Bath and North East Somerset,
Swindon and Wiltshire Partnership
Working together for your health and care

BSW Inequalities Strategy

2021-2024

April 2023

Version control

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4.2	07/03/2023	Updated following feedback from BSW Inequalities Strategy Group (collated)	HSJ
4.1	14/02/2023	Updated following review with SRO Health Inequalities. NB: Core strategy and evidence base separated for clarity. Please see BSW Inequalities Strategy: Supporting evidence.	HSJ
4	06/02/2023	Full update of changed guidance, including Core20PLUS5 CYP	HSJ
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3.2	11/04/2022	Updated following additional review inc. maternity lead	HSJ
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Vision

To work in partnership to tackle inequalities across the life course to ensure that every resident of Bath, North East Somerset, Swindon, and Wiltshire can live longer, healthier, happier lives.

What we committed to delivering against the following phases:

Phase 1

- To make inequality everybody's business through awareness raising, training and engagement with partners and communities

Phase 2

To tackle healthcare related inequalities by:

- Implementing the NHS Five Key Priorities

    1. Restore service inclusively
    2. Mitigate against digital exclusion
    3. Ensure datasets are timely and complete
    4. Accelerate preventative programmes
    5. Leadership and accountability.

- Implementing the *Core20PLUS5* programme. The programme focusses on the 'core' 20% of most deprived areas 'PLUS' communities at higher risk of inequality (e.g. those with black, Asian and minority ethnic backgrounds) focussing initially in five clinical areas. For adults these are:

    1. CVD
    2. Maternity
    3. Respiratory
    4. Cancer
    5. Mental Health

    Smoking Cessation is included as a priority that cross cuts all five clinical areas for adults.

    For children and young people, the five clinical areas of focus are:

    1. Asthma
    2. Diabetes
    3. Oral health
    4. Epilepsy
    5. Mental Health

Phase 3

To focus on prevention, social, economic and environmental factors (known as 'wider determinants')

- To establish Anchor institution status at BSWs three hospitals
- To publish three place-based Joint Strategic Needs Assessments for BANES, Swindon and Wiltshire
- To establish local priorities that address public health and the social, economic, and environmental factors most affecting inequalities at place
- To plan and enable progress on prevention where outcomes will take longer to see
- Tackle life course obesity using a whole systems approach
- Tackle inequality linked to smoking using a whole systems approach

What will success look like?

Making Inequalities everybody's business

- All staff, partners, and communities to understand inequality and how we seek to address this in BSW

Tackling healthcare inequalities

- Work with commissioners and service providers to ensure robust and up-to-date data across the system on where inequalities are, and clear plans on how close the inequality gaps to offer exceptional quality healthcare for all through equitable access, excellent experience, and optimal outcomes

- Achieving the Core20PLUS5 targets to reduce the inequality gaps identified in the five clinical areas for adults and for children and young people

Tackling inequality by addressing social, economic, and environmental factors

- Establish and harness the potential of local anchor Institutions in our three acute hospitals and mental health trust to deliver positive change across all domains of anchor influence including employment, procurement, and environmental impact

- Halt and reverse obesity prevalence in children and adults across BSW

- Reduce smoking prevalence across BSW, with targeted focus on routine and manual occupations and smoking in pregnancy

- Demonstrate action on inequalities that spans from system to place through joined up strategy and planning

The BSW Inequalities Strategy

The BSW Inequalities Strategy aims to provide a framework for system activity to reduce health inequalities. The strategy has been developed from key guidance and policy relating to reducing healthcare inequalities, as well as recognising the need for close partnership working with colleagues at a place level to address social, economic and environment determinants of health (also known as 'wider determinants'). This strategy aims to address inequalities across the life course, to include pregnancy, children and young people, adults and into old age.

The BSW Inequalities Strategy builds a foundation for our shared understanding of health inequalities as a system, bringing together existing strategy and local data and intelligence and focusing this on the CORE20PLUS5 population. Detailed implementation plans will follow for each phase of the strategy, which include the specific actions, accountability and metrics.

Action on health inequalities requires improving the lives of those with the worst health outcomes, fastest.

Core framework that formed this strategy:

- NHS Health Inequalities Improvement Programme Policy Drivers
- NHS Long Term Plan – Chapter 2
- Covid Pandemic Phase 3 Letter – Eight Urgent Actions
- NHSE/I 21/22 Operational/Implementation Planning Guidance – 5 Key Priorities
- NHS 2021/'22 (Q1&2) Health Inequalities Priorities for Systems and Providers Health Inequalities Improvement
- NHS England » 2022/23 priorities and operational planning guidance
- NHS England » 2023/24 priorities and operational planning guidance
- Healthcare Inequalities 2022/23 Planning Guidance Advisory Note February 2022
- Health Equity in England: The Marmot Review 10 Years On - The Health Foundation
- NHS Race and Health Observatory: Supporting named leads for health inequalities on NHS boards
- Building healthier communities: the role of the NHS as an anchor institution - The Health Foundation
- Women's Health Strategy for England - GOV.UK (www.gov.uk)

ICB obligations on Health Inequalities

Tackling inequalities in outcomes, experience and access is one of the four key purposes of an ICS, supported by specific duties.

