group and made up of system partners that will drive implementation of the overall strategy with particular emphasis on **Creating the Conditions for Success**.

Summary of key actions

We have set out here what actions we think need to take place first so that people across all organisations are confident they can tackle local health inequalities. These are based on our Health Inequalities Conversations - what we need to do to make this commitment happen.

We plan to take these **10** actions in the first **12** months of implementation, by 1 June 2025. The Taskforce will be responsible for making sure these actions happen.

Communications & Pledges

We will continue our 'Health Inequalities Conversation' and roll out a programme which includes commitments and accountability.

Governance

We will identify named Senior Responsible Officers/Leaders, Organisational Leads, Clinical leads and Health inequalities champions.

VCSE Integration

We will further develop the VCSE Assembly, integrate the VCSE sector into all parts of our planning & decision making and support volunteering.

Action Plans

We will produce action plans for each of our building blocks, using existing assets and with our place and system structures working closely together.

Self Assessment

We will assess where we are, what good looks like, what we need to do next. We will include actions for anchor institutions.

Organisational Development

Including a suite of tools and training, a learning centre to share good practice and case studies, and a health inequalities champions network.

Resources

Mapping the flow of health inequalities resources & spend across organisations to further develop the business case for investment.

Intelligence

Implement our Population Health Management Strategy, so that we get better at collecting and using data and insights

Monitoring

A Health Inequalities Outcomes Framework developed with clear metrics and targets identified to keep us on track

Participation

Develop a common approach to engaging our communities that experience health inequalities to enable access to services and ensure voices are heard with equity. We will ensure coproduction with experts by experience.

Key commitments

Short term actions (year 1)

- Focus on our foundation – improving our ways of working to create the conditions for success
- Strengthen our leadership, governance and partnership working
- Understand our baseline - map and coordinate existing activity and identify gaps
- Clarifying the actions required around our building blocks to further our impact

Medium term actions (2-5 years)

- Implementing our action plans, and understanding our impact
- Organisations taking action utilising the tools provided
- Aligning the action between our building blocks - creating a Health Equity focus
- Measurable differences in our ways of working – improvements on our baseline

Long term actions (5 – 10 years)

- Tackling health inequalities part of our 'business as usual' via a confident and competent workforce
- Demonstrable impact on the metrics within our outcomes framework