Leeds Health and Wellbeing Board

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Report of: Leeds Tackling Health Inequalities Group

Report to: Leeds Health and Wellbeing Board

Date: 16th September 2021

Subject: How health and care organisations are working together in Leeds to tackle health inequalities

Question	Yes	No
Are specific geographical areas affected? If relevant, name(s) of area(s):	☒ Yes	☐ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

This paper has been produced by the Leeds Tackling Health Inequalities Group (THIG), which was established by the Health and Care Partnership Executive Group (PEG) in June 2020. It demonstrates: that we have a strong commitment across our health and care organisations to achieving our Health and Wellbeing Strategy - that the poorest improve their health the fastest; that much has been done to address the widening gap in outcomes; and that we recognise the impact of COVID-19 on health inequalities. It also invites us, as a health and care system, to be honest about where we're not getting it right and to take bolder action where it is most needed.

Our Communities of Interest and people experiencing the greatest health inequalities have told us many times what would make a difference to them and the long-term nature of this work requires consistent commitment to change and for us all to look closely at what we can do differently to help. We all have a part to play. The Health and Wellbeing Board is asked to lead and be accountable for this most important of endeavours.

This paper is focused on the role of the health and care system, and a separate but connected piece of work is taking place focussing on our actions to address the wider determinants of health.

Recommendations

The Health and Wellbeing Board is asked to:

- Hardwire a focus on the role of health and care in addressing health inequalities, as the future Place Based Partnership's (PBP – working title) overriding purpose, and through our organisations, Population Boards, Care delivery and Service delivery group, and wider partnerships, requiring them to publicly say what has happened and what more is to be done
- Lead the culture shift that is required throughout organisations (at all levels) and commit to going further and faster than nationally mandated activity to tackle health inequalities, using the Tackling Health Inequalities Toolkit as a foundation to support our partnership's individual and collective efforts to ensure they have a wider impact than individual actions
- Consistently and systematically establish robust and regular peer to peer support / challenge, including working with the Communities of Interest Network and Allies, to share commonalities and hold each other to account

1 Purpose of this report

In line with its purpose and the vision for Leeds, this paper proposes that the Health and Wellbeing Board holds the health and care system to account in making changes to tackle health inequalities and requires organisations to publicly say what has happened and what more is to be done. This paper intends to prompt an open and honest discussion on this topic at the public Health and Wellbeing Board on 16th September.

2 Background information

Strategy into delivery

2.1 Our vision is to be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. The Leeds Health and Wellbeing Strategy has a wide remit because so many factors contribute to our health and wellbeing. The challenge for the Health and Wellbeing Board is to reflect the breadth of the agenda, whilst being specific about the areas we need to focus on to make the biggest difference.

2.2 The Health Foundation reminds us that the greatest influences on our wellbeing and health are factors such as education and employment, housing, and the extent to which community facilitates healthy habits and social connection. Access to health care could account for as little as 10% of a population's health and wellbeing[1].

2.3 In Leeds, we have been taking this 10% more seriously; considering what, as a collective health and care system, we can do to exert maximum, positive influence over the things directly within our remit; for example, the ways we make decisions, how we design and deliver services, the functioning of our organisations; and our wider influencing role as partners in Leeds.

[1] https://www.health.org.uk/publications/healthy-lives-for-people-in-the-uk

The recent context shines a spotlight

2.4 Health inequalities were already worsening, with the gap in life expectancy increasing between communities locally and nationally before Coronavirus. However, the direct and non-direct impacts of COVID-19 have not impacted equally on communities and led to an exacerbation of health inequalities, with wide ranging impacts on both mental and physical health. Meanwhile, Sir Michael Marmot's most recent report[2] reiterates that the economy and health are strongly linked and that reducing health inequalities, including those exacerbated by the pandemic, requires long-term policies with equity at the heart. As such, our health and care sector has a clear role to play.

2.5 The last year has shown the strong assets we have in our local communities and across our health and care partnership and how we can adapt and pull together when it really matters. Tackling health inequalities is the challenge we must meet with this same determination. Our relationships work in our favour but must be nurtured; our communities and Third Sector infrastructure is enviable but needs protecting; our staff are passionate and compassionate but stretched and tired from the pandemic. Meanwhile, the future Place Based Partnership (PBP) arrangements provide a fundamental opportunity to hardwire a focus on the role of health and care in addressing health inequalities as its overriding purpose.