Since established in July 2022, there is an explicit new duty on health inequalities for ICBs:
'Each integrated care board must, in the exercise of its functions, have regard to the need to:

- *Reduce inequalities between persons with respect to their ability to access health services, and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.*'
- a new quality of service duty on ICBs which includes addressing health inequalities
- a duty to promote integration where this would reduce inequalities in access to services or outcomes achieved

- duties on ICBs in relation to several other areas which require consideration of health inequalities in making wider decisions, planning, performance reporting, publishing certain reports and plans, annual reports and forward planning
- In addition, each ICB will be subject to an annual assessment of its performance by NHS England, which will assess how well the ICB has discharged its functions in relation to a range of matters including reducing health inequalities, improving quality of service, and public involvement and consultation.

New requirements to publish inequalities data for ICBs, Trusts and Foundation Trusts

- NHS England must publish a statement about use of information on inequalities in access and outcomes, setting out the powers available to bodies to collect, analyse and publish such information, and views about how the powers should be exercised
- NHS bodies should publish annual reports describing the extent to which NHS England steers on inequalities information have been addressed

Equality Delivery System 2022

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

The main purpose of the EDS is to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010.

The revised EDS 2022 contains more emphasis on inequalities in healthcare and is aligned to NHS England's Long Term Plan and its commitment to an inclusive NHS that is fair and accessible to all.

Adapted from: NHS England » Equality Delivery System 2022

The LeDeR Programme

The premature and sometimes avoidable deaths of people with a learning disability have been recognised as a national health inequality. The LeDeR programme is therefore in place to review the deaths of people with a learning disability and autistic people to identify care and service delivery improvements to improve the lives and deaths for people. BSW are part of the programme, share local and national learning and action required in BSW.

NHS Strategic priorities

COVID-19 has highlighted the urgent need to prevent and manage ill health in groups that experience health inequalities, as outlined in the NHS Long Term Plan. To help achieve this, NHS England and NHS Improvement issued guidance as part of its 'phase 3' response to the COVID-19 pandemic, setting out eight urgent actions for tackling health inequalities.

Systems were asked to focus on five priority areas in the first half of 2021/22, distilled from the eight actions. The 2022/23 NHS guidance outlines a requirement to continue efforts to implement the five priority areas as set out in March 2021 guidance.

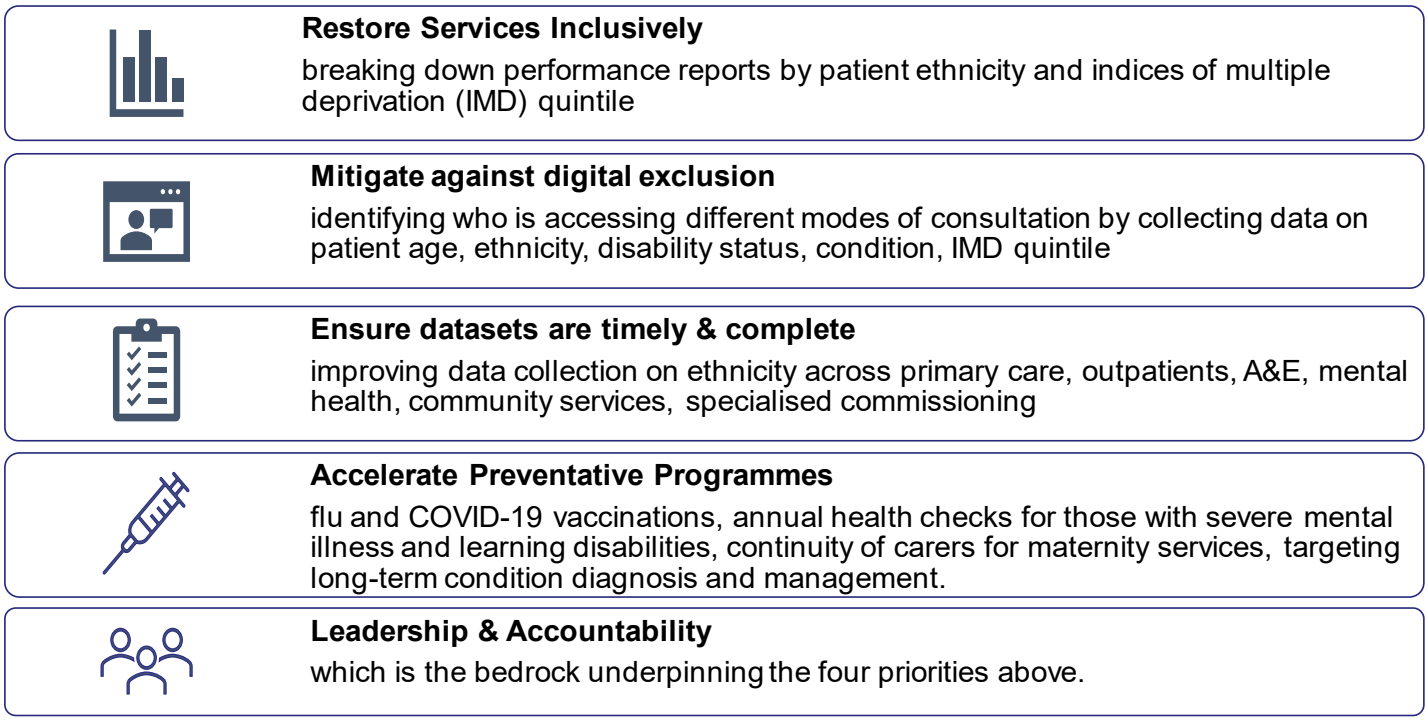

Figure 1: The NHS Five Priorities (national)

Priority 1: Restore NHS services inclusively

At national level, the decline in access amongst some groups during the first wave of the pandemic broadly recovered in later months. Insight work has, however, highlighted that in some cases pre-existing disparities in access, experience, and outcomes, have been exacerbated by the pandemic. It is therefore critical that systems use their data to plan the inclusive restoration of services, guided by local evidence. This approach should be informed by NHS performance reports that are delineated by ethnicity and deprivation, as evidence suggests these are the areas where heath inequalities have widened during the pandemic.

