

**Southwest London ICS (SWL)**

**Health Equity Partnership Group**

**Terms of Reference 2024/25**

# **Purpose**

* To work together to increase health equity in Southwest London (SWL). We will do this by tackling health inequalities, health disparities and healthcare inequalities so that every SWL resident irrespective of who they are or where they live are enabled to live longer, healthier and enjoy a good quality of life.

# **What is Health Equity?**

* Health inequalities and health inequities are often used interchangeably but have particular and distinct meanings.
* World Health Organisation defines **Health Equity** as “the absence of unfair and avoidable (or remediable) differences in health among population groups defined socially, economically, demographically or geographically.”
* Health equity is achieved through reduction of health inequalities, health disparities and healthcare inequalities.
* **Health inequalities** refers to the differences in health outcomes between different population subgroups such as differences in how long we live or how long we expect to be healthy. These inequalities can occur across several demographics: gender, age, ethnicity, socio-economic groups, geography, religion, sexual preference etc.   To reduce health inequalities in SWL, we will work together to target the wider determinants of health such as environment, education, income, employment, social and community networks and commercial determinants.
* **Health disparities** refers to a particular type of health difference that is closely linked with social, economic and/or environmental disadvantage and is linked to groups of people who have systematically experienced greater obstacles to health. Examples include the homeless, Roma, gypsy and traveller communities, sex workers, boating community and offenders/former offenders. In SWL, we will work with affected communities to increase health literacy and advance health equity within those communities.
* **Healthcare inequalities** refers to the differences in rates of access/usage of services between population sub-groups. In SWL, we want to achieve an equitable distribution of services. This is where rates of access to a service follows the distribution of need – i.e. a patient with a given level of need in one sub-group has the same chance of accessing a service as their counterpart with a similar level of need in other subgroups.

# **Aims**

* To plan, implement and monitor the relevant deliverables of the SWL Joint Forward Plan and the Integrated Care Partnership Strategy.
* To strive for health equity by delivering the strategic vision and priorities for the Health Inequalities programme across the SWL ICS, including the Core20PLUS5.
* To provide collective strategic leadership, direction and oversight for the improvement of population health in SWL including the embedding of the NHS Long Term Plan’s aims on prevention at place and system levels.
* To work together as a partnership across system and place to ensure that all local residents and workers can Start Well, Live Well and Age Well no matter who they are and what part of SWL they live in.
* To contribute to the integrated care system’s aims of
	+ Improving population health and healthcare
	+ Tackling unequal access and outcomes
	+ Enhancing productivity and value for money
	+ Helping the NHS support broader social and economic development

# **Objectives**

* To deliver the aims of the ICP strategy and monitor the progress being made on the reduction of health inequalities and prevention:
	+ Addressing the wider determinants of health and well-being
	+ Scaling up innovation to improve outcomes for people in our most deprived areas and our most vulnerable people
	+ Empowering our communities to improve their health and well-being
	+ Developing a whole-system approach to healthy weight and reducing obesity
	+ Maximising the ability of the voluntary and community sector to support people to lead healthier lifestyles
	+ Developing personalised self-care for people with long-term conditions
* To deliver the aims of the Joint Forward Plan on health inequalities and prevention and monitor the progress being made:
	+ Improving outcomes for our children, young people and adults in the Core20PLUS5 population
	+ Developing our health inequalities strategic delivery plan
	+ Developing our anchor institutions to tackle socio-economic inequalities
	+ Developing our anti-racism framework to address racial inequalities
	+ Using data, intelligence and population health management to improve outcomes and tackle inequalities for our population
	+ Strengthening our community engagement
	+ Delivering SWL’s statutory equality duties
	+ Deepening our understanding of our population and health inequalities
	+ Developing a healthy lifestyles pathway across SWL
	+ Protecting SWL population from communicable diseases and environmental threats
	+ Increasing support for the prevention and early diagnosis of chronic conditions
* To promote and embed the use of population health management to improve population health
* To advance health research in the SWL ICS
* To ensure equitable access to high quality and appropriate health care including the Evidence Based Interventions Programme
* To contribute to the ICS performance on the health inequalities components of the CQC ICS annual assessments

# **Membership**

* Members are restricted to:
	+ Executive Medical Director, SWL ICB (SRO for Health Inequalities & SRO for ICP Prevention workstream)
	+ DPH SRO for ICP Prevention workstream
	+ DPH SRO for ICP Health Inequalities workstream
	+ ICP sponsors for the Health Inequalities and Prevention priorities
	+ Director of Health Improvement (ICB & workstreams lead)
	+ Directors of Public Health, local authorities
	+ Head of Health Improvement (ICB)
	+ Head of Evidence Based Interventions (ICB)
	+ SWL Chief Digital Information Officer (ICB)
	+ Deputy Director for Quality Improvement (ICB)
	+ Place Directors
	+ Senior Representative from South London Partnership
	+ Senior Representative from OHID, London Region
	+ Senior Representative from UKHSA, London Region
	+ Senior Representative from Health Watch
	+ Senior Representative from VCSE
* Members will be responsible for attending each meeting and contributing to the agenda. Members can nominate deputies to attend on their behalf where attendance is not possible.
* Minutes of meetings will be shared with members after each quarterly meeting.