In summary:

- Health inequalities were already worsening before COVID-19
- Our system strengths must be directed to tackle health inequalities
- Opportunity to hardwire health inequalities focus in PBP

Responding as a system

2.6 The Leeds Tackling Health Inequalities Group (THIG) was established in June 2020, formed of representatives of third sector, health, public health, and care organisations. It focuses on the things within the gift of the health and care system. It is not part of the COVID response or reset work, it doesn't replace or replicate existing groups or activity, and does not yet seek a focus on wider determinants e.g. economy or housing (other than the role health and care organisations can take in these areas). It is not responsible for all action on health inequalities but is a key part of our response.

2.7 Members of THIG began this collaboration from different starting points but have worked together to articulate shared outcomes; co-ordinate, steer, and challenge activity; and share and act upon practical learning. The group's approach has always been to ascertain how and where, as a system, we can go further and faster than what is nationally mandated of us.

2.8 This has required an honest process of understanding different perspectives, using assets and expertise, exploring a vast range of qualitative and quantitative data, and interrogating many potential solutions. THIG has achieved a synthesis of multiple, complex views into clear and tangible proposals for meaningful

[2] https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review

change – reaching a place of common understanding, shared ambitions, and practical things to drive action.

> In summary:
> - THIG focuses on the things within the gift of the health and care system
> - Works to ascertain how and where, as a system, we can go further and faster than what is nationally mandated of us
> - Reached common understanding, shared ambitions, and practical things to drive action

Bringing health inequalities into the mainstream

2.9 If we are to achieve our ambitions on the scale required, it's now important that this approach is embedded across organisations, teams and system partners, and within our future PBP scoping. To support this process, THIG recommends the 'mainstreaming' of health inequalities across the health and care system.

2.10 THIG has developed a Tackling Health Inequalities Toolkit. This seeks to enable, support, and facilitate colleagues to focus on health inequalities by equipping them with the knowledge and tools to inform and guide their work. Rather than providing all the answers, it is an evidence based and community informed framework within which all partners have the flexibility to operate, generating a range of responses and action determined by staff and communities.

> In summary:
> - It's no longer about the extra things we can do to tackle health inequalities, but about tackling health inequalities in everything we do
> - The Tackling Health Inequalities Toolkit is not the answer, but a resource that equips colleagues with the knowledge and tools to inform their work

3 Main issues

3.1 *What is the Tackling Health Inequalities Toolkit all about?*

What: An interactive resource detailing shared goals, evidence and information, links to external resources, and practical tools. At its core is a description of what we mean by Health Inequalities as well as the 'conditions for change' and 'priorities for action' that provide the fundamental building blocks for all of our health and care system to use as a framework for their approach.

> A quick note:
> These building blocks do not supersede national requirements, but are areas where THIG has identified we can go further and faster than nationally mandated activity, for example by applying population health management methodologies, adopting robust mechanisms for coproduction with people and communities, and by implementing the same core principles of proportionate universalism (resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need) and equity (allocating what is needed to reach an equal outcome) when using our resources.

Why: Staff have been telling us that they know of and value the city's ambition statement but asked for something that could help to standardise and guide people through putting this into practice. We know from our learning within our population health management programme, focussing on people living with frailty, that having a framework, with flexibility within it, is what works in Leeds.

How: Supporting information and resources, using consistent language, shared by the whole system, helps us as we pursue more work in an integrated way across partners. To help our efforts be unified without being uniform across the health and care system, the Toolkit aims to:

- increase understanding of health inequalities,
- inform thinking and decision making,
- outline shared goals and themes we can all contribute to,
- guide action that can make a real difference to people who experience health inequalities.

Who: for health and care colleagues to focus on health inequalities in their work, it's for: those in strategic and operational managerial roles; those who design and plan service delivery; and those who deliver frontline care.

