

RUTLAND HEALTH AND WELLBEING BOARD

11 October 2022

HEALTH INEQUALITIES IN RUTLAND

Report of the Director of Public Health

Strategic Aim:	Healthy and well	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care	
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Ward Councillors		

DECISION RECOMMENDATIONS

That the Committee:

1. Notes the report findings and approves publication of the needs assessment on the Rutland Joint Strategic Needs Assessment (JSNA) website.
2. Approves development of a Health and Wellbeing Board development session on health inequalities with a deep dive on needs assessment findings (Appendix A) and further discussion on the report recommendations set out in Appendix C.

1 PURPOSE OF THE REPORT

- 1.1 This report shares the findings from a Rutland Health Inequalities Needs Assessment, developed by the Local Authority Public Health team with partners. The requirement for a health inequality needs assessment forms part of the Rutland Health & Wellbeing Strategy delivery plan. The purpose is to increase the collective understanding of health inequalities across Rutland and propose recommendations for equitable action.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The Joint Strategic Needs Assessment (JSNA) is a process which assesses the current and future health and wellbeing needs of the population and underpins local planning for health and care services, in particular the development of the Joint Health and Wellbeing Strategy. It involves working with local partners to ensure a broad approach to issues affecting health, including key social and economic determinants of health, where appropriate. Since 2013, the statutory responsibility for the development of the JSNA lies with the local Health and Wellbeing Board.
- 2.2 The 'Update on Joint Strategic Needs Assessment (JSNA)' paper from the July 12th, 2022, Health and Wellbeing Board outlined a plan for upcoming analysis, including requirements for 'Health Inequalities in Rutland'.
- 2.3 The needs assessment aims to explore healthy inequalities and deprivation across Rutland, including variation across small areas and population groups. Focus is on the four overlapping dimensions of health inequalities: socioeconomic groups and deprivation; geography; inclusion health and vulnerable groups; and protected characteristics in the Equality Duty.
- 2.4 Data looks at lower super output areas within Rutland, defined as areas having populations between 1,000 – 3,000. Mapping is provided for these areas in appendix B. Parts of the report include Census data. As the majority of Census 2021 data is yet to be released, some inclusions are from Census 2011. Once all data from Census 2021 has been released (likely throughout 2023), a minor update will be included for the areas referencing Census 2011.
- 2.5 There are several supporting documents to this report within the appendices. Appendix A presents the full Rutland Health Inequalities Needs Assessment, with an accompanying executive summary. Appendix B includes supporting mapping not included in the main report. Appendix C outlines an initial set of recommendations to consider for tackling health inequalities across Rutland, mapping against the Rutland Health and Wellbeing Strategy priorities.

3 SUMMARY FINDINGS FROM EACH SECTION OF THE NEEDS ASSESSMENT

- 3.1 A brief summary of the needs assessment findings for each of the four dimensions of health inequalities is below from point 3.2 – 3.5. As an example, **life expectancy from birth was 3.9 years lower for males in the most deprived areas of Rutland**, compared to least deprived in 2020/21. **For females it was 4.9 years lower**. However, on average, life expectancy in Rutland was still higher than the England average for males and females.
- 3.2 **Section 1 (socio-economic and deprivation)** – Rutland performs better than regional and national comparators for most economic deprivation indicators. However, there is still considerable variation within Rutland. For example, in 2020/21, children living in relative low-income families before housing costs ranged from 3% in an area of Ketton, to 15% in Cottesmore, 14% in Whissendine and 13% in Exton. Fuel poverty, benefit support and indices of deprivation are also explored.

The section also explores service demand, including Rutland Foodbank. The number of meals provided by Rutland Foodbank has significantly increased from 5,686 in 2015/16 to 42,525 in 2020/21. This may have continued to increase with the cost of living pressures.

- 3.3 **Section 2 (rurality and access)** – As expected, Rutland has a high proportion of its population living in areas classified as ‘rural villages & dispersed households’. Looking at access to primary care, Whissendine and Braunston & Belton are most distant when looking solely at time taken to travel by car or public transport. The most accessible acute hospitals by time taken to drive alone are outside LLR (Peterborough City Hospital, Kettering Hospital and Grantham & District Hospital).

Digital exclusion is explored in this section too, showing digital skills are worse for people with mental health, learning, memory, physical or sensory impairments nationally. The Digital Exclusion Risk Index suggests Langham 002A, Ketton 004A and Martinthorpe 005C have the highest risk for digital exclusion, based on deprivation, demography and connectivity.

