



# How can Integrated Care Systems reduce health inequalities?

Joe Cormack, Head of Health // [joecormack@gkstrategy.com](mailto:joecormack@gkstrategy.com)

*From July, Integrated Care Systems (ICSs) in England became legally responsible for planning and funding health and care services within their territory. One of their many new responsibilities is to reduce population health inequalities – both in access to health services and in health outcomes.*

The scale of the issue is set out in [Health Equity in England](#) which found that the health gap has grown between wealthy and deprived areas. Place matters in health outcomes and more people are spending a greater amount of time in poor health.

A recent [Health Devolution Commission](#) roundtable - chaired by former Health Minister and GK Strategic Adviser Phil Hope - involved a broad range of stakeholders working to reduce health inequalities including Professor Michael Marmot, NHS and local government leaders, representatives from third sector organisations and patient groups. The focus was on how policymakers and services should respond to the challenge and to share examples of effective interventions that improve the health and wellbeing of a population.

Encouragingly, there is a strong sense that ICSs are genuinely transformational and possess a high level of support among local and national leaders across all sectors. Some of the key takeaways and lessons for ICSs to draw upon from the roundtable include:

### ***'Health in All Policies' approach***

Professor Michael Marmot, who led the Health Equity in England report, emphasised the importance of a 'Health in All Policies' approach by all 42 ICSs as key to tackling the social determinants of ill-health. Health in all policies is an established approach to improving health and health equity through cross-sector action on the wider determinants of health: the social, environmental, economic and commercial conditions in which people live. When policymakers talk about holistic care, health in all policies is the full extension of this intention, going beyond just clinical and social care.

This approach is being developed at every level of government as emerging evidence from Coventry and Greater Manchester shows that it works. Much more must be done nationally in the UK, underpinned by law, to reverse the last decade's decline in health equality if ICSs are to succeed in this goal.

### ***The importance of the NHS as 'Anchor Institutions'***

Expect to hear much more about the important role the NHS has beyond clinical care in improving the health and wellbeing of a population. This has been called 'Anchor Institutions' because of the organisational size and long-term presence of hospitals and public sector partners, such as councils, within the communities they serve.

In this role, NHS bodies are setting out to optimise the wider ways they support people's health. For example, as providers of high-quality employment, conscious purchasers, and through consideration of their environmental impact – all with a particular focus on reducing health inequalities. This also links in with the Government's wider drive for more emphasis to be placed on the 'social value' that organisations bring, and this is rightly an increasingly important metric in commissioning and procurement decisions.

### ***Equality and quality***

The goal of equality, as well as quality, should be embedded in ICS and organisational codes of governance, and evidence published showing how resources are being shifted upstream towards prevention. The 'bottom-up' voice of communities and 'top down' action by system leaders should be combined to crack the challenge of improving a population's health and reduce health inequalities.

ICSs offer a chance to move beyond institutional and silo thinking, towards a whole system approach to deliver health improvement through a wide agenda for action including air quality, regeneration, transport, housing, employment and skills.

Expect to see more on this following [guidance](#) from the Department of Health and Social Care outlining that Integrated Care Partnerships are required to develop a forward strategy by the end of 2022. These strategies should be developed in collaboration with the wide range of health and care providers and partners in a local area and should focus on health disparities and prevention.

### ***Mental health care and learning disabilities***

Some of the widest disparities in health outcomes are found in the population that have a mental health condition and/or learning disability. ICSs have a critical role in improving the care they receive and the services they rely on. There are a number of areas that should be prioritised by ICS's, including: A genuine commitment to parity of esteem between physical and mental health services, and improving the recruitment, retention and development of the mental health workforce.

Mental health services should also be represented at every level in the ICS system and there should be a process to allow the voice for mental health service users to be heard at all levels such as the ICS system, place-based partnerships and neighbourhood Primary Care Networks.

There are also clear recommendations from patient groups and other stakeholders about what should be a priority in relation to learning disability support. ICSs should develop a learning disability action plan and work with primary care to ensure that GPs provide a tailored Health Action Plan for all people with a learning disability. Getting more individuals on to the Learning Disability Register is also an important way of improving people's engagement and access, as it acts as a passport to other services and benefits.

ICSs have been given the flexibility to develop their governance and services in the best way for their region, but health equality is a priority for all, and strong partnership working is key to this.

*If you would like to learn more about the development of Integrated Care Systems and their responsibilities and objectives, please get in touch.*

---