ICS Health Inequality, Prevention and Personalised Care Board

Terms of Reference

Last reviewed:
Next Review:

Chair	Sarah Raistrick - NED
Vice Chair	
Lead Executive/s **Administrator**	Scott Parker
Frequency	Bi-monthly
Purpose	To have strategic oversight of NHS delivery in addressing health inequalities, through prevention and personalisation. To seek assurance on sufficient progress against agreed ICS deliverables.
Scope of Responsibilities (in line with ICB SoRD)	• To monitor health inequalities, unwarranted variation at ICS level and agree prioritisation • To oversee the local HIPP dashboard to ensure progress • To monitor NHS LTP deliverables across health inequalities, prevention, personalisation, Core20PLUS5 • To influence creating a culture where addressing health inequalities is everyone's business • To challenge insufficient progress via the appropriate workstream Exec Leads and take back to the relevant groups / forums • To ensure health inequalities are being addressed through prevention and personalisation through the key programmes, agreed at system delivery programme boards • To avoid duplication at Place and maximise integrated commissioning opportunities • Taking an evidenced based approach, particularly in decision making • To make decisions on proposals and approve funding spend where appliable • To support assurance to NHSE Whilst not in scope, the Board should remain aware of the wider determinants of health and the impacts on healthcare inequalities, by ensuring links with the Health and Wellbeing Boards as appropriate and to avoid duplication.

Reporting and Relationships	a) The local HIPP dashboard will be the single ICS collated view of progress on addressing healthcare inequalities and delivery of prevention and personalised care across NHS, with agreed metrics and trajectories • The dashboard will collate impact across NHS LTP prevention deliverables, agreed ICS NHS deliverables, Core20PLUS5, Personalised Care delivery metrics, Place delivery plans, PCN plans and the ICS strategic intent of making HI everyone's business through agreed metrics e.g. workforce training offer b) Assurance reports on progress will go to Operational Executive forum and bi-annually to the ICS Board and Health and Wellbeing Boards. c) Areas of focus from the dashboard will be areas of exception: • Lack of progress – to be escalated via the appropriate Exec lead and associated forum for a deeper dive and plan for improvement • Success – to be celebrated and learning to be shared where applicable d) Align to Place based work and identify where mutual opportunities or issues exist across both counties, as fed in by the Place based representatives e) HIPP cuts across everything we do. Therefore, the HIPP Board will have horizontal and vertical relationships with the following groups / forums via the representative members: • Primary Care / PCNs • People Forum (workforce EDI) • Digital, Data and Technology Forum • Elective Care, Cancer and Diagnostics • Key system programme Boards (including Covid and flu vaccination, Advancing Mental Health Equality and Mental health inequalities programme, CYP, UEC) • System Clinical Leadership Forum • Quality • ICS Tobacco Dependency Steering Group (subgroup) • Communication and Engagement • Greener NHS Delivery Board • Place based health inequality groups • Health and Wellbeing Boards • VCS • 4I's and Intelligence cells • Learning Disability and Autism • Place Partnerships • Finance • Being Well Worcestershire Strategic Group • Health Protection groups • Prevention • Personalised Care • Health Inequalities at Place and PCN

Membership

Members

Job Title	Host Organisation
Health Inequalities, Engagement and Sustainability NED: Sarah Raistrick	*ICB*
Director of Partnership, Emergency Planning and Health Inequalities HI SRO: Scott Parker	*ICB*
Associate Director for EPRR and Partnerships SRO C-19 Vaccination and Treatment programmes: Catherine Sinclair	*ICB*
Prevention and Personalisation Lead: Emma Fisher	*ICB*
Head of Health Inequalities and Greener NHS: Selina Taylor	*ICB*
Herefordshire Director of Public / Consultant: Matt Pearce / Frances Howie	*HC*
Clinical Lead for Social Change TBC	*ICB*
Clinical HI Ambassadors: Barnaby Major TBC	*HW HCT*
Director of Primary Care & Delegated Commissioning: Lynda Dando	*ICB*
Worcestershire Director of Public Health: Liz Altay	*WCC*
Director of People & Workforce: Katie Hartwright	*ICB*
Chief Nursing Officer: Kath Cobain	*ICB*
Director of Strategy and Planning: Alan Dawson	*WVT*
Director of Place Development, Worcestershire: Ruth Lemiech	*ICB*
Director of Strategy, Improvement and Planning: Jo Newton	*WAHT*
Director of Strategy and Partnerships: Sue Harris	*WHCT*
Director of Operations and Delivery, Herefordshire: Jon Barnes	*WVT*
Chief Officer, Herefordshire Healthwatch: Christine Price	*H HW*
Director, Healthwatch Worcestershire: Martin Gallagher	*W HW*
VCS Strategic Lead for Worcestershire: Esther Passingham	*HW Chamber of Commerce*
Director of Operations and Delivery (system Programmes): Jade Brooks	*ICB*
Chief Finance Officer: Mark Dutton	*ICB*
Director of Planning and Assurance: Emily Godfrey	*ICB*
LMNS Director: Hayley Durnall	*ICB*

Whilst the above lists the core members, we recognise that addressing health inequalities embedding prevention and personalisation requires a dynamic approach, involving a broad range of people. It is important this group brings in the right people at the right time as we identify and work through issues, to maximum the use of people's time across multiple system agendas and meetings.

Attendees

Job Title	Host Organisation
Business Support TBC	*ICB*
PMO?	*ICB*
Provider analyst – Gordan Stovin	*WAHT*

	Members are expected to attend at least 75% of meetings held each calendar year to ensure consistency. Where a member is unable to attend, efforts should be made to ensure that a suitable alternative attend, as nominated by the member and agreed by the Chair. **Quorum** For a meeting to be quorate, the Chair / Vice Chair, HI and Prevention SRO or deputy and at least 10 substantive members must be in attendance. If any member of the Committee has been disqualified from participating on item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken. **Terms of Reference Review** Annually or sooner if deemed necessary.