Staffordshire and Stoke-on-Trent Integrated Care System

Tackling Health Inequalities Strategy 2024–2029

Contents

Foreword

What are health inequalities?

NHS England defines **health inequalities** as “unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience, and the care that is available to them”[1]. They can be caused by health disparities, which the Office of Health Improvement and Disparities describes as “a particular type of health difference that is closely linked with social, economic and/or environmental disadvantage”[2].

It is important to acknowledge the link with the **wider determinants of health**, which are the conditions in which people live that can impact their health and wellbeing. This includes where they were born, where they live, and access to education, good housing, and opportunities for employment.

Health equity is also a key factor. **Equity** describes the ease with which a person can access health resources, including health education and services. This is not only about a fair distribution of resources and services, but more importantly, that everyone is **enabled to access the same opportunities** to achieve good health. This might mean that our approach should not always be the same for everyone – some people may need more help, or a slightly different approach.

Why is this important?

Some people in Staffordshire and Stoke-on-Trent are having their lives cut short because of unequal access to health and wellbeing resources. Health outcomes for some population groups are significantly poorer than for others. As an Integrated Care System (ICS), we have a responsibility to ensure the whole Staffordshire and Stoke-on-Trent population is empowered and enabled to achieve good health.

The current system is unaffordable; demand for health and social care is increasing, and services are already strained.

Good health and wellbeing *for all* is not just a desirable outcome; it is also an enabler. Reducing health inequalities will lead to:

- more people in work, leading to a more productive population
- more people playing an active role in their communities, and enabled to build positive relationships, through volunteering, and by providing support or caring roles to family and friends
- fewer people placing demands on health and care services.

[1] What are healthcare inequalities? – NHS England
[2] Health disparities and health inequalities: applying all our health – GOV.UK

Introduction

Our aims in the challenging Health Inequalities Strategy

- To reduce health inequalities
- To improve healthy life expectancy
- To reduce the life expectancy gap for men and women
- To reduce premature mortality

The Health and Care Act 2012 describes the need to reduce health inequalities in outcomes of care and access to care.

The NHS Long Term Plan sets out the road map to tackle our greatest health challenges, including closing the gap in health inequalities in communities. It recognises the important role the NHS has in addressing this in partnership with local authorities and the voluntary, community and social enterprise (VCSE) sector.

Integrated Care Systems (ICSs) come together to plan and deliver joined-up services and to improve the health of people who live and work in their area. They exist to achieve four aims:

1. improve outcomes in population health and healthcare
2. **tackle inequalities in outcomes, experience and access**
3. enhance productivity and value for money
4. help the NHS support broader social and economic development.

However, it is essential to acknowledge that this strategy is aimed at reducing **health inequalities** – which covers the wider determinants – rather than **healthcare inequalities**, which focuses primarily on health interventions. This will require a whole-system response, rather than solely relying on the providers of health and care services.

This strategy sets out our five-year plan to tackle health inequality through the NHS and the Staffordshire and Stoke-on-Trent ICS.

Partnership principles

In January 2024, a workshop was held with partners across health and care, the public, and voluntary sector and community groups to agree a joint approach to tackling health inequalities.

Our collective ambition is to **work together –** putting people and communities at the heart of everything we do to ensure **everyone** has the opportunity to have **healthy**, **happy, safe** and **prosperous** lives with **fair** access, **improved** experience and **better** outcomes for all.

From this workshop, we developed a set of key principles to underpin the strategy:

Our principles for delivering health equality in Staffordshire and Stoke-on-Trent

Population health approach to tackling the wider determinants of health and individual lifestyles and behaviours	Decision making will be driven by data and evidence	Building on what works and not reinventing the wheel	Listening to, engaging with, and empowering our communities	Whole-system approach including voluntary, community and social enterprise sectors as trusted partners

Health inequalities in Staffordshire and Stoke-on-Trent

Staffordshire and Stoke-on-Trent Integrated Care System covers an area of just over 2,700 km^2 in central England, with a population of 1.17 million.

