NHS Confederation

Launch of the Health Inequalities Assurance Framework for ICBs

19 November 2025

Agenda

- Welcome, introductions and housekeeping – Joan Saddler and Ranjit Senghera Marwaha
- Set the Context, national perspective and priorities – Ranjit Senghera-Marwaha on behalf of Dr Dianne Addei
- The Framework – with contributions from ICBs – Carol Hill
- Panel discussion and Q&A - Joan Saddler, Carol Hill, Campbell Todd, Hamid Motraghi, Ranjit Senghera-Marwaha, Sara Javid
- Closing remarks and next steps – Joan Saddler

Set the Context, national perspective and priorities

Ranjit Senghera-Marwaha
Healthcare Inequalities Senior Professional Advisor (Strategic Partnerships), NHS England

Presenting on behalf of Dr Dianne Addei, Director, Healthcare Inequalities Improvement Programme, NHS England

NHS Confederation

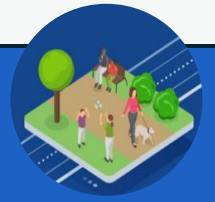
Three key shifts as outlined in Ten Year Health Plan (2025)

Hospital to community

- A new neighbourhood health service, delivering personalised care close to home and rollout in most deprived areas
- Community health and wellbeing worker models and colocation of services
- Creation of Integrated Neighbourhood Centres

Analogue to digital

- Move to digital front door by default, with a range of new initiatives delivered via the app
- Increased patient choice, agency and access to information via single patient record
- Use of AI for admin and diagnostics



Sickness to prevention

- Focus on ‘double injustice’ of poor health and worklessness
- Full rollout of heath and growth accelerators if successful
- Prevention accelerators
- Range of public health measures focused on commercial determinants
- Genomics population health service

Government health mission – reduce the gap in healthy life expectancy, reduce lives lost to the biggest killers

Health inequalities vision: Our reimagined NHS will be *designed* to tackle health inequalities in access and outcomes. A service *equipped* to narrow health inequalities.

The NHS can influence health inequalities in 4 distinct roles

As the largest employer in Europe, and the recipient of the largest proportion of public spending, NHS organisations can help to shape the health of local populations and reduce inequalities by using its assets for the benefit of local communities – and does so in a number of ways.

Tackling inequalities in healthcare; ensuring equitable access, excellent experience and optimal outcomes

- **Commissioners:** Strategic commissioning to improve population health
- **Providers:** Delivery of high quality and effective care

Addressing the social determinants as an anchor institution

- Purchasing for social benefit
- Using buildings and estates to support communities
- Widening access to quality work
- Reducing our environmental impact
- Supporting staff health and wellbeing

As an employer

- Implementation of targeted interventions to support reductions in health related economic inactivity
- Promoting good work and health-promoting employment
- Preventative interventions to reduce the risk of ill health in employees

Contributions to multi-agency action

- **ICSs:** working in partnership with local government, social care providers, VCSE organisations and local communities
- **National:** fostering strategic partnerships with industry, academia, research and wider partners

Delivering the Government's health mission to address the underlying drivers of ill-health and tackle health inequalities

We lead the organisational effort to address inequalities within NHS healthcare environment and systems

Set direction on healthcare inequalities for healthcare environment and systems

- **Statutory & legal functions**: Statement on information on health inequalities; Delivery of recommendations in Infected Blood Inquiry -10a (iv); Mandate assurance to SoS.
- **NHS policy development and implementation**: Translate government health mission and national steers into delivery priorities for HI.
- Embedding healthcare inequalities improvement approaches across key national programmes via **Core20PLUS5 approach** e.g. Elective Reform Plan, Planning Guidance, Strategic Commissioning.
- **Develop and disseminate tools and guidance** via embedding in wider programmes – do once, communicate in a coordinated way.
- **Strategic influence and mobilisation of resources:** Influence ALBs to build healthcare inequalities improvement into their policies, strategies, operating models and investment priorities: CQC,NIHR, NICE, UKHSA.

