

RUTLAND HEALTH AND WELLBEING BOARD

05 October 2021

LEICESTER, LEICESTERSHIRE & RUTLAND HEALTH INEQUALITIES FRAMEWORK

REPORT OF THE STRATEGIC DIRECTOR OF ADULTS AND HEALTH

Strategic Aim:	Reducing inequalities	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Alan Walters - Portfolio Holder for Health, Wellbeing and Adult Care	
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Ward Councillors		

DECISION RECOMMENDATIONS

That the Committee:

Notes the LLR Health Inequalities Framework and the intended implementation of the Framework across partner organisations

1 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to present the final version of the Leicester, Leicestershire and Rutland (LLR) Health Inequalities Framework to the Rutland Health and Wellbeing Board

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 NHS England define health inequalities as the preventable, unfair and unjust differences in health status between groups, populations or individuals that arise

from the unequal distribution of social, environmental and economic conditions within societies. Reducing or removing health inequalities is a core purpose of the NHS and other partners in the LLR Integrated Care System (ICS). The LLR Health Inequalities Framework is a system framework, guiding principles and a set of initial actions.

- 2.2 In November 2020, a Task and Finish Group was established to lead the development of an LLR System Health Inequalities Framework. The Group included a range of GPs from all the CCG Boards, Lay members from all CCG Boards, Equality and Inclusion Specialists and senior managers from UHL and LPT, Public Health Consultants from all three “places” - Leicestershire, Leicester and Rutland, CCG Executive Team members, CCG management staff and Health Watch Representatives.
- 2.3 The Group has met fortnightly since late November 2020 to develop a system framework with agreement from all ICS partners to a set of high-level system principles and actions to effectively reduce health inequalities.
- 2.4 The Framework clearly states that place-led plans to reduce health inequalities must be developed based on a local understanding of the circumstances of each place and on engagement with local communities. Across LLR, this will mean a place led plan being developed for each of our ‘places’, Leicester City, Leicestershire, and Rutland, focussing on a collaborative approach to health and well-being, bringing together a range of partners and people to plan together. It is at place level and beneath that most of the actual work to reduce health inequalities will need to take place.
- 2.5 This final version is the product of feedback not only from the Task and Finish Group Members but also from the LLR Clinical Executive, The CCG Governing Bodies-in-Common, the LLR NHS Executive and Health and Wellbeing Boards in City and County.
- 2.6 The Framework has been quality checked by the CCG Communications Team for plain English and final editing and is currently being designed to become a public facing document. It is expected that the final designed version will be completed by the end of September 2021
- 2.7 The Framework was approved by the LLR ICS Health and Care Partnership Board at its meeting on 19 August 2021, subject to the Framework being received and noted by the Rutland Health and Wellbeing Board

3 IMPLEMENTATION

- 3.1 In some cases, actions will be primarily in the hands of one partner. In other cases, reducing inequity will require close collaboration between several organisations across the system. The ICS partners are committed to acting at all levels of the system:
 - System level – across the whole LLR area
 - Place level – across the area covered by our Upper Tier Local Authorities (Leicester City Council, Leicestershire County Council, Rutland County Council) and led by Health and Wellbeing Boards

- Neighbourhood or locality level – smaller (though locally meaningful) populations within the wider Upper Tier boundaries

3.2 At each of these levels the partners within the ICS – not just the NHS and the Local Authority, but the voluntary and community sectors too – will come together to plan in even finer detail the actions they are going to take, individually and collectively, to reduce health inequity.

3.3 Detailed plans on action to reduce health inequity will be agreed at place level. The development, delivery and evaluation of place led plans will be led by Directors of Public Health and Health and Wellbeing Boards. The plans will be based on local data and intelligence – qualitative and quantitative – derived from Public Health, local authority services, the NHS, other public sector partners, and communities themselves.

3.4 This framework sets out how partners plan to act, both collectively and through specific organisations to positively impact not just the direct causes, but the “causes of the causes” of these differences. Some work, therefore, will fall to the NHS to do, some mainly to other partners such as local authorities or other public sector bodies, and some to joint working at system, place or neighbourhood. Often this is not something one organisation can do on their own – it requires the system to work together to act as anchor institutions – using their collective resources and working with the voluntary and community sector to make a difference

4 CONSULTATION

4.1 Health Watch representatives have been a member of the Task and Finish Group for drafting the framework

4.2 Report history and prior review includes.

- LLR NHS System Executive – 19 January 2021
- LLR CCGs Governing Body meetings in common – 9 March 2021
- LLR ICS NHS Board – 16 March 2021
- Leicester City Health and Wellbeing Board – 25 March 2021
- Leicestershire Health and Wellbeing Board - 25 March 2021
- UHL Trust Board – 6 May 2021
- LLR ICS Health and Care Partnership Board – 17 June 2021
- LLR ICS Health and Care Partnership Board - 19 August 2021

5 ALTERNATIVE OPTIONS

5.1 N/A.

6 FINANCIAL IMPLICATIONS

6.1 No financial implications

7 LEGAL AND GOVERNANCE CONSIDERATIONS

7.1 Governance will be via the LLR Prevention and Health Inequalities Reduction Board, chaired by the Director of Public Health.

8 DATA PROTECTION IMPLICATIONS

8.1 N/A

9 EQUALITY IMPACT ASSESSMENT

9.1 A stage 1 Equality, Health Inequality, and Impact Risk Assessment (EHIIRA) has been completed, quality assured and approved by the Midlands and Lancashire Clinical Support Unit Equality and Inclusion Business Partner.

9.2 A copy of the stage 1 EHIIRA is appended to the report as 'Appendix B'.

10 COMMUNITY SAFETY IMPLICATIONS

10.1 N/A

11 HEALTH AND WELLBEING IMPLICATIONS

11.1 Reducing health inequalities is likely to remain a priority of the Rutland Health and Wellbeing Strategy. The Framework sets out a set of principles to guide action at system, place and neighbourhood

12 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

12.1 Some groups in our communities have poorer health or are more likely to have poor health outcomes in the longer term. This includes children living in poverty; routine and manual workers; people with disabilities; and military families.

12.2 Reducing or removing health inequalities is a core purpose of the NHS and other partners in the LLR Integrated Care System (ICS), including Health and Wellbeing Boards in each 'place'.

13 BACKGROUND PAPERS

13.1 Health Equity in England: The Marmot Review 10 Years On

<https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

14 APPENDICES

14.1 Appendix A - LLR Health Inequalities Framework

14.2 Appendix B – Stage 1 EHIIRA

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.