INTERVIEW GUIDE

[Note: this analysis on interpretations of policy objectives on health inequalities is part of a larger study on cross-sector collaboration to reduce health inequalities in England. We include the full interview guide for the study below, but the analysis only reports data from a sub-set of questions.]

(1) Let's start by having you describe what you do. Could you tell me about your role?
   (a) Title and responsibilities
   (b) Role in the ICS (and/or how their organization fits in the ICS)

Interpretation of national policy objectives and local priorities

(2) One of the overall national policy objectives for integrated care systems is to reduce health inequalities. Could you tell me about how you've interpreted this objective?

   (a) What types of inequalities are you being asked to reduce? (Eg health care, health outcomes)
   (b) Is there clarity from policymakers on the groups to target? (Eg deprivation, ethnicity)
   (c) Are there any key goals or measures that you're aiming for, or being measured against?

(3) Could you tell me about your ICSs' priorities for reducing health inequalities?

   (a) How have local priorities on reducing health inequalities been developed? Role of the ICB/P?
   (b) How far are these priorities shared between local agencies, including those beyond the NHS?

Content of local approaches to reduce inequalities

For this study, we're interested in approaches being developed to reduce health inequalities that involve collaboration between NHS and non-NHS organizations, like local government or housing providers. This might be new ways of planning or delivering services.

(4) Could you tell me about the main approaches or interventions being developed in your ICS/organization that involve this kind of collaboration to tackle health inequalities?

[Note each approach or intervention mentioned, and for each one probe:]

   (a) What is the focus of the approach? (eg population group, services, or process)
   (b) What does the approach involve? (eg types of interventions or activities)
   (c) What organizations are involved? (ie which NHS and non-NHS agencies)
   (d) How do NHS and non-NHS organizations work together to deliver the approach?
   (e) Where did the approach come from?

How local agencies are collaborating to reduce inequalities

Standing back, we want to know about how agencies are coordinating work on reducing health inequalities within the ICS, and the kind of things that make collaboration easier or harder.

(5) Could you tell me about how work on health inequalities is led and managed in your ICS?

   (a) How does decision-making on health inequalities work?
   (b) Are there clear roles and responsibilities for different local agencies linked to inequalities?
   (c) How does the leadership of the ICS demonstrate its support for work on health inequalities?
   (d) How are resources and other kinds of support—like people, funding, or management capacity—made available to support the ICSs work on reducing health inequalities?

(6) Now I want to talk about things that shape how well agencies work together on reducing health inequalities—and I'm particularly thinking about collaboration between NHS organizations, like

hospitals or the ICB, and non-NHS organizations, like local government. So first, things that help: what do you think supports, or has supported, efforts to reduce health inequalities in your area?

(7) And now things that can get in the way: could you tell me about the main barriers or challenges to collaboration between NHS and non-NHS organizations on reducing health inequalities?

(8) Thinking about the range of other priorities for your ICS, like reducing waiting times for hospital treatment, how does work on reducing health inequalities fit in?

(9) Before we finish, is there anything we haven't talked about yet that you feel is important to understand how local agencies in your area are working together to reduce health inequalities?