Drive delivery by developing capability and capacity

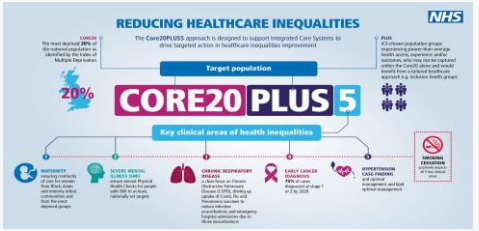
- **Sickle Cell and Thalassaemia QI Programme:** Implementation of recommendations 10a (iv) outlined in the Infected Blood Inquiry.
- **System capability building:** Targeted implementation support to ICBs to drive improvement and solve common problems: products, tools, resources.
- **NHS's role as an anchor institution** and tackling coastal health inequalities through place-based programmes
- **Convene partners** and support **peer learning**
- **Development of policy frameworks, guidance and guidelines to support ICBs and Providers** in delivering stated organisational priorities, e.g. digital inclusion, inclusion health, community languages framework, patient safety.
- **Evidence synthesis and dissemination:** Build, curate and disseminate evidence for what works in reducing health inequalities

Enabling accountability

- **Assurance and accountability:** Implementation of HI measurement framework, develop board accountability frameworks, funding allocations, oversight framework input
- **Healthcare inequalities measurement:** Develop indicators and data tools for healthcare system to monitor health inequalities. Improve data quality eg. Ethnicity coding, housing status
- **Evidence and evaluation:** Monitor impact of interventions on healthcare inequalities through data and evaluation, Core20PLUS5 evaluation.
- **Governance:** Provide assurance to NHS England Public Board on the progress being made in narrowing health inequalities, programme Board responsibility for tracking cross-organisational delivery of strategic priorities for reducing health inequalities and the Core20PLUS5 approach.

Framework for delivery

Core20PLUS5 approach for adults and children and young people, designed to guide national and system efforts on healthcare inequalities defines our target population and five clinical areas of focus