- 3.4 **Section 3 (inclusion health and vulnerable groups)** – Carers, homelessness, prison population and Gypsy, Roma & Traveller communities are explored here, all of which typically experience poorer health outcomes than the general population, related to life expectancy, physical and mental health. 85 Rutland households (4.5 per 1,000) were owed a homelessness prevention or relief duty in 2020/21, lower than the England average (11.3 per 1,000). Estimated population sizes are provided in the needs assessment for Rutland.

Although not an inclusion health group, inequality within the armed forces community is also explored given the large proportion of Serving Personnel and Veterans. National and local insight suggests there are signs of some inequality within the armed forces community, particularly for female veterans’ mental health and social relationships.

- 3.5 **Section 4 (protected characteristics in the Equality Duty)** – Rutland has a significantly higher proportion of people aged 65+ (25.1%) and 80+ (7.1%) than England. The 80+ population is projected to increase by 80% in 2040, from 2,819 residents in 2020 to 5,074 in 2040. For aged 65+, estimates indicate Rutland performs significantly worse on dementia diagnosis and excess winter deaths.

Evidence shows poorer health outcomes across all disabilities and lower levels of healthy behaviours. For example, 50% of Rutland residents with a disability or long term health condition reported being inactive (less than 30 minutes a week), compared to 17.1% without a disability or long term health condition. Sight loss is estimated to be more prevalent in Rutland (4.2%) than the England average (3.2%).

Other protected characteristics are also explored, although the level of data currently available may be limited.

4 **REPORT RECOMMENDATIONS**

- 4.1 Recommendations to address health inequalities within Rutland are set out in appendix C, showing alignment with the Rutland Health & Wellbeing Strategy and current position. The recommendations are initially set based on the findings in the needs assessment. They do however need further consideration and engagement to determine the suitability. The proposed recommendation for the Board to consider a development session on health inequalities would explore the specific report recommendations in greater detail.

5 **CONSULTATION**

5.1 A range of stakeholders across Rutland have been consulted throughout development of the report. A steering group was formed to ensure stakeholders could regularly input and feedback on the scope and progress.

5.2 Outcomes from recent consultations were utilised to identify priorities for the report, including engagement during the development of the Rutland Health & Wellbeing Strategy 2022-27.

6 ALTERNATIVE OPTIONS

6.1 JSNA development is a statutory requirement. As 'reducing health inequalities' is a cross-cutting priority in the Rutland Health & Wellbeing Strategy, a needs assessment is the most evidence-based approach to developing insight.

7 FINANCIAL IMPLICATIONS

7.1 Completion of the needs assessment was within existing capacity within the Rutland Public Health team and partners' support. Whilst the report findings do not carry any financial implications, recommendations to be considered for addressing health inequalities may need resource to deliver. The report recommendation for a development session will allow for more detail to be developed before any recommendations are taken forward.

8 LEGAL AND GOVERNANCE CONSIDERATIONS

8.1 The JSNA is a statutory document and must meet the requirements for production of such documents. It must be approved by the Health and Wellbeing Board.

9 DATA PROTECTION IMPLICATIONS

9.1 All data presented is anonymised and only available at population level to avoid any data confidentiality issues.

10 EQUALITY IMPACT ASSESSMENT

10.1 An Equality Impact Assessment (EqIA) has not been completed; however the report aims to highlight inequality across the protected characteristics and vulnerable groups. This led to recommendations to improve health outcomes for these populations and provide more inclusivity

11 COMMUNITY SAFETY IMPLICATIONS

11.1 Not applicable.

12 HEALTH AND WELLBEING IMPLICATIONS

12.1 The report enhances our awareness of health inequalities in Rutland, leading to more informed decision making on improving health and wellbeing for all. Recommendations will aim to improve health and wellbeing outcomes for those most in need.

13 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

13.1 The report aimed to enhance collective understanding of health inequalities within Rutland. The scope was large and the needs assessment in appendix A covers a

lot of detail, resulting in the recommendation for a development session. The Board is asked to note the report findings and approve the requirement for a development session, allowing for a deeper dive on findings and further develop recommendations to address inequality outlined initially in Appendix C.

14 BACKGROUND PAPERS

14.1 There are no additional background papers to the report

15 APPENDICES

15.1 Appendix A – Rutland Health Inequalities Needs Assessment

15.2 Appendix B – Supporting mapping

15.3 Appendix C – Rutland Health Inequalities Needs Assessment recommendations

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