Priority 2: Mitigate against digital exclusion

Systems are asked to ensure that:

- providers offer face-to-face care to patients who cannot use remote services
- more complete data collection is carried out, to identify who is accessing face-to-face, telephone, or video consultations, broken down by relevant protected characteristic and health inclusion groups
- they take account of their assessment of the impact of digital consultation channels on patient access.

Priority 3: Ensure datasets are complete and timely

Systems are asked to continue to improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services, and specialised commissioning. NHS England and NHS Improvement will support the improvement of data collection across all settings, including through the development of the Health Inequalities Improvement Dashboard,

which will contain expanded datasets where there is currently a relative scarcity of intelligence, e.g. for people experiencing post- COVID syndrome.

Systems should also implement mandatory ethnicity data reporting in primary care, to enable demographic data to be linked with other datasets and support an integrated approach to performance monitoring for improvement.

Priority 4: Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes

Uptake of the COVID and flu vaccination has increased significantly across all groups, but inequality has also widened, particularly by deprivation and ethnicity. Systems and providers should take a culturally competent approach to increasing vaccination uptake in groups that had a lower uptake than the overall average as of March 2021. Preventative programmes and proactive health management for groups at greatest risk of poor health outcomes should be accelerated, as set out in the main 2021/22 planning guidance, including:

- Ongoing management of long-term conditions
- Annual health checks for people with a learning disability
- Annual health checks for people with serious mental illness
- In maternity care, implementing continuity of carer for at least 35% of women, with the proportion of Black and Asian women and those from the most deprived neighbourhoods meeting and preferably exceeding the proportion in the population.

Priority 5: Strengthen leadership and accountability

Supporting PCN, ICS and Provider health inequalities SROs to access training and wider support offer, including utilising the Health Inequalities Leadership Framework, developed by the NHS Confederation.

Core20PLUS5 – An approach to reducing health inequalities

Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach, which initially focussed on healthcare inequalities experienced by adults, has been adapted to apply to children and young people.

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

Core20

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.

PLUS

- Locally 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 can 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 and other socially excluded groups.

- In BSW, the 'PLUS' populations are defined at place using public health data to determine which population groups were experiencing the worst health outcomes in addition to the 'Core20'.

- For adults these are:

    - BANES: **people from ethnic minority backgrounds, people experiencing homelessness,** and **people living with severe mental illness**
    - Swindon: **people from ethnic minority backgrounds**
    - Wiltshire: **routine and manual workers** (specifically those in minority groups, e.g. polish speakers) and **Gypsy, Roma and Traveller communities**

- For Children and Young People, the BSW 'PLUS' groups are:

    - **Children with Special Educational Needs and Disability (SEND)**
    - **Children with excessive weight and living with obesity**
    - **Children Looked After (CLA) and care experienced CYP**
    - **Early Years** (with a focus on school readiness)
    - **Children and Young People with Adverse Childhood Experiences (ACE**; with a focus on delivering trauma informed services)

- For each locality, our CYP 'PLUS' groups are:
    - BANES: **children eligible for free school meals**

- Swindon: **children from ethnic minority backgrounds**
- Wiltshire: **children from Gypsy, Roma, Boater and Traveller communities**

'5'

The final part sets out five clinical areas of focus. Governance for these five focus areas sits with national programmes; national and regional teams coordinate local systems to achieve national aims.

Adults

1. **Maternity:** ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups. This model of care requires appropriate staffing levels to be implemented safely.

2. **Severe mental illness (SMI):** ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).

3. **Chronic respiratory disease**: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.

4. **Early cancer diagnosis:** 75% of cases diagnosed at stage 1 or 2 by 2028.

5. **Hypertension case-finding and optimal management and lipid optimal management**: to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

Smoking cessation has been added to the Core20PLUS5 as a priority that cross-cuts all five clinical areas.

The clinical areas have been funnelled directly from the NHS LTP commitments on tackling health inequalities in addition to Global Burden of Disease data and Public Health England contributions. National data shows Cardiovascular Disease, Chronic Respiratory Disease (in particular COPD) and Cancer as the biggest contributors to the gap in life expectancy between the most and least deprived populations. Furthermore, the NHS LTP has highlighted maternity services and annual health checks for SMI as key areas of wide inequitable disparities.