Roles and responsibilities for health inequalities

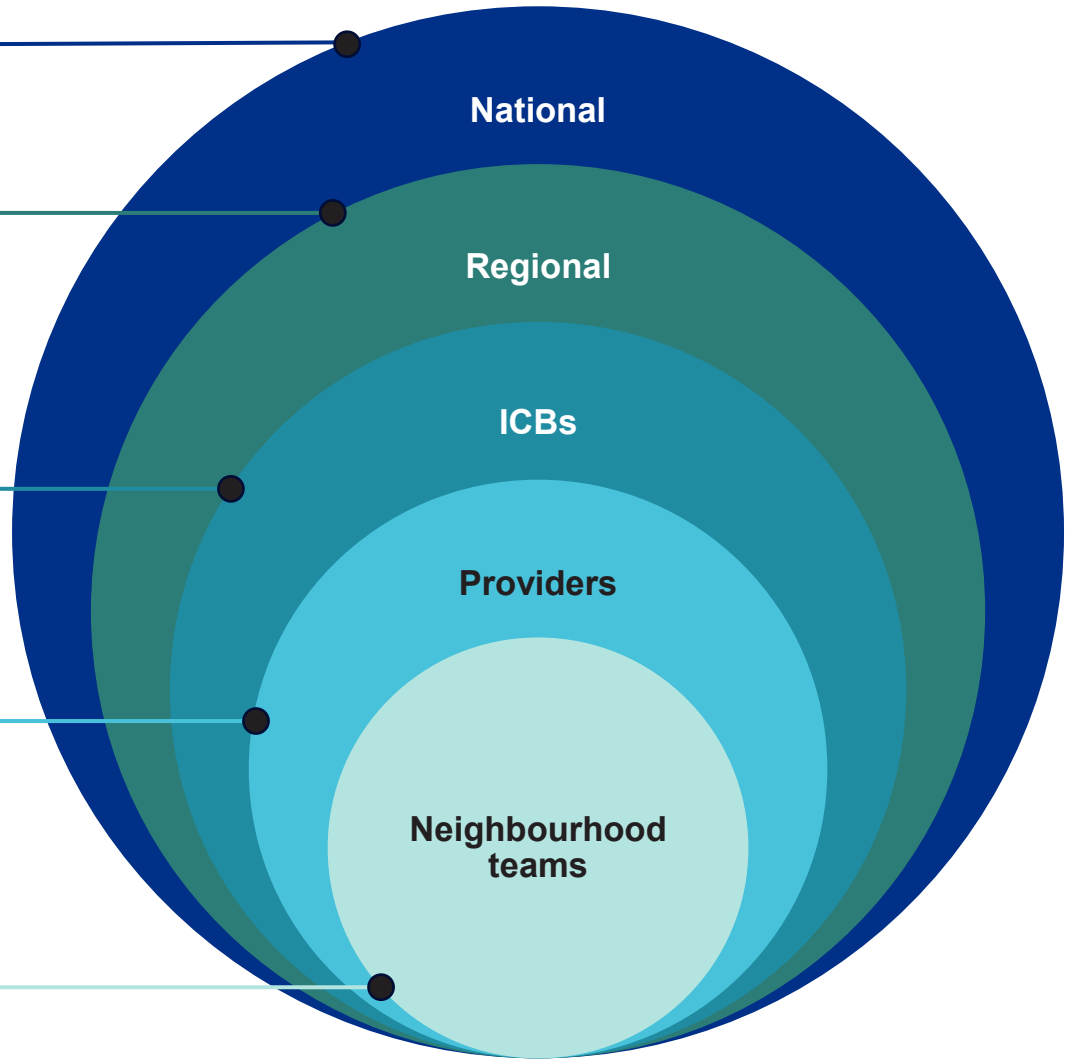
NHSE's Healthcare Inequalities Improvement Programme sets direction on addressing healthcare inequalities in the NHS, supports delivery by developing capability and capacity, and drives accountability for national performance.

Regions are the leadership interface, leading the holistic oversight of strategy, performance and improvement. This includes leading regional implementation of the NHS medium term planning framework and oversight of provider and commissioning performance, including the statutory annual assessment of ICBs and provider capability assessments. Regional oversight should ensure that the exercise of functions are leading to appropriate impact in driving a reduction in health inequalities.

