

## Appendix C - Recommendations from Rutland Health Inequalities Needs Assessment

The requirement for a health inequality needs assessment forms part of the Rutland Health & Wellbeing Strategy delivery plan. The report outlines a range of recommendations for local partners to consider addressing health inequalities across Rutland. It is important to recognise that seeing changes in health inequality outcomes are often long term. Therefore, any local action on inequalities will **measure** inputs, for example if some of the recommendations below were implemented, there would be clear milestones. Alongside this, health inequality outcomes will be **monitored** to track any long term change.

For clarity, recommendations aren't necessarily requiring additional resource. The recommendations intend to inform an approach to 'proportionate universalism', meaning there will be a universal offer to all, but equitable variation in provision in response to differences in need within and between groups of people. A proportionate universalism approach forms part of the Rutland Health & Wellbeing Strategy priorities and delivery plan.

Recommendations are set out in the table below, along with the current position and alignment with the Health & Wellbeing Strategy. Recommendations are initial thoughts at this stage based on the report findings and further detail will need to be developed on feasibility to determine whether they are taken forward. This forms the basis for the recommendation for a development session below. Some recommendations already have progress outlined within the 'current position' column and could instigate further collaborative work across partners, as tackling inequalities is the responsibility of us all.

### Health and Wellbeing Board recommendations

- Note report findings and approve publication of the needs assessment on the Rutland Joint Strategic Needs Assessment (JSNA) website.
- Approve 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.

## Report Recommendations

### Section 1 – Socio-economic and deprivation

Recommendations	Health & Wellbeing Strategy alignment	Current position
1. Support available within the community to provide targeted provision to the most rural areas of Rutland identified with higher economic need and more distant from support.	Cross-cutting theme 7.2 on reducing health inequalities. Delivery plan action 7.2.2 service delivery builds in adjustments	<ul style="list-style-type: none"> <li>• Integrated Neighbourhood Team meetings are in place for Rutland. Health inequalities insight has been presented to the group and ongoing support will be provided to target areas most in need.</li> </ul>

	ensuring that it reaches more of the population in scope, including rurality.	<ul style="list-style-type: none"> <li>As a part of the PCN Investment and Impact Fund, Rutland PCN is required by 31 March 2023 to make use of GP Patient Survey results for practices to identify patient groups experiencing inequalities in their experience of access to general practice and develop and implement a plan to improve access for these patient groups. This work has started in Rutland.</li> </ul>
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## Section 2 – Rurality and access

Recommendations	Health & Wellbeing Strategy alignment	Current position
2. Targeted engagement with Whissendine 002D and Braunston & Belton 005A to develop understanding of potential barriers to accessing primary care and whether they are at greater disadvantage than other areas. Both areas are most distant from GP practices by time to travel and barriers may be hidden in GP/PCN wide engagement.	Priority 4 on equitable access to services. Section 4.1 on understanding the access issues.	<ul style="list-style-type: none"> <li>Primary care access surveys have been completed via the Primary Care Task and Finish Group.</li> <li>Rutland PCN need to implement the Enhanced Access Service from 1<sup>st</sup> October 2022.</li> </ul>
3. Ensure services are prioritising cross border working with neighbouring ICS to maximise opportunity for people to access support closest to home. For example, working with cross boundary ICS on access to acute hospital services.	Priority 4 on equitable access to services. Section 4.5 on enhancing cross boundary working across health and care with key neighbouring areas.	<ul style="list-style-type: none"> <li>For new developments and Local Plan, an agreed approach is in place with neighbouring Local Planning Authorities on health infrastructure requirements aligned to proposed growth in each area. Ongoing reviews of population health data informs the approach.</li> </ul>
4. Provide targeted digital skills programmes for population groups most in need, alongside universal provision. Identified in the report are people with mental health, learning, memory, physical and sensory impairments.	Priority 4 on equitable access to services. Section 4.4 on improving access to services and opportunities for people less able to travel, including through technology.	<ul style="list-style-type: none"> <li>Age UK Digital Skills programme set up, focusing on skills, access and confidence. Digital section of the report shared to focus targeting areas of highest need.</li> <li>Care Coordinators are actively identifying selected cohorts and proactively contacting patients, identifying those who are experiencing digital exclusion to offer interventions.</li> </ul>