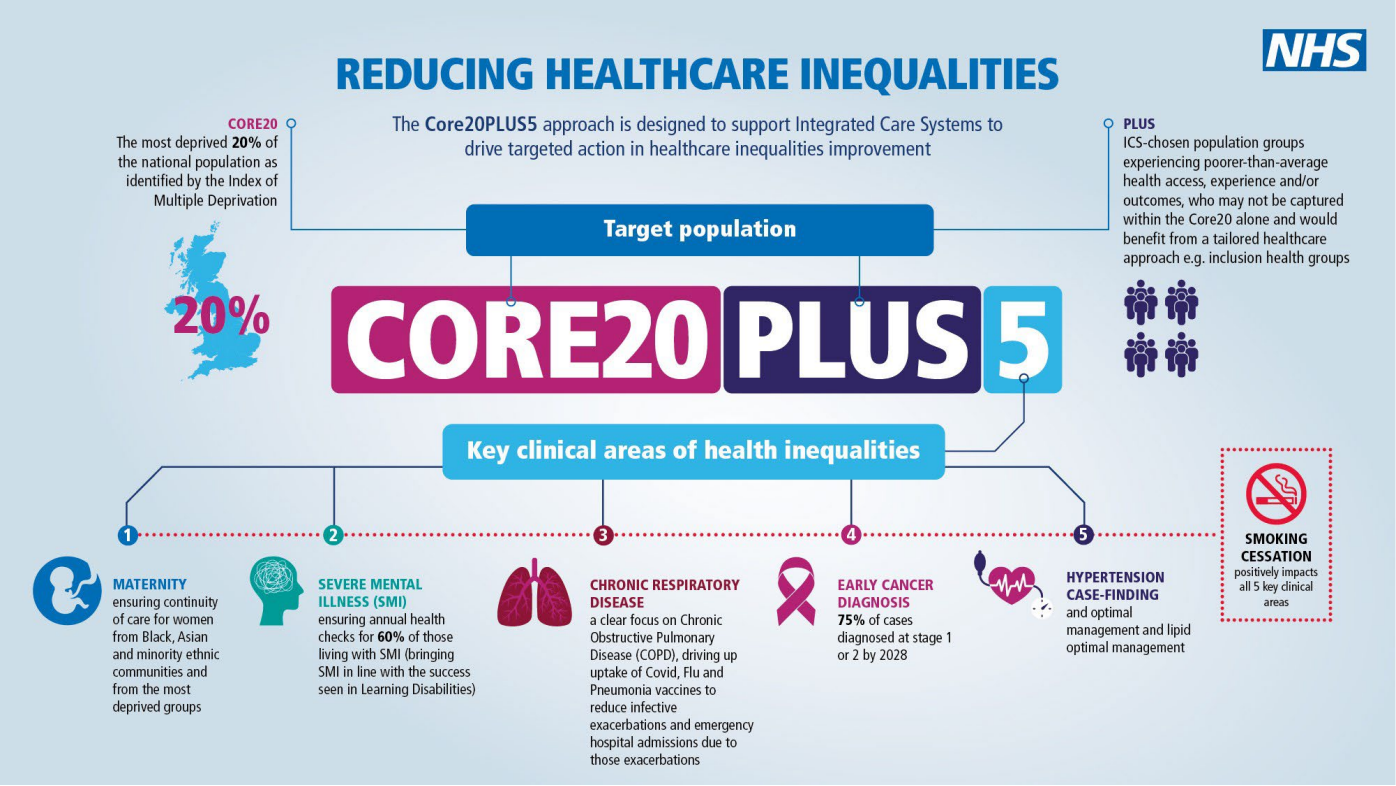

Figure 2 taken from: NHS England » Core20PLUS5 – An approach to reducing health inequalities

Children and Young People

1. **Asthma:** address over reliance on reliever medications; and decrease the number of asthma attacks.
2. **Diabetes**: increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds; and increase proportion of those with Type 2 diabetes receiving recommended NICE care processes.
3. **Epilepsy:** increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.
4. **Oral health**: address the backlog for tooth extractions in hospital for under 10s
5. **Mental health**: improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation.

Figure 3 taken from: [NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people]

Prevention

Tertiary prevention	Softening the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.
Secondary Prevention	Systematically detecting the early stages of disease and intervening before full symptoms develop – for example, prescribing statins to reduce cholesterol and taking measures to reduce high blood pressure.
Primary Prevention	Taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups.
Wider determinants	These are the social, economic or environmental factors affecting health, such as housing, employment, education, or parks and green spaces.

Figure 4 Definitions of prevention, adapted from: [Prevention | Local Government Association]

Healthcare represents an important driver to reduce overall health inequalities, but this strategy seeks to encompass the broader role of prevention and the wider determinants of health. To support progress on this, BSW will also include action that take a broader view of prevention. These additional areas will be determined as data supporting this strategy from the updated BSW Joint Strategic Needs Assessments (JSNA) are published in 2022-2023, and form phase two of implementation planning.

Whilst this data will refine work needed to target on prevention and the wider determinants of health, this strategy will focus on **smoking** and **obesity** as key areas for prevention.

Making Every Contact Count

Make Every Contact Count (MECC) enables the delivery of consistent and concise health and wellbeing information and encourages individuals to engage in conversations about their health at scale across organisations and populations. Delivery of MECC across the System forms a key part of implementation across all three phases of the strategy.

Anchor Institutions

Anchor institutions are "*large, public-sector organisations that are unlikely to relocate and have a significant stake in a geographical area*" (The Health Foundation, 2019). The size, scale and reach of the NHS means it influences the health and wellbeing of communities simply by being there.

In addition to its core purpose of delivering health care services, the NHS has the potential to influence the conditions in which people live, learn, work and age (The Health Foundation, 2019). We know that health care itself has a limited impact on the health of our communities and therefore on addressing health inequalities.