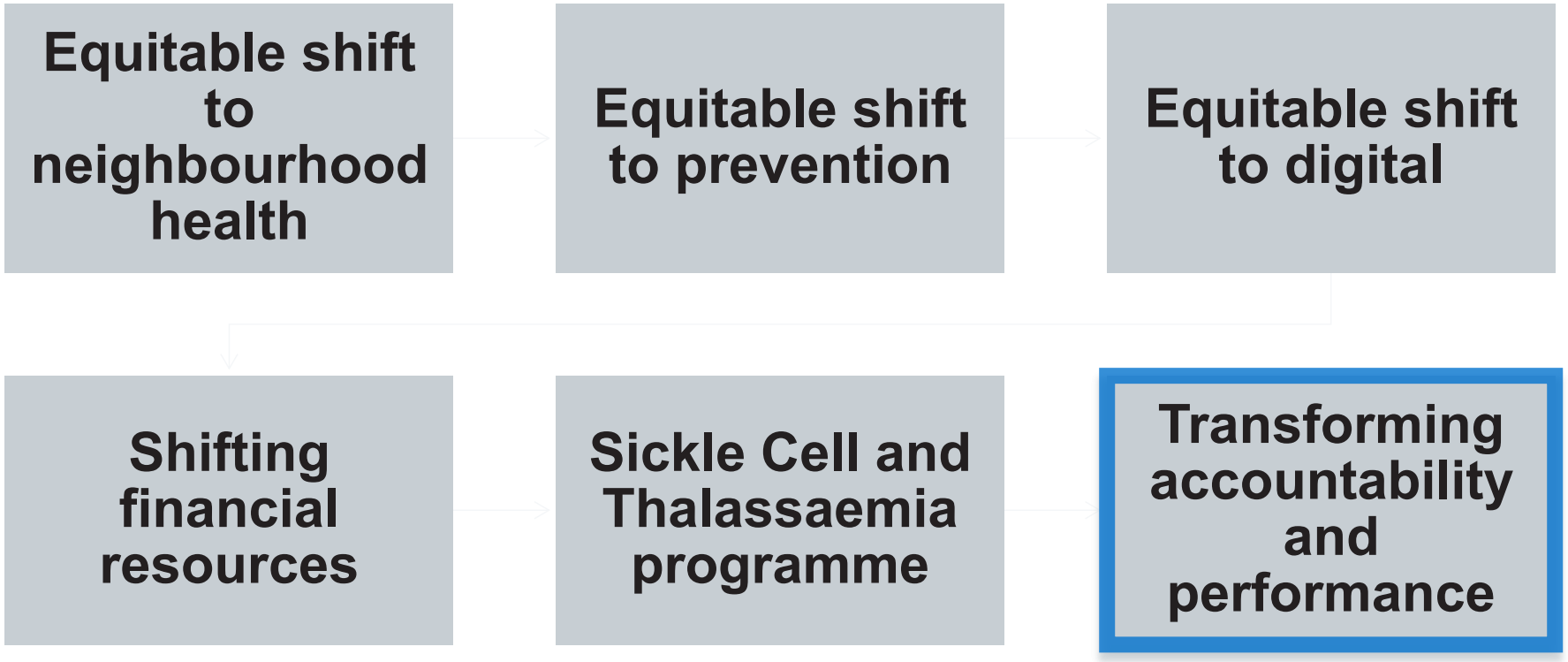
ICBs are strategic commissioners, working to improve population health, reduce inequalities and improve access to more high-quality care. ICBs will draw on a range of insights to identify geographical and demographic inequalities, and work in partnership with local government to build a shared understanding of their population, improve outcomes, tackle inequalities, deliver maximum value and develop neighbourhood health.

Providers focus on the delivery of high quality and effective healthcare. The independent Review of patient safety across the health and care landscape has recognised equity as a core dimension of quality. Addressing health inequalities should be central to service improvement and redesign, including for neighbourhood health services. IHO contracts will enable end-to-end redesigning of pathways, as select foundation trusts hold the whole health budget for a local population

Neighbourhood teams focus on addressing health inequalities by tackling unwarranted variation in GP access for the whole population, reducing unnecessary non-elective admissions and bed days from priority cohorts, and enabling patients to access care closer to home. They will provide urgent and acute community services, rehabilitation and prevention – and support improved access to care, especially general practice. Their work will be enabled by digital tools and shared care records.