Population figures for Staffordshire and Stoke-on-Trent

258,000 people in Stoke-on-Trent

876,000 people in Staffordshire

Staffordshire and Stoke-on-Trent is the 12th most deprived of the 42 Integrated Care Board (ICB) areas in England, and a fifth of the registered population are classed as being in the 20% most deprived in England. There is a diverse population across the county of Staffordshire and the city of Stoke-on-Trent. Demographics vary significantly, with certain areas experiencing disproportionate health inequalities compared to their neighbours.

Overview of the demographics in Staffordshire

According to the Staffordshire 2024 Joint Strategic Needs Assessment[3], there are some significant demographics and lifestyle indicators that impact on health and wellbeing:

Life expectancy and healthy life expectancy are decreasing

- People are living fewer years in good health than a decade ago.
- Where you live in Staffordshire can impact your life expectancy by up to three years. Residents from the most deprived areas are expected to live about eight years less than those from the least deprived areas.

The population is ageing

- The proportion of people aged 65 years and over is 22.4%, significantly higher than England as a whole.
- 17% of older people live in fuel poverty.

[3] Joint Strategic Needs Assessment 2024 - Staffordshire Observatory

- There are a growing number of people with long term conditions and people being admitted to hospital following a fall.

The health of children varies across the county

- Infant mortality (deaths of children under the age of one year) is high in Cannock Chase and Tamworth.
- Childhood obesity rates are high for children in Reception and Year 6.
- Breastfeeding rates are lower than the national average.
- Childhood immunisation rates are lower where there is a high proportion of the population from ethnic minorities, and among children in care.
- Children's mental health has worsened since the COVID-19 pandemic.
- There are a relatively higher number of children in care who face potentially poor health.

The health of working-age adults varies across the county

- 68.5% of adults are overweight or obese.
- 28% of households in East Staffordshire report not always having access to enough food.
- 17.5% are not employed or available for work.
- Rates of GP-recorded depression have doubled in the past 10 years.

There are pockets of deprivation

- Fewer than one in 10 (7.4%) of the population in Staffordshire live in the most deprived 20% areas in England, but areas of high deprivation exist within urban areas of the county.

Overview of the demographics in Stoke-on-Trent

Stoke-on-Trent's 2024 Joint Strategic Needs Assessment[4] also highlights demographic and lifestyle indicators that impact on health and wellbeing:

Life expectancy and healthy life expectancy are significantly lower than the England average and are decreasing

- Where you live in Stoke-on-Trent can impact your life expectancy by up to 9.4 years.

The health of children varies across the city

- A higher percentage of children are born with a low birth weight, compared to the England average.
- Data suggests that low birth weight occurs more often in wards with higher levels of deprivation.
- Infant mortality was ranked the fourth highest in England in 2021/23.
- Stoke-on-Trent has a higher proportion of children in need of social care than the England average.
- The proportion of women smoking during pregnancy is significantly higher than the England average.

[4] Joint Strategic Needs Assessment – Stoke-on-Trent City Council

The health of working-age adults varies across the city

- 73.8% of adults are overweight or obese.
- Self-reported issues of anxiety and GP-reported depression have been increasing annually since 2019/20.

High numbers of people with long term conditions

- Stoke-on-Trent has higher rates of long term conditions than regional and national averages.

There are areas of significant deprivation

- More than half (53%) of the population in Stoke-on-Trent live in the most deprived 20% areas in England.

Other health-related headlines for Staffordshire and Stoke-on-Trent

Local analysis has shown that:

- People from the most deprived communities have a higher prevalence of GP-recorded long term or life-limiting conditions including **chronic obstructive pulmonary disease (COPD), asthma, mental health problems including depression, learning disability, epilepsy, heart diseases, chronic kidney disease, stroke and dementia**.
- Women are significantly more likely than men to have GP-recorded long term conditions including **rheumatoid arthritis, depression and asthma**.
- People from ethnic minority groups are more likely than White people to have GP-recorded long term conditions including **diabetes, coronary heart disease and chronic kidney disease as well as pre-diabetes, obesity and hypertension**.
- Rates of **A&E attendances, emergency admissions, and outpatient attendances** tend to be higher for the most deprived group, and significantly lower for the least deprived group.
- People from the most deprived group have significantly higher rates of emergency admissions relating to **respiratory disease, malnutrition, violent crime, self-harm, certain cancers, influenza and pneumonia, COVID-19, epilepsy, alcohol, dementia and heart disease**.
- Emergency admission rates for **myocardial infarction (heart attack) and coronary artery disease** are significantly higher for people from ethnic minority groups, compared to White people.
- Emergency admission rates in children for **asthma** are also significantly higher for people from ethnic minority groups, compared to White people.
- Mortality rates related to **drugs and alcohol** are significantly higher for people from the most deprived populations.
- People from the most deprived group also have higher **mortality rates from respiratory disease, COVID-19 and certain cancers** (stomach and lung cancers).