5. Engage with local farming organisations and communities to develop local understanding and consider the farming report recommendations on relieving loneliness.	Cross cutting theme 7.1 on supporting good mental health.	<ul style="list-style-type: none"> <li>• Further work needed to consider any specific needs of the community, particularly around access to services.</li> </ul>
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### Section 3 – Inclusion Health and Vulnerable groups

Recommendations	Health & Wellbeing Strategy alignment	Current position
6. Develop new insight for the armed forces community in Rutland, covering the impact of COVID-19, female veterans and mental health.	Multiple links to armed forces, including priorities on improving access to services and reducing inequalities.	<ul style="list-style-type: none"> <li>• LLR Armed Forces Health Needs Assessment in development. Additional Place insight may be needed for Rutland depending on outcomes.</li> <li>• All four Rutland PCN practices have veteran accreditation.</li> </ul>
7. Respond to findings from the LLR Carers Strategy consultation before determining specific recommendations for Rutland.	Priority 3 on living well with long term conditions and healthy ageing. Section 3.3 support, advice, and community involvement for carers.	<ul style="list-style-type: none"> <li>• LLR Carers Strategy consultation has now closed and awaiting results. LLR Carers Strategy due to go to RCC Cabinet in October 22, with a specific Rutland delivery plan.</li> <li>• Recommendations from the findings could be incorporated into the Rutland Health &amp; Wellbeing Strategy if taken forward, alongside Comms &amp; Engagement Plan.</li> </ul>
8. Respond to findings from the commissioned Gypsy, Traveller and Travelling Showpeople Accommodation Assessment.		<ul style="list-style-type: none"> <li>• Assessment is planned to start in September.</li> <li>• Recommendations from the findings could be incorporated into the Rutland Health &amp; Wellbeing Strategy if taken forward, alongside Comms &amp; Engagement Plan.</li> </ul>

### Section 4 – Protected Characteristics

Recommendations	Health & Wellbeing Strategy alignment	Current position
9. Ensure health and wellbeing implications of the population projections for older	Priority 5 on preparing for our growing and changing population.	<ul style="list-style-type: none"> <li>• Population projections are incorporated within the Local Plan Strategic Housing Market Assessment and Public Health are providing insight into the health and wellbeing implications.</li> </ul>

<p>age groups are embedded into the Local Plan and other long term strategies.</p>	<p>Section 5.3 Health and equity in all policies, in particular developing a healthy built environment aligned for projected growth.</p>	
<p>10. Consider deeper dives on dementia diagnosis and excess winter deaths.</p>	<p>Priority 3 living well with long term conditions and healthy ageing. Section 3.4 increase the diagnosis rate for dementia.</p>	<ul style="list-style-type: none"> <li>• Healthwatch Rutland beginning joint engagement across LLR to inform the next iteration of the Dementia Strategy for 2023.</li> <li>• Rutland PCN has a proactive framework for identifying and managing frailty targeting support for Housebound and/or frail patients in collaboration with RISE team, including screening for dementia.</li> </ul>
<p>11. The specific access barriers for people with learning disabilities and/or sensory impairments should be factored into all service plans.</p>	<p>Priority 3 living well with long term conditions and healthy ageing. Section 3.4 on learning disabilities.</p>	<ul style="list-style-type: none"> <li>• Work on learning disability access needs to align with the Comms and Engagement Plan.</li> <li>• Currently, there are actions in the delivery plan under the 'watch' category, including around active learning, meeting care needs for people with significant disabilities and further strengthening opportunities in Rutland for people with learning disabilities to have healthy, fulfilled lives and part of Rutland communities.</li> </ul>
<p>12. Consider the LGBT national survey recommendations to improve access and personalised support for mental health, smoking cessation and substance misuse.</p>	<p>Priority 7.2 on reducing health inequalities including protected characteristics.</p>	<ul style="list-style-type: none"> <li>• Further work needed to identify from the needs assessment the best approach going forward and whether it's an area of need relating to health inequalities.</li> </ul>