# **Frequency of Meetings**

* Meetings will be quarterly – April, July, October and January. A schedule of meetings will be circulated to members of the group.
* Quorate membership consists of the chair and at least two senior representatives from SWL ICB and two Place representatives.
* Meetings may be held between the main meetings if a need is warranted.
* All meeting papers will be circulated at least three days in advance of the meeting.
* The agenda and minutes will be formally recorded. Minutes listing all agreed actions will be circulated to members and those in attendance within 5 working days of the meeting.
* Agenda standing items will consist of reports from delivery groups, monitoring progress against the ICP strategy and JFP and deep dives into specific topics.
* Agendas, minutes and papers will be stored on a specific site on NHS Futures Platform and on Share point, providing a depositary and audit trail of the work being done on population health and health equity in SWL.

# **Governance & Reporting Arrangements**

* The Health Inequalities & Improvement Partnership Group is accountable to the SWL Integrated Care Board and the Integrated Care Partnership. It will provide regular reports to both boards, providing assurance of the work being done on improving population health in South West London and escalating any areas of concern.
* There are 3 delivery groups that operationalise the work of the partnership group and report into the partnership group:
	+ Health Inequalities Funding Delivery Group
		- This group is responsible for managing and monitoring the spend of health inequalities funding in SWL including raising the profile of best practice interventions that make a meaningful contribution to local communities
		- The group is a forum to share expertise, knowledge, and intelligence across SWL to share best practice and upskill all staff on health inequalities
	+ Prevention Delivery Group
		- This is an agile delivery group that focuses on delivering the aims for prevention and long-term conditions of the Joint Forward Plan, the ICP Strategy and the NHS Long Term Plan. It also has oversight of the NHS Prevention programme including the NHS Tobacco Dependency Programme.
	+ SWL Health Research Collaborative
		- This group consists of representatives from SWL academic institutions, research and development leads in providers, NIHR ARC, the Clinical Research Network and the Health Innovation Network.
		- Aim is to establish a research environment in SWL through delivery of a research plan that will grow research capacity in the system, identify and address the specific research needs in SWL, increase public participation and diversity, support SWL innovators with evaluations and work with ICP to help implement research findings.
* Additional Task n’ Finish Groups may be set up to focus on areas of interest identified by the partnership group.

# **Accountability**

* This group brings together partners with shared goals for implementing the aims of the NHS Long Term Plan and the Integrated Care Partnership on improving population health and reducing health inequalities.
* Accountability to each other will be achieved through agreed outcomes and outputs, prioritization of group’s meetings and honoring our commitments to the aims and objectives of the group.

# **Equality and Diversity**

* This partnership group has responsibility to equalities and diversity and will value, respect, and promote the rights, responsibilities, and dignity of individuals within all our professional activities and relationships.

# **Review**

* Terms of reference to be reviewed in March 2025.

# Appendix: RASCI for membership

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| Activity  | ICB  | LA | Place  | UKHSA | VSCE  | HealthWatch | Patient Public Voices | Providers  |
| System leadership for population health | R/A  | S  | R  | S | S  | S/C  | C | S  |
| Accountable for ICP workstream performance  | R/A  | R  | S  | I | I  | I | I  | S  |
| Commission preventative services & health impact & equity audits of services  | R/A  | R/A  | R/A | I | I  | I  | I | S  |
| Plan and implement strategy  | R/A  | R  | R  | S | S/C  | S/C  | S/C  | S/C  |
| System-wide communications & marketing  | R  | R  | S  | S | S  | S  | S  | S  |
| Reduce healthcare equalities in services  | R/A | S  | R  | S | C/I  | C/I  | C/I | R  |
| Data review & real-time action planning  | R/A  | R | R | S | S | C | C  | S  |
| Provision of information and advice to relevant bodies within boroughs to protect population’s health  | R  | R | S/C  | R/A | S  | S  | C/I  | C/I  |



## Frequency of Meetings