What are we already doing in Staffordshire and Stoke-on-Trent to reduce health inequalities?

As indicated above, this strategy aims to build on continuous efforts being made across the system to tackle health inequalities. These include:

- The **Staffordshire Health and Wellbeing Board Strategy 2022-27** and the **Stoke-on-Trent Health and Wellbeing Board Strategy** each have a focus on reducing inequality and increasing healthy life expectancy
- A multi-agency **Improving Population Health Board** has been established, with representation from the voluntary, community and social enterprise sector, upper-tier and district and borough councils, and the NHS. Health inequalities, prevention and population health are priorities for this partnership
- **University Hospitals of North Midlands NHS Trust** has developed a Population Health and Wellbeing Strategy to outline its role as an 'anchor institution' in the community (an anchor institution is a large organisation whose long-term sustainability is tied to the wellbeing of the populations they serve). **Midlands Partnership University NHS Foundation Trust** also has a focus on adding social value and 'making every contact count'
- The **Staffordshire Leaders Board** (which represents the two upper-tier and eight lower-tier local authorities) has identified health inequalities as one of its three main priorities. A sub-group has been established with director-level representation from each local authority. To date, health inequalities 'hot-spot' mapping has been completed, and £2.6 million in funding has been allocated to this group to tackle health inequalities and improve health outcomes.

Public sector partners across the system, including the county, city, district and borough councils, and other bodies such as Staffordshire Police and Staffordshire Fire and Rescue, have ambitions to improve the lives of people in Staffordshire and Stoke-on-Trent. This strategy will build on existing relationships to ensure we are greater than the sum of our parts.

Expected outcomes

To deliver the aims of the strategy, six outcomes across four themes have been identified as a result of partnership work across the system. These outcomes are all measurable, and the expectation is that they will be delivered through interconnected programmes of work carried out across the system.

Challenging health inequalities – outcomes

Themes

1. Improvement to the overall health of the population of Staffordshire and Stoke-on-Trent

This outcome is an overarching measure of success for the delivery of the strategy. It is expected to be delivered through a culmination of projects and programmes and will be owned by all system partners.

- It will be measured through **key indicators** including life expectancy and healthy life expectancy, as well as a wider suite of measures on the health and wellbeing of the population of Staffordshire and Stoke-on-Trent.
- A **Locality Improvement Framework** (LIF) will align delivery around shared priorities and goals.
- A **Health Inequalities Dashboard** will be shared system-wide.

2. The ICS has a thorough understanding of the needs and preferences of our population, including those most at risk of poor outcomes

Building on the annual Joint Strategic Needs Assessments, it is necessary to improve the system-wide data and insight into the Staffordshire and Stoke-on-Trent population to better meet their individual health and wellbeing needs. This includes:

- Better understanding about which populations and individuals are at greatest risk of poorer health and wellbeing outcomes throughout their life course
- Identifying priority areas for reducing demand on health and care services.

3. All residents have equitable access to preventative support, information, advice and guidance when they need it

There is a wealth of evidence that the **wider determinants of health** are the most important driver of health. In addition to income and wealth, these determinants include education, housing, transport and leisure.

Our **health behaviours and lifestyles** are the second most important driver of health. They include smoking, alcohol consumption, diet and exercise. For example, while reductions in smoking have been a key factor in rising life expectancy since the 1950s, obesity rates have increased and now pose a significant threat to people's health.

Achieving this outcome will require the system to establish or build on partnerships to explore the causes of poor health and wellbeing. This is multi-faceted and will involve significant commitment and partnership working across Staffordshire and Stoke-on-Trent.