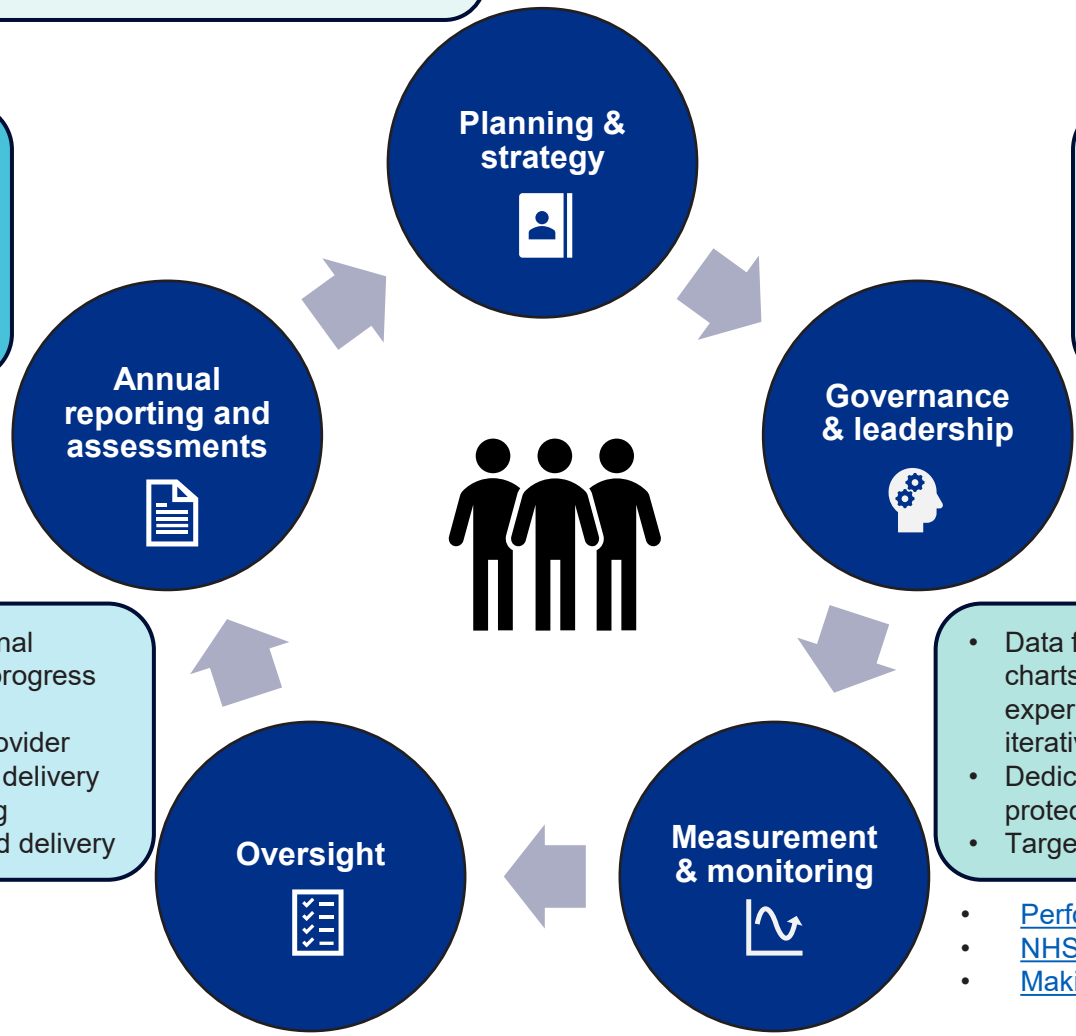
National perspective and HII priorities aligned to Ten Year Health Plan – 6 workstreams:



Local health inequalities accountability cycle

- Integrated needs assessments identify population health need and health inequalities, in line with Core20PLUS5
- Quantitative evidence and qualitative insight is translated into organisational strategies and 5-year plans
- Resource allocation is targeted to drive improvement
- HI action plans are embedded in S2N in standard contracts

- NHSE Medium Term Planning Framework
- NHSE Strategic Commissioning Framework
- NHS England » NHS Standard Contract
- CQC: Addressing health inequalities through engagement with people and communities



- Health inequalities SROs and Exec leads drive organisational accountability for delivering health inequalities commitments
- Health inequalities measurement is embedded into routine board reporting and governance
- Workforce training, knowledge and expertise in HI and equity-based QI is developed

- NHSE The Insightful Board
- NHS Confed: Leadership Framework – board assurance tool
- NHS Providers: Leadership and accountability
- SCW Trust board reporting on health inequalities

- Data flows, dashboards and statistical process charts are used to track trajectories in access, experience and outcomes over time, informing iterative planning and maintaining transparency
- Dedicated analytical capability and capacity is protected to support local HI data analysis
- Targeted action is taken to improve data quality

- Performance Overview Dashboard
- NHSE Ethnicity recording improvement plan
- Making Data Count training and resources

- Health inequalities is embedded in national oversight frameworks to measure local progress against central standards
- Regional teams maintain oversight of provider and commissioning performance and HI delivery
- Organisational governance and reporting oversees delivery against local plans and delivery