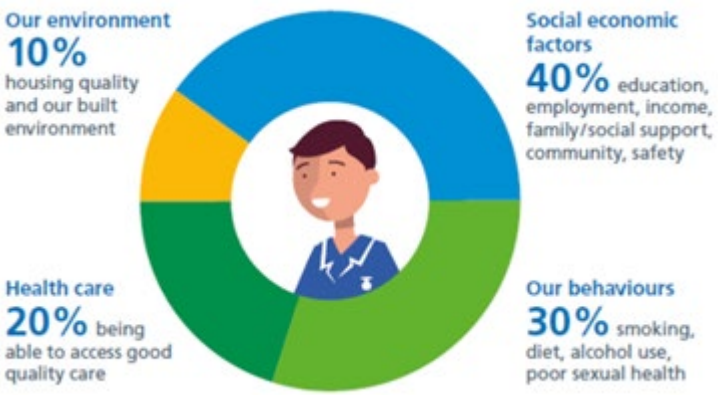

Figure 5 Adapted from University of Wisconsin Population Health Institute. County Health Rankings Key Findings 2014

However, as an employer of 1.4 million people, with an annual budget of £114 billion in 2018/19, the health service creates social value in local communities. Some NHS organisations are the largest local employer or procurer of services at place.

The infographic below (figure 15; The Health Foundation, 2019) indicates some of the ways in which NHS organisations in particular can leverage greater social value from our activities. The term anchor institution reflects that these organisations are rooted in their 'place', unlikely to move and therefore able to align their long term plans with the interests of their local communities in a way other entities cannot.

Anchor institutions are large, non-profit local organisations that can choose to use their resources differently in order to drive greater health and wellbeing, and in a targeted way to address health inequalities through tackling some of the wider determinants of health. Specifically in BSW these are likely to be hospitals and universities or colleges, noting that the implications of the widening gaps in healthy life expectancy place an even greater impetus on hospitals to adopt these approaches. This can be done collectively with local authority or educational partners at ICA level or across the ICS as an NHS collaboration.

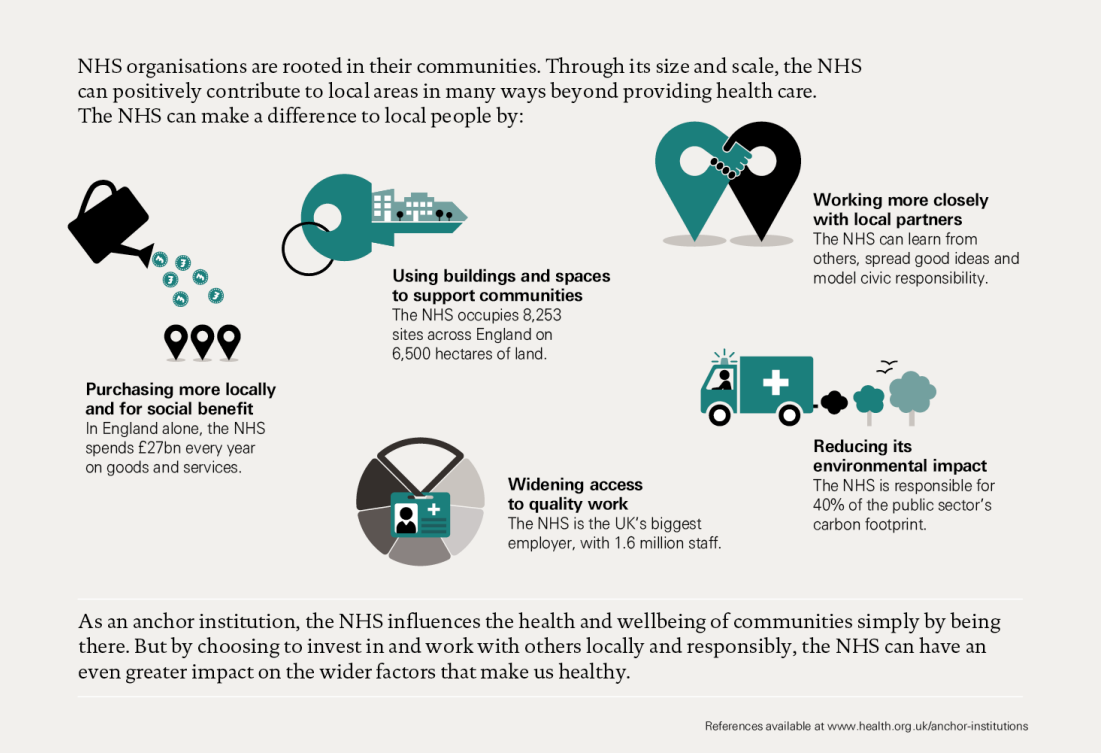

Figure 6 Image taken from: Building healthier communities: the role of the NHS as an anchor institution, The Health Foundation (2019).

The NHS Long Term Plan (2019) sets out the ambition to work with sites across the country to identify more of this good practice that can be adopted across England. The BSW Inequalities strategy includes the target to form anchor institutions as a lever to support change in the wider determinants of health. The example below shows how hospitals or health systems in the US, as anchor institutions have sought to improve community health.