This includes:

- Commitment to address the wider determinants of health and the causes of disadvantage across the county and the city
- Working in community and locality footprints, using data and evidence to tackle the most significant problems with, and for, those most at risk of poor health and wellbeing outcomes
- Targeted work to better understand why some population groups are not accessing prevention programmes, information, advice and guidance
- Delivering projects that support healthy lifestyle choices.

4. Improvements to integrated health and care

- All residents can equitably access services when they need them.
- All residents have an equitable experience of services accessed.
- Improved health and wellbeing of the health and care workforce.

Recent years have seen a strong focus on developing an **integrated health and care system**. This reflects the growing number of patients with multiple long term conditions and the need to integrate services around their needs rather than within organisational silos.

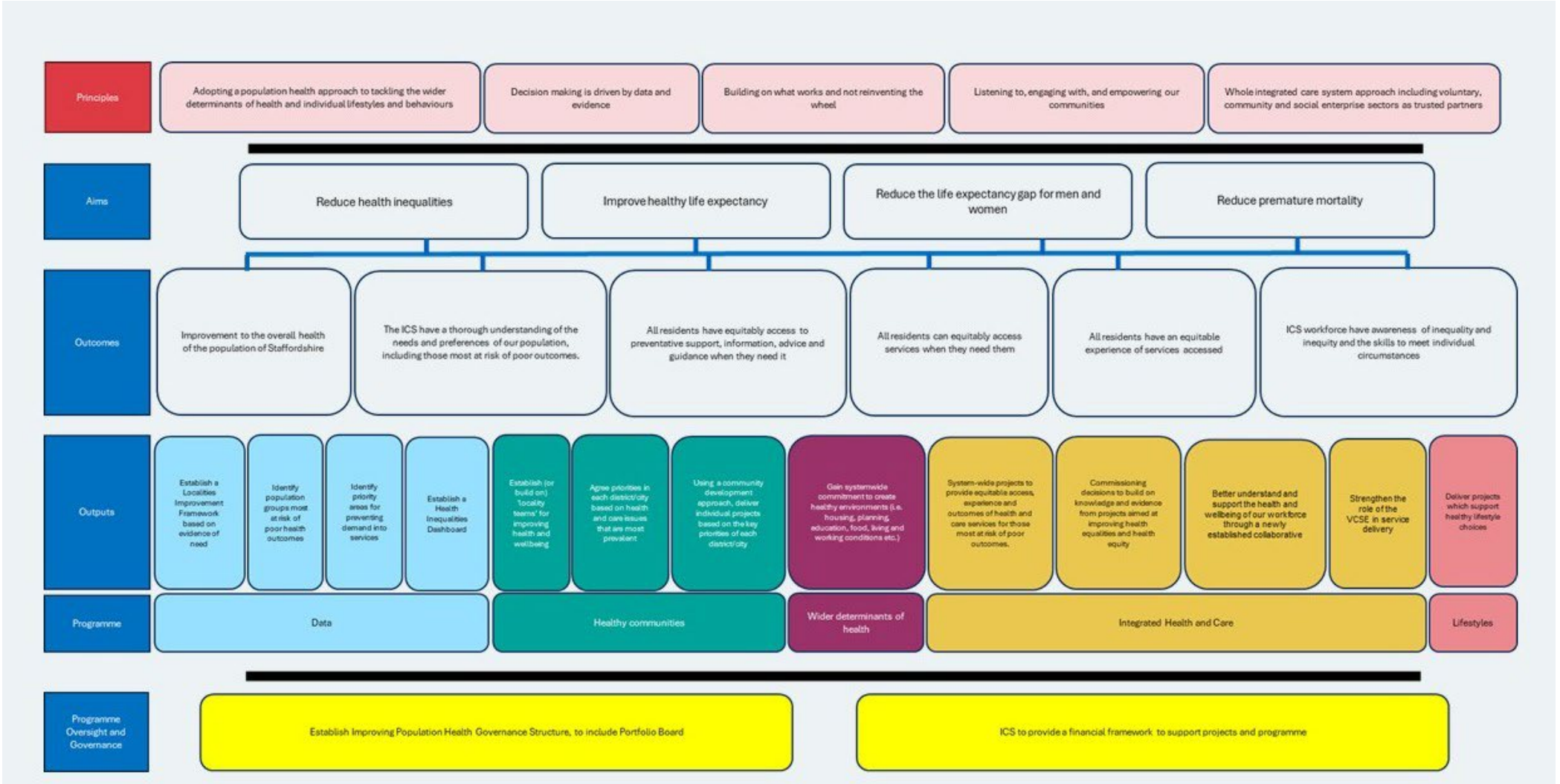
> *Integrated working is defined as partners **working collaboratively to combine resources** in the local area based around **shared priorities**, delivering the **right services at the right time** – in order to achieve **positive outcomes** for the community.*