- NHS Oversight Framework

- Annual reports demonstrate how ICBs and providers have met their statutory duties and reduced inequalities in access and outcomes
- NHSE conducts ICB annual assessment and provider capability assessment

- NHSE Statement on information on health inequalities
- NHSE Joint reference document for equality and inequalities legal duties
- DHSC group accounting manual 2025 to 2026

Healthcare Inequalities Assurance Framework

Voluntary and bespoke framework for ICBs:

- Sets out good practice statements to measure ICB progress on addressing health inequalities for the population served
- Acts as a series of prompts for appraisal by the Board
- Lists the references and documents in one place
- Provides a framework for a self assessment score for each statement and section, which can inform the Board Assurance Framework
- Places health inequality on equal standing to other priorities

Strengthening leadership and accountability

Governance & Accountability

Strategic Commissioning

Compliance

The Commissioning Process

Better decision making

Supports planning and oversight

Alignment to Regional Model Blueprint – performance & assurance of ICBs

Evaluating & Embedding

Support ICBs in alignment with key HII priorities

Alignment to CQC Well Led-domain & 10 YHP priorities

Measuring impact

Benefits of using the framework

Improvement tool

ICB objectives in the Model ICB Blueprint, the Strategic Commissioning Framework and Ten-Year Health Plan

What good looks like to measure

Actions to improve

Implementation & support

Purpose

- Helps ICBs capture progress against strategic objectives and commissioning plans to reduce health inequalities, creating a system-wide picture of impact.
- Annual completion provides a clear record of progress over time and highlights where commissioning models and practices are working well or need further attention.
- Supports identification of gaps in governance, accountability, compliance, and wider strategic commissioning processes.
- Although optional, it offers valuable evidence for future external assessments and oversight aligned to national and local priorities.
- Can be shared with partners, patients, providers, or the public, and used for joint self-assessment to generate a ‘360°’ view and fresh insights.
- Flexible in use, enabling each ICB to tailor the tool to its development stage, with peer sharing helping to promote learning and innovation.
- Complements the accountability cycle involving medium term plans and annual reports

The Framework – with contributions from ICBs

Carol Hill
Assistant Director
Partnerships and Equality
NHS Confederation

Introduction to the Framework

- NHS England commissioned NHS Confederation to produce a bespoke Assurance Framework to support ICB Boards in achieving greater and faster improvement on Health Inequalities. This framework is therefore different to those produced in the past for Provider organisations or those intended for partnership application.
- ICB members said that at Board meetings focus on tackling Health Inequality is often squeezed out of agendas by other priorities and not embedded so becomes just small projects.

What is the purpose of the framework?

- Sets out best practice statements in five sections so that the ICB can measure progress over time, be clear on what good looks like and hold the mirror up for assessment
- Acts as a series of prompts for Board members when discussing proposals for decision making
- Places health inequality and population health on equal standing to other priorities, bringing a methodology for building business cases and return on investment models

- Outcomes from self assessment will inform future strategic commissioning priorities and partnership working across the system
- The references and documents relevant to Health Inequalities are listed in one place and will continue to be updated. These demonstrate the many requirements ICBs need to meet in this regard.
- ICBs are in different stages of maturity, with different legacy from previous strategies and progress. The framework is flexible in how ICBs may choose to apply it and is not mandated.

The framework has five sections:

- Governance and Accountability
- Strategic Commissioning
- Compliance
- Commissioning process
- Evaluating and embedding change

How to use the framework flexibly

- Evidence captured in the self assessment will demonstrate good practice already in place and areas where improvement is required.
- At the end of each section an action planning grid captures next steps, but please use your own local planning proforma as required.It may be decided to assess each section at a time.
- The assessment levels are described in the framework:

Reactive

Emergent

Growing

Consistent

- There is a free text box for comments and to embed evidence documents. It is likely that many ICBs will request the team appropriate to this work to complete a draft assessment for the Board. However some questions are for the Board members to answer themselves.