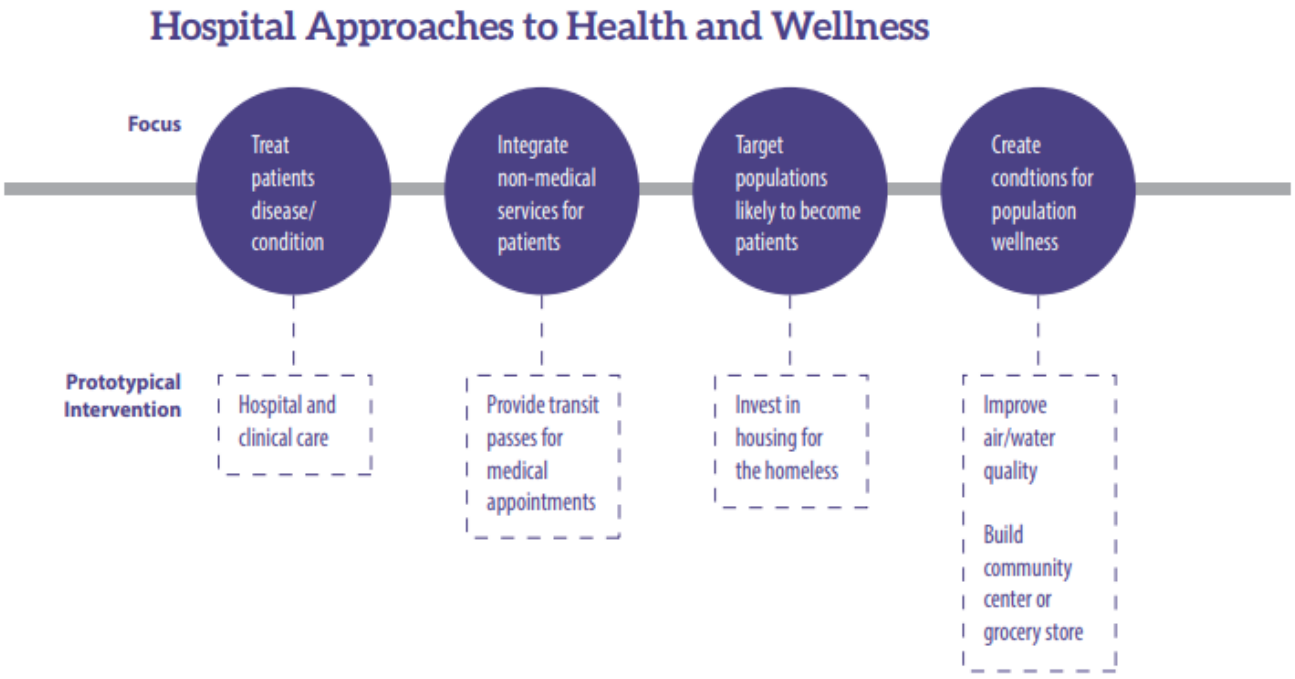

Image adapted from Robin Hacke, et al, "Improving Community Health by Strengthening Community Investment: Roles for Hospitals and Health Systems."[2]

Figure 7 (referenced above)

Domains of anchor influence

The Health Foundation (2019) identifies five ways in which NHS organisations act as anchor institutions:

- employment
- procurement and commissioning for social value
- use of capital and estates
- environmental sustainability
- as a partner in a place

Setting targets and measuring progress

Arising from the five NHS priorities and the CORE20PLUS5 approach, there are a set of defined targets to deliver. There are specific metrics arising from these targets to measure how we progress against them (see appendix 2). Each phase of the strategy will have an implementation plan developed to refine detailed action plans, metrics, and reporting.

How we will deliver

Targets for this strategy have been identified over key themes: awareness raising; healthcare inequality and the Core20PLUS5; and prevention and the social, economic, and environmental determinants of health.

Figure 8 Three phases of the BSW Inequalities Strategy - summary

The BSW Inequalities Strategy will be delivered in three phases from 2021-2024:

Figure 9 Three phases of the BSW Inequalities Strategy

Implementation

Implementation, development, and evaluation of the inequalities strategy and action plan will be driven by the BSW Inequalities strategy group. This group will include members from across the system including local authority, public health, local commissioned services, and Avon and Wiltshire Partnership Trust.

Working in partnership, an implementation plan will be developed for each phase which will detail specific objectives, timelines, and the identified lead organisation. Building on existing work, detailed action plans will be in place for each work area. Various groups, including task and finish groups and local communities will be involved in the implementation of the strategy.

Update Feb 2023: Phase one implementation plan 'Raising Awareness' has been completed and included as appendix three.

Governance

This strategy is governed by the Population Health Board through the BSW Inequalities Strategy Group which will monitor progress against the strategy objectives.

Not all interventions will be directly under the governance of the inequalities strategy as they will report through their own governance arrangements. However, bringing the contributions together under the BSW Inequalities Strategy will ensure coherence and progress of action. There will also be a need that the inequalities agenda and strategy is linked to other allied strategies and vice versa.