We know that our people are our most valuable asset – looking after them is one of the most important duties of employers across the system.

These outcomes relate specifically to the need to ensure that integrated health and care services are provided and delivered in an equitable way for all population groups and individuals. Delivering this will require a system-wide commitment to:

- Deliver projects that provide equitable access, experience and outcomes for those most at risk of poor health and wellbeing outcomes.
- Make commissioning decisions based on data and insight which minimise health inequalities and inequities in service delivery.
- Use data and insight to better understand and support the health and wellbeing of our workforce through a newly established collaborative
- Strengthen the role of the VCSE through the VCSE Alliance and develop a commissioning framework to maximise the role of the VCSE this sector in service delivery, ensure parity with other providers, and engage and empower the untapped potential of people and communities.

Health Inequalities Strategy – logic model



Delivering the outcomes

This section describes some delivery vehicles that provide methodology and a means for defining priorities. They will be factored into the programme of work agreed by the ICS to deliver the outcomes.

NHS Long Term Plan

The NHS Long Term Plan placed tackling health inequalities at the heart of NHS goals and identifies five areas of focus for local health systems to deliver to ensure equitable access, outcomes and experience for all:

1. Restoring local services inclusively
2. Mitigating against digital exclusion
3. Ensuring datasets are completed and timely
4. Accelerating preventative programmes
5. Strengthening accountability and leadership.

The 5 Ps

Staffordshire and Stoke-on-Trent ICS have signed up to the 5 Ps approach to delivery:

People and Communities working with people and communities to empower them to build healthy, supportive and thriving neighbourhoods

Personalised care holistic, integrated care designed around personal needs and preferences

Personal responsibility working with individuals to empower them to make healthy choices and manage their health and wellbeing as an active partner

Prevention and Inequalities promoting healthy decision making, optimising health and wellbeing and ensure fair and equal access for all

Productivity making best use of resources and targeting those in greatest need, or with greatest ability to benefit

Underpinned by population health management

The 5 Ps are underpinned by population health management and are included in the Integrated Care Partnership Strategy.

Core20PLUS5

The Core20PLUS5 is an NHS England approach to tackle health inequalities that is intended to drive improvements at a national and system level. 'Core20' refers to the 20% most deprived populations based on factors including crime, education, housing and health.

'PLUS' refers to locally-defined priority areas and inclusion groups, and '5' focuses on the clinical areas for improvement – maternity, respiratory disease, severe mental illness, cardiovascular disease, and early cancer diagnosis.

The Core20PLUS principles and plans are embedded in Staffordshire and Stoke-on-Trent ICB's seven ICB portfolios to ensure tackling health inequality is part of all our programme areas.

Staffordshire and Stoke-on-Trent's 'PLUS' Inclusion Groups include:

- People who experience homelessness
- People with drug and alcohol dependence
- Vulnerable migrants and refugees
- Gypsy, Roma, and Traveller communities
- People in contact with the justice system
- Victims of modern slavery
- Sex workers
- Other marginalised groups.

People in these groups may have poor experiences of healthcare services because of barriers created by service design. This can result in significantly poorer health outcomes and reduced life expectancy compared with other disadvantaged groups.

In adopting this approach, this strategy will focus on the role that the NHS plays in improving healthcare, and how partnerships across sectors such as housing and the VCSE sector play a key role in addressing wider determinants of health.

Children's first 1,000 days

The first 1,000 days of a child's life are critical to their health and wellbeing throughout their life course. The role of prevention in early life is fundamental to tackling health inequalities.

