

HEALTH AND WELLBEING BOARD: 8 JULY 2021

REPORT OF THE EXECUTIVE DIRECTOR FOR STRATEGY & PLANNING LLR CCGS AND DIRECTOR OF PUBLIC HEALTH

LEICESTERSHIRE LEICESTER AND RUTLAND HEALTH INEQUALITIES FRAMEWORK

Purpose of report

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

Recommendation

2. It is recommended that the Board notes the LLR Health Inequalities Framework and its intended implementation across partner organisations.

Policy Framework and Previous Decisions

3. The Framework has been considered by the CCG Governing Bodies-in-Common, the LLR Clinical Executive and the LLR NHS Executive in January 2021.
4. The framework was the focus of the Health and Wellbeing Board (HWB) development session on 25 March 2021, a draft Framework was also shared with Board members in May. The discussion and comments received have shaped this final version being presented.

Background

5. 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.
6. 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.

7. The Group has met fortnightly since late November 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.
8. 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 has resulted in a place led plan being developed for each of the ‘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.
9. The final version attached as Appendix A 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 both the City and County.
10. This final version is currently being designed by the LLR CCG Communications Team in order for it become a public facing document.

Implementation

11. Whilst a number of actions within the Framework will require collaboration between several organisations across the system in order for them to be delivered, others will be primarily the responsibility of one partner. The ICS partners are committed to taking action at all levels:
 - 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
 - Neighborhood or locality level – smaller (though locally meaningful) populations within the wider Upper Tier boundaries
12. At each of these levels the partners within the ICS, including the voluntary and community sectors, will come together to plan in even finer detail the actions they are going to take, individually and collectively, to reduce health inequity
13. 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. 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.

Background papers

Health Equity in England: The Marmot Review 10 Years On

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

Officers to Contact

Sarah Prema, Executive Director Strategy & Planning. LLR CCGs

Telephone: 0116 2953413

Email: Sarah.Prema@LeicesterCityCCG.nhs.uk

Mike Sandys

Director of Public Health

Mike.sandys@leics.gov.uk

Telephone: 0116 305 4239

Appendices

Appendix A - LLR Health Inequalities Framework

Appendix B – Stage 1 EHIIRA

Relevant Impact Assessments**Equality and Human Rights Implications**

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

Partnership Working and associated issues

15. The 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.

This page is intentionally left blank