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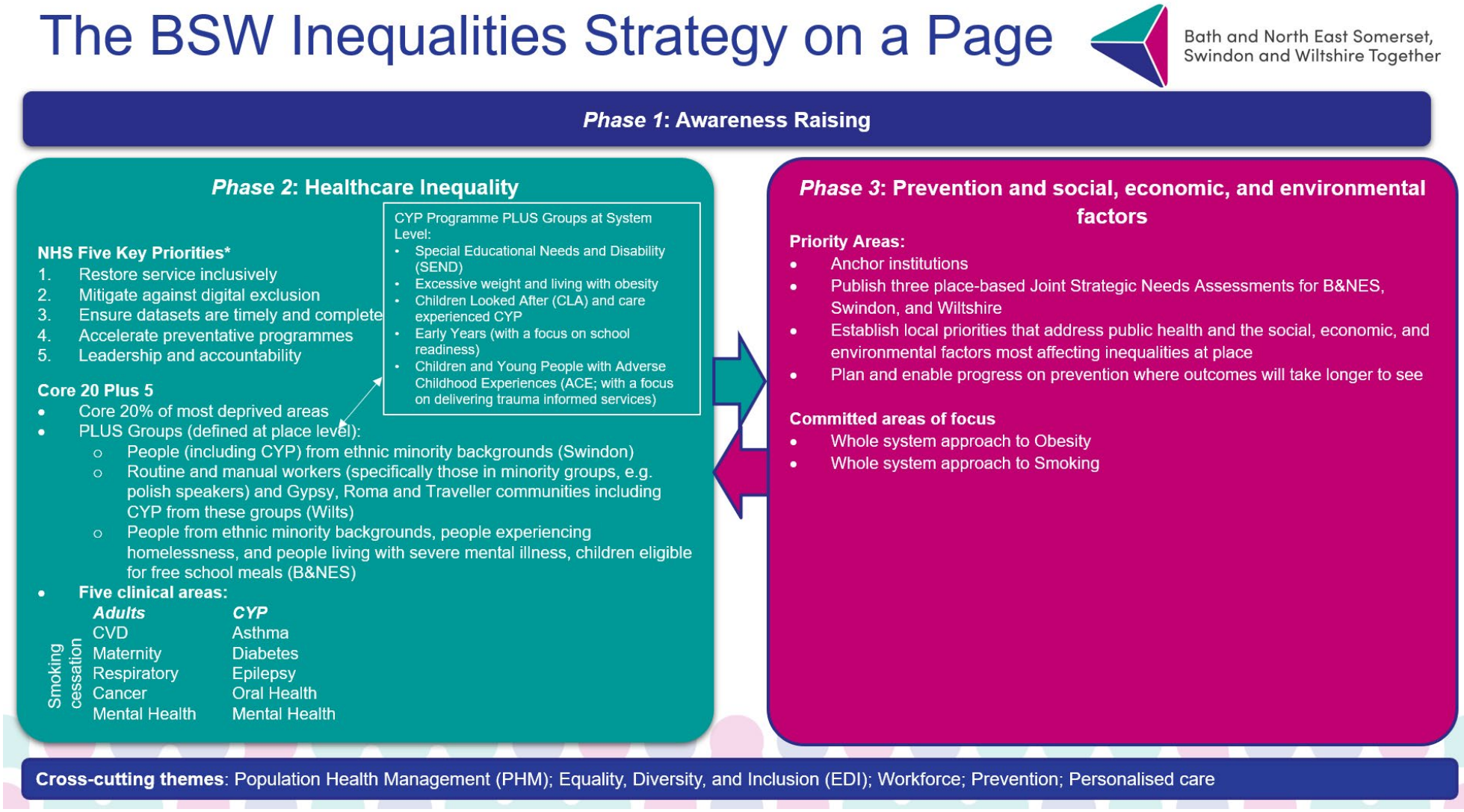
Appendix 1 - One page summary



Appendix 2 – Draft Metrics

Phase		Vision	Metric	Restore Services Inclusively	Mitigate against digital exclusion	Ensure datasets are timely and complete	Accelerate Preventative Programmes	Leadership and Accountability
1	Making inequalities everybody's business	All staff, partners, and communities to understand inequality and how we seek to address this in BSW	Training Needs Analysis to be completed by **June 2022**					✓
			20 sessions delivered by **April 2024**					✓
			Inequalities online 'hub' online by **November 2022** and disseminated. Traffic to site to show increasing access from baseline to **April 2024**.					✓
			Resource library to be available and distributed by **December 2022**					✓
			BSW Inequalities Communication Plan completed by **December 2022**					✓
			Full membership of the BSW Inequalities group established by **April 2022**					✓
			All thematic and organisation leads to deliver action plans as outlined by the BSW Inequalities Strategy by **April 2023**					✓
2	Healthcare inequalities and CORE20+5	Work with commissioners and service providers to ensure robust and up-to-date data across the system on where inequalities are, and clear plans on how close the inequality gaps to offer exceptional quality healthcare for all through equitable access, excellent experience, and optimal outcomes	Performance reports will be broken down by patient ethnicity and IMD quintile, focusing on: - Under-utilisation of services (e.g. proportions of cancelled appointments) - Waiting lists - Immunisation and screening - Late cancer presentations	✓				
			Data broken down by patient age, ethnicity, disability status, condition, IMD quintile		✓			
			Increased completeness of data on ethnicity across primary care, outpatients, A&E, mental health, community services, specialised commissioning			✓		
			Development of a strategic approach to community engagement embedded through the System, focusing on equity of access, experience and outcomes for C20+ groups	✓				
		Achieving the Core20PLUS5 targets to reduce the inequality gaps identified in the five clinical areas (adults)	Increase in percentage of pregnant people on CoC pathway in line with staffing trajectories	✓			✓	
			Annual health checks for 60% of those living with with severe mental illness and learning disabilities	✓			✓	
			Increased uptake of COVID, flu and pneumonia vaccines in C20+ and people with COPD				✓	
			75% of cancer cases diagnosed at stage 1 or 2 by 2028				✓	
			Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024				✓	
			Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%				✓	
		Achieving the Core20PLUS5 targets to reduce the inequality gaps identified in the five clinical areas (CYP)	Reduce the percentage of children and young people with a reliever: preventor ratio greater than 1:6				✓	
			Reduce the number of asthma attacks as indicated by unplanned hospital admissions, presentations in ED, prescriptions of oral steroids					
			Increased access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds; and increase proportion of those with Type 2 diabetes receiving recommended NICE care processes.	✓			✓	
			Increase access to ESNs for CYP within the most deprived 20%, and CYP with LD&A,within the first year of care	✓			✓	
			Tooth extractions in hospital due to decay for children aged 10 years and younger				✓	
			Children and young people (ages 0-17) mental health services access (number with 1+ contact)	✓			✓	