> *"Individuals with four or more adverse childhood experiences (ACEs) are at a much greater risk of poor health outcomes compared to individuals with no ACEs... Intervening more actively in the first 1,000 days of a child's life can improve children's health, development and life chances and make society fairer and more prosperous."*
>
> *(House of Commons Health and Social Care Committee, 2019)*

A multidisciplinary approach is needed to tackle early childhood disadvantage across the wider determinants of health, founded on the following six principles laid out by the House of Commons Health and Social Care Committee and which are expected to be built on in the 2026 Children's Wellbeing and Schools Bill:

1. Proportionate universalism – ensuring that services are available to all, but targeted in proportion to the level of need
2. Prevention and early intervention
3. Community partnerships
4. A focus on meeting the needs of marginalised groups
5. Greater integration and better multi-agency working
6. Evidence-based provision.

King's Fund Model of Population Health

The NHS can contribute to tackling inequality through service delivery by improving access, experience and outcomes. Whilst healthcare services are crucial, wider determinants like income, housing, education and employment, as well as lifestyles, have a greater impact on the health and wellbeing of a population[5] therefore there is a need to work in partnership across the system to improve all aspects of people's health.

The King's Fund Model of Population Health is used as the basis of both the Staffordshire and Stoke-on-Trent Health and Wellbeing Strategies. Applying this model to our Health Inequalities Strategic Plan underlines our recognition that health inequalities can only be reduced by taking a holistic approach to what we do, and how we use the collective influence of system partners.

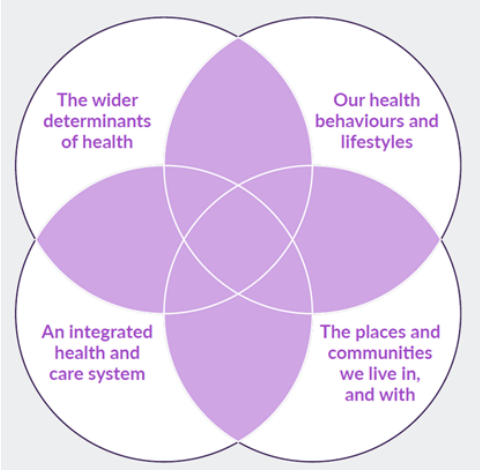
This Health Inequalities Strategic Plan sits predominantly in the integrated health and care system.

Our model of care

The building blocks will only work if they work in tandem

Improving population health requires action on all four building blocks and, crucially, the interfaces and overlaps between them. We will adopt this approach and work collaboratively to ensure we are greater than the sum of our parts.

[5] (The Health Foundation, 2022 A framework for NHS action on social determinants of health | The Health Foundation)



The King's Fund, Buck et al, 2018

ICS Places and Communities Operating Model

There is increasing recognition of the key role that **places and communities** play in our health. For example, our local environment is an important influence on our health behaviours, while there is strong evidence of the impact of social relationships and community networks, including on mental health.

The ICS is made up of two place partnerships, based around the upper-tier local authority footprint. For planning and delivery, the system has identified 12 localities which are based around the district and borough footprint in Staffordshire and the four localities in the city of Stoke-on-Trent.

Our operating model

Place – our strategic partnership footprint

Staffordshire

Stoke-on-Trent

Localities – our delivery footprint

Eight districts and boroughs in Staffordshire

Four localities in Stoke-on-Trent

Communities – our change footprint

Villages, wards, parishes,

The areas people most associate with

The ICS is adopting a community development approach focusing on the strengths that people bring through their relationships, skills and experience. This includes strengthening relationships with the VCSE and ensuring parity with other providers.

The approach will build on the local infrastructure already in place – which means the delivery will take a different shape in each locality. It is essential that partners are engaged and empowered to make a positive impact for their community.

Governance and financial framework

The ICS will establish programme oversight and governance to oversee delivery against the outcomes. This will include an Improving Population Health governance structure, including a Portfolio Board. The Board will oversee delivery of the programme and establish outcome and output measures to monitor effectiveness.

The ICS will also provide a financial framework to support projects and the overarching programme.