Inequalities and the broader determinants of health
Board Assurance Prompt

October 2022

The Good Governance Institute exists to help create a fairer, better world. Our part in this is to support those who run the organisations that will affect how humanity uses resources, cares for the sick, educates future generations, develops our professionals, creates wealth, nurtures sporting excellence, inspires through the arts, communicates the news, ensures all have decent homes, transports people and goods, administers justice and the law, designs and introduces new technologies, produces and sells the food we eat - in short, all aspects of being human.

We work to make sure that organisations are run by the most talented, skilled and ethical leaders possible and work to build fair systems that consider all, use evidence, are guided by ethics and thereby take the best decisions. Good governance of all organisations, from the smallest charity to the greatest public institution, benefits society as a whole. It enables organisations to play their part in building a sustainable, better future for all.

www.good-governance.org.uk

What is this guide and who is it for?

This guide is targeted at Integrated Care Boards (ICBs) and addresses two of their key aims namely:

- Tackling inequalities in outcomes, experience and access
- Helping the NHS support broader social and economic development

Improving the health and well-being of an ICB's population requires an approach that considers and addresses the complex mix of factors that interact to shape people's health and healthcare needs throughout their lifetime. An effective approach will be based on an understanding of why and how health inequalities arise within the population and the interventions that can be implemented to address them. These issues have implications for a wide range of organisations including the ICB, local authorities, healthcare providers, VCSE organisations, the police and housing providers. ICBs will need to work in partnership with these organisations and their communities and collaborate to achieve their aims.

In tackling inequalities, the ICB's role extends beyond that of the commissioning planning and delivery of health and care services. It also has a role to play in ensuring healthcare organisations across the system collaborate and contribute to the broader social and economic development of their communities.

This guide is intended to stimulate debate both within the ICB and with partner organisations and stakeholders as part of building effective partnerships and collaborative approaches to achieving the above aims.

Health inequalities and the wider determinants of health

Health inequalities can be defined as avoidable, unjust and systematic differences in the health status of different groups or communities of people. Inequalities can result from differences in the distribution of health resources, the care received and the opportunities available to live a healthy life. Health inequalities arise from the social and economic circumstances in which people are born and live and can involve differences in:

- Health outcomes such as life expectancy and mortality as well as quality of life and morbidity
- Access to care due to availability or location of services or other access barriers such as language or culture
- Quality and experience of care including satisfaction and personalisation
- Behavioural risks that result in adverse health outcomes such as smoking rates
- The wider social and economic determinants which influence the above such as quality of housing, education, income and environmental factors

When considering how health inequalities should be tackled, it is important to understand the characteristics of the populations that may experience them. Health inequalities are often analysed across through a number of lenses including:

- Socio- economic: such as income or education
- Geography: for example living in an urban or rural area
- Specific characteristics: including those protected by law such as age, sex, ethnicity or disability
- Social exclusion: for example people experiencing homelessness

It is important to be aware that variations in individual health status result from combinations of the above, for example the inequalities experienced by women experiencing homelessness have been shown to be different from those of men in the same situation. This has implications for how health inequalities are understood and effectively addressed.

The role of the ICB

Reducing inequalities is one of the statutory functions and legal duties of an ICB. In doing so it will need to ensure it discharges its other legal duties including:

- improving the quality of services
- public involvement and consultation
- having regard to local assessments and strategies
- promoting and using evidence from research.

ICBs have a duty to ensure that collaboration and local decision making are enabled and developed to meet their aims. In particular, the ICB should work collaboratively to develop and sustain relationships with partners and ensure clear, system minded decisions are taken within agreed governance arrangements. In addition, healthcare organisations are significant contributors to their communities including in their roles as:

- employers: training and developing staff, ensuring diversity and inclusion, developing multidisciplinary team roles and contributing to addressing barriers to employment
- consumers: ensuring their environmental impact is managed and minimised, including having regard to reducing their carbon footprint and ensuring they take a sustainable approach to deliveringservices and procurement
- community actors: playing an active role in their communities for example staff volunteering programmes and charitable activities

Key success criteria for tackling inequalities

To deliver its aims the ICB will need to ensure:

- Collaborative working and partnerships with shared ambitions and priorities
- Aligned strategies and joint plans that address the ambitions and objectives of partners and identify measures of success, KPIs and trajectories for achieving them
- Data and intelligence that brings together health, social and demographic data to identify healthcare needs and inequalities for distinct population segments and provides an evidence base for prioritisation and the measurement of impact
- Harnessing research and innovation to develop targeted interventions that build on the experience communities and organisations have about what works
- Engagement that ensures communities are involved in the development and implementation of interventions and improvements to healthcare outcomes, experience and access

Key assurance questions for the Board

To ensure appropriate progress is being made towards the two key aims the ICB board will need to seek assurance from ICB executives and partners. Strategic risks to these aims should be identified and the board should ensure controls are in place to manage and assess the assurances and information they are given to demonstrate the controls are effective.

Example assurance question	Credible assurance	Insufficient assurance
Do we understand the health inequalities in our population?	We have quantitative and qualitative data including that from partners, the JSNA and our communities which provides a clear picture of the segments of our population that are experiencing inequalities and the drivers of those.	Our data is limited so we have made some assumptions about where health inequalities are experienced in our population.
Are our priorities for tackling inequalities evidence based and aligned with those of our partners?	We have a good understanding about the ambitions of our partners and our respective roles in addressing the broader determinants of health. We have used data to identify our priorities and our plans demonstrate how we will address these collaboratively and how we will measure our progress and impact.	We have based our priorities on the visible health needs of our population and have not considered the broader determinants of health.
How can we be sure our health improvement plans will address inequalities?	We are embedding a population health management approach in all our planning. We ensure plans are developed at system, place and neighbourhood level to address specific needs and priorities. We have developed a diverse and innovative range of interventions seeking evidence and research that will help us make a significant impact. We engage widely to drive innovation. We have undertaken an equality impact assessment of our plans.	We are using tried and trusted interventions which are known to have an impact. We target these to specific populations and areas when needed.
How will this decision impact on health inequalities? Are we ensuring this decision will not inadvertently increase inequalities?	The decision is informed by an equality impact assessment and reflects the outcomes of our engagement work. We have sought and used evidence to assess potential impact and considered several factors including impact on access, outcomes and specific population segments. We have ensured that our policies and procedures actively address inequalities.	We have made some assumptions about impact based on previous experience and what we already know about barriers to access and areas where we have poor outcomes and experience.
Are we recruiting, training and developing our workforce in a way that supports social and economic development	We have a clear system policy for ensuring equality, diversity and inclusion which applies across all aspects of the recruitment, training and development of our staff. We have worked with partners to develop some specific interventions designed to support social and economic development such as access courses, childcare and flexible working and our monitoring the impact of these with a view to making further improvements.	We have not considered how our workforce strategy and plan will impact on social and economic development although we do several things to support our staff and ensure equity of access to training and development.
How are we working with partners to address social and economic development?	We have worked with our healthcare partners to ensure their policies include measures to address access barriers including low income, disability, rurality and language/ culture. We know there is more to do in this area and are developing approaches that will help address financial inclusion, food security and improvements in the built environment. We are ensuring all healthcare partners develop environmental sustainability approaches for key areas including transport and procurement. We have started to measure our impact to identify further improvements and areas for action.	We have yet to identify how we can contribute in these areas.
Do we understand the impact we are having on tackling health inequalities and social and economic development	We have confirmed success criteria and measurable outcomes for all out initiatives and interventions. Recognising that impact needs to be measured longitudinally we have agreed trajectories, process measures and milestones so that we know we are on track. We have ensured we have systems in place to capture the data required to assess impact over time.	Measuring impact is complex, it can take a long time before results are apparent. We are using a number of existing metrics as proxy measures.

www.good-governance.org.uk

© Good Governance Institute. No part of this publication may be used or reproduced in any manner whatsoever without written permission.
Prepared by GGI Development and Research LLP for the Good Governance Institute 2022. Registered Office: The Black Church, St Mary's Place, Dublin 7, D07 P4AX, Republic of Ireland.