- The framework is not mandatory, but may usefully inform and provide evidence for ICB future assessment processes, such as the CQC.
- The ICB may decide to publish assessment outcomes eg in the Annual Report, share the outcomes with partners, patients, citizens, or even prepare the assessment with partners and/or representatives from the population served.
- Outcomes may be shared with Regional teams, and other ICBs, for peer learning.

Testing the draft framework.

- Some ICBs stepped forward to help shape the framework and test it with their teams and/or at relevant forums.

Thank you to:

NHS Hampshire and IOW ICB

NHS SW London ICB

NHS Gloucester ICB

Section 1: Governance and Accountability

This section focuses on Board actions:

- Strategic planning and commissioning, financial investment to reduce health inequalities and variation,
- Governance for holding to account
- Listening to feedback and ensuring patient and public engagement, as well as clinical leadership, in developing commissioning plans
- Transparency

Examples of statements for assessment:

“The Board has strategies and plans in place to step up change on health inequality and to hold providers to account through strategic commissioning models”

“Financial investment mirrors the ICB’s strategies on tackling Health Inequality and improving Population Health with commissioning plans and resources in place”

2. Strategic Commissioning

- Refer to the ‘Model ICB’ and the ‘Strategic Commissioning Framework’
- This section covers leadership action and culture in how the ICB works through strategic commissioning with providers and partners to tackle health inequality and reduce variation.
- Statements also cover alignment through INH models and ensuring sufficient people skills and capacity for strategic commissioning.

Examples of statements for assessment

“Board and ICB leadership actions place priority on tackling health inequalities and improving population health, demonstrating ‘walking the talk’”

“ The ICB is curious and wishes to identify health inequality barriers faced by communities on access, experience and outcomes, developing and sharing insight and intelligence as a Board”

Section 3 Compliance

- This section summarises into self assessment statements the wide range of legislation and good practice published to hold ICBs to account.Each Board member should be familiar with these requirements, not only the SRO for Health Inequality or through advice from the relevant ICB team.

For example: The Public Sector Equality Duty

Section 13SA of the NHS Act 2006

- NHSE annual assessment of ICBs
- Future CQC requirements for assessment of ICBs
- Good practice guides for engaging with people and communities to address health inequalities (a separate CQC Framework exists for ICB self assessment – see reference in the resource list)
- The statements summarise the key points and the resource list contains hyperlinks to guide the self assessment.

4. Commissioning process

- Board members must be able to probe the commissioning process to gain assurance that the most appropriate solution and plan has been arrived at to benefit the population served. This section contains statements relating to developing and evaluating strategic commissioning models and plans – the steps of the commissioning cycle.

Examples of statements for assessment:

“The Board is assured there is a process in place for quantitative and qualitative data to inform insight and intelligence, from a number of perspectives. The Board has visibility of timely, complete data sets and the line to the insights generated”

“Segmentation, risk stratification and predictive modelling are employed to inform and shape strategic commissioning models and plans”

“The Board is mindful and assured that health inequalities are not being widened for some as a result of decisions taken and implemented in the health system”

“ The Board has deployed sufficient resources to support the commissioning process to deliver the required actions and outcomes”

Section 5: Evaluating and embedding as Business as Usual

- Many ICBs reflected that good work in the past was not resourced and continued even where robust evaluation of the benefits existed. Short term funding was the norm so initiatives were lost and later on the work was repeated.
- Ensuring evaluation across many factors is a vital part of commissioning, to build business cases and return on investment models, and embed beneficial change – clinically and financially.

Examples of statements for assessment:

“The Board considers efficiency, productivity and effectiveness outcomes from interventions, and commissions outcomes which tackle health inequality”

“The Board is assured that outcomes are collated and reported throughout the process, and considered in appropriate ICB committees and forums , and with providers and partners”

Thank you

partnershipsandequality@nhsconfed.org

NHS Confederation