3	Tackling inequality by addressing social, economic, and environmental factors	Reduce smoking prevalence across BSW, with targeted focus on routine and manual occupations and smoking in pregnancy	Smoking prevalence in BSW				✓	
			Smoking prevalence of adults in routine and manual occupations				✓	
			Prevelance of people smoking in pregnancy/smoking at time of delivery				✓	
			Proportion of smokers received smoking cessation support within hospital				✓	
			Proportion of pregnant smokers offered support in maternity settings				✓	
		Halt and reverse of obesity prevalence in children and adults across BSW	Number of referrals to NHS digital weight management services per 100k head of population				✓	
			Number of people supported through the NHS diabetes prevention programme as a proportion of patients profiled				✓	
			Engagement in Digital Weight Management Programme (PH tbc)				✓	
		Establishing and harnessing the potential of local anchor Institutions in our three acute hospitals and mental health trust to deliver positive change across all domains of anchor influence including employment, procurement, and environmental impact	All three acute hospitals in BSW achieve chartered anchor institution status by 2025				✓	✓
			Increased number of local hires				✓	✓
			Increased number of apprenticeships				✓	✓
			Increased recruitment representative of local demographic data				✓	✓
			Increased local vs. central spend where possible				✓	✓
			Increased community use of NHS estates				✓	✓
			Increased support for NHS staff to access affordable housing				✓	✓
			Increase in accessible community green space				✓	✓
			Decreased carbon output through improved energy efficiency, increased sustainable travel options				✓	✓
			Reduced waste and water consumption				✓	✓
			Develop and support anchor collaboratives/networks (e.g. AWP, Local authorities, campuses, leisure centres)				✓	✓

Appendix 3 - Phase One Implementation Plan

Action	Metrics	Code
A training needs analysis will be undertaken outlining multi-disciplinary training pathways across all staff and learner groups; this analysis will identify the learning outcomes, intended audience, method of delivery and evaluation	Training Needs Analysis completed by **June 2022**	AR1
BSW inequalities workshops will be delivered to inform and support colleagues and partners with their work on Health Inequalities	20 sessions delivered by **April 2024**	AR2
The BSW Academy will support phase one through multi methods such as bite size e-learning modules, a seminar series, storytelling and showcasing of BSW examples for real world application	Inequalities online 'hub' online by **November 2022** and disseminated**.** Traffic to site to show increasing access from baseline to **April 2024**.	AR3
Collate resources to support PCN, ICS and Provider health inequalities SROs to access training and wider support offer, including utilising the Health Inequalities Leadership Framework, developed by the NHS Confederation	Resource library to be available and distributed by **December 2022**	AR4
A *BSW Inequalities Communication Plan* will be established to effectively map stakeholders and ensure inequalities is truly embedded in thinking across BSW	BSW Inequalities Communication Plan completed by **December 2022**	AR5
Inequalities will be represented across the system at planning groups and networks, coordinated through the BSW Inequalities Strategy Group	Full membership of the BSW Inequalities group established by **April 2022**	AR6
The BSW Inequalities Strategy Group will collate action plans from relevant leads to clarify how inequalities are being addressed throughout the system and reported back to the BSW Inequalities Strategy Group	All thematic and organisation leads to deliver action plans as outlined by the BSW Inequalities Strategy by **September 2023**	AR7

Appendix 4 – High-level Summary of the key milestones required to drive phases 2 and 3 forward at system, programme and place level.

Objectives	Ownership	Milestones	Timescale
Embedding Health Inequalities and Prevention across all BSW Programmes	System and Place	Development of a Strategy and a programme of work for Prevention	Quarter 2 2023-24
	System	Engagement with programmes Elective Care (Q1) Children and Young People (Q1) Mental Health (Q2) Community Services (Q2) Mental Health (Q2) Health Inequalities and Prevention to be discussed at Programme Committee/Board meeting	Quarter 1-2 2023-24
	System	Identification and monitoring of key metrics and outcomes for each programme to ensure BSW deliver the ambitions of the Health Inequalities and the Integrated Care Strategies	Quarter 2 2023-24
	System	Population Health Management support	Quarter 2 2023-24
Identification of resource to support Health Inequalities Programme	System and Place	Develop full five-year programme of work to deploy the Health Inequalities funds at System and Place level as leverage to deliver Health Inequalities and Prevention ambitions	Quarter 2 2023-24
Sustainability of Health Inequalities and Prevention in the longer term	System	Define the baseline and agree the ambitions Health Inequalities and Prevention in BSW	Quarter 2 2023-24
	System	Develop trajectories for increasing the % resource used to support Health Inequalities and Prevention in BSW	Quarter 3 2023-24
Building Capability and Capacity of Communities as well as Primary and Community Services to work together to reduce Health Inequalities and prevent ill health	Place	Develop collaborative approaches at neighbourhood level to reduce inequalities and prevent ill health with focus by: - Creating Multi-Disciplinary Teams - Identifying cohort to target using PHM tools - Monitoring impact and outcomes	Quarter 2-3 2023-24
Reduce variation in outcomes in BSW by encouraging innovative projects at Place level that can be scaled and spread as appropriate	Place	Integrated Care Alliances to focus their investments on Health Inequalities and Prevention with particular attention to Smoking Cessation, CVD, Mental Health and any other area that will produce an impact in reducing health inequalities within the Place	Quarter 2-3 2023-24
	System	Develop an Innovation and Evaluation Framework to ensure successful projects at Place level are identified, scaled and spread across BSW	Quarter 2-3 2023-24