The toolkit can be accessed at: https://bit.ly/healthinequalitiestoolkit

3.2 *What practical stuff is making a real difference?*

The strength of and connections within our local communities, infrastructure, and organisations means Leeds is well placed to respond to the challenges we face. And our health and care partners are already doing much to make an impact. For example:

- Leeds Asylum Seeker Support Network (LASSN) has provided equipment/phone credit/data to all clients (300) and volunteers (200), to ensure support and information comes at zero cost to people in Leeds who are destitute - no income, nowhere to live, no right to work, bank account, no recourse to public funds. LASSN is also developing specific ESOL tools (with other ESOL providers) for people who find phone calls difficult or impossible.

- A cross-partner initiative has begun to explore creative and practical means of devolving power and decision making, via Local Care Partnerships, so that community-led activity can help tackle health inequalities.

- Leeds Sexual Health is improving access to treatments by increasing patient choice. The new option for treatments to be posted can benefit people living in poverty by removing the cost of travel to clinic, the option to collect treatments from clinics without appointment have improved access for people with chaotic lifestyles or without a fixed address, for whom the postal option or appointment was not preferred. A new clinic for sex workers and other vulnerable groups offers TB screening, Covid vaccination and can also fit IUD contraception as well as sexual health assessment and treatment.

- Covid vaccination planning included understanding which diverse communities had lower uptake of the vaccine from the beginning. This meant that as soon as potential health inequalities were identified, insight work was undertaken with communities and action taken to deliver in alternative community spaces increasing uptake from 30 to 80% in over 80s in those communities. Additional work to address inequity has included: community engagement through door-to-door; vaccine bus; partnership with Leeds GATE, a third sector organisation supporting Gypsies and Travellers to develop a short film to provide accurate information to the community about the Covid vaccine so they could make an informed choice whether to have it https://www.youtube.com/watch?v=dpqM1YcmoxM; engagement with people with Learning Disabilities and their carers; community drop-ins with pop-ups in Trinity and to be held at Leeds Festival.

- The University of Leeds and LCH have been awarded £3.4m funding from NIHR to lead national research into treatment for Long-Covid, which includes addressing health inequalities as one of its key deliverables. By informing policy, practice and research approaches to reducing inequality, the research will enable Long-Covid care to be accessed by those from disadvantaged groups. The research is co-designed by a patient and public advisory group that includes diverse groups and communities to ensure issues of health inequalities and inequities will be taken into account. The qualitative research will be undertaken with a range of disadvantaged and intersecting social groups (women, minority ethnic, deprived, disabled, homeless and Traveller communities). Best practice that is co-designed in this way, with people from a range of communities, is likely to have an impact on practice from the early stages of the project, improving access, experience and outcomes for diverse groups experiencing Long-Covid.

- Last year, Leeds Mental Wellbeing Service (LMWS - a partnership between NHS and 3rd sector providers) identified that although they had a recovery rate higher than the national average, that this was not the same for all communities. As a result of targeted work with Black, Asian and Minority Ethnic communities the service now has higher recovery rates within this group compared with last year, despite the pandemic. They continue to design interventions, in partnership with different kinds of service users, to create a bespoke service for everybody that needs it.

- Improving palliative and end-of-life care for homeless and vulnerably housed people in Leeds has been a priority for Leeds Palliative Care Network with third sector and NHS partners. This work has been shortlisted by the Nursing Times Award 2021 for Team of the Year.

- NHS Leeds CCG have funded several additional small schemes aimed at tackling health inequalities over the last 12 months, working in partnership with local third sector organisations and others. For example:
    - An outreach primary care service for homeless people during the pandemic. This has had the effect of supporting more people into longer term accommodation working alongside partners

- A scheme aimed at mental health in BAME groups in more deprived communities. This included counselling, group discussions and local mental health ambassadors
- A scheme aimed at improving access to primary care services for adults with autism and learning disabilities. This included training for primary care staff and a peer support scheme for 40 individuals

- LTHT has improved its understanding of the impact of health inequalities on demand for and use of the services it provides

PLEASE NOTE: more examples may be included

3.3 *What is proving persistently challenging: aka where can the HWB help?*

3.3.1 Our health and care system wants to be honest about where things could be a lot better because people are telling us that we have a way to go. Throughout March 2021, Healthwatch Leeds led a series of conversations with our communities to answer the question 'what can health and care providers do to play their part in addressing health inequalities?'. The full report can be accessed as part of the Tackling Health Inequalities Toolkit (https://bit.ly/healthinequalitiestoolkt) and the top 10 themes are:

1. The key role that GP practices play in a person's health and care
2. Front-of-house/First contact experience
3. Accessible health and care services
4. Joined up health and care services leading to better health outcomes
5. Impact of poverty on accessing health and care
6. Digital inclusion
7. The importance of having an inclusive workforce trained in person-centred working practices
8. Gaps and improvements in current service offer
9. Partnership with trusted community organisations
10. Do all this with people and communities

3.3.2 During the pandemic, accessing primary care and GPs has been much harder, especially where face to face appointments are only being offered in "emergency". Although equipment and connections are in place, the confidence, and language

skills, and the persistence to get through when help is needed, means many people give up and turn to A&E/Walk-in solutions.

3.3.3 Data flow and sharing through the system around equality data will improve data quality which is essential to both identifying existing inequity and understanding whether actions taken have achieved the intended outcome. Leeds Community Healthcare Trust (LCH) has been working to increase demographic recording in our own services and the Leeds Informatics Board through Leeds Care Record and the Yorkshire and Humber Care Record are helping to drive this locally, regionally, and nationally. The complexities of enabling structured data to move between systems mean that this work is ongoing.

3.3.4 We need to acknowledge that we are all working within a health and care system that is living with COVID-19, demand is very high, there significant wider impacts of the pandemic for people, and staff are very stretched. Within this context – and because of this context – we need to all still find the capacity and capability to focus on what we need to do as individuals, as organisations, and as Leeds.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement, and hearing citizen voice

4.1.5 The health and care system has been growing its understanding of health inequalities through existing engagement and listening mechanisms, including the system's Big Leeds Chat, Healthwatch Leeds' 'How it Feels for Me' initiative, Leeds GATE's Roads, Tunnels and Bridges report, and many more activities in individual organisations.

4.1.6 The establishment of the Communities of Interest Network has provided a mechanism to share information and hear back from communities in real time. Healthwatch Leeds has led a series of conversations with the Communities of Interest, the findings of which have been developed into a resource, embedded within the Tackling Health Inequalities Toolkit, to inform the work of health and care staff across the system. To support an ongoing improvement to our informed decision making in the city, the Health and Wellbeing Board has launched an Allyship Programme where members of the Community of Interest Network and other Third Sector organisations are partnered with a Health and Wellbeing Board member, offering peer-to-peer support, greater understanding of challenges and solutions, and with a direct link to the Board's work plan.

4.1.7 The Tackling Health Inequalities Group (THIG) brings together representatives from our third sector, health, public health, and care organisations. More recently, members of the Leeds Solidarity Network (LASSN, Basis, Leeds GATE, and Yorkshire MESMAC) have joined THIG. Members have co-created their 'commitment to the work and each other' to ensure that voices are heard, respected, and acted upon. Our partnership principles have also been applied to this work in the following ways:

We start with people	We deliver	We are Team Leeds
For this work, this means…we systematically and deeply listen to people's voices and experiences, especially those who feel the effects of the greatest inequalities	**For this work, this means…**we use intelligence to direct the Leeds £ towards improving outcomes of people, communities and groups who need it the most	**For this work, this means…**we make certain that communities are at the forefront of this work, making best use of mechanisms such as LCPs and clusters

4.1.8 The Tackling Health Inequalities Toolkit aims to share these approaches and embed them widely across the health and care system. Understanding, planning, acting, and evaluating directly with people who experience health inequalities is a fundamental part of our framework. This is one part of hardwiring a focus on health inequalities and an annual assessment tool has been created to support colleagues to consider, report on, and publish what has happened and what more there is to do. It is a recommendation of this paper that the Health and Wellbeing Board holds organisations and our Place Based Partnership to account on this.

4.2 **Equality and diversity / cohesion and integration**

4.2.1 The Leeds health and care system has long contributed to the vision of Leeds being a city where people who are the poorest improve their health the fastest. This paper shows that it is more essential than ever that we renew our focus and energy on tackling health inequalities; this is how we play our part in creating a fairer, more equal Leeds.

4.2.2 Whilst all health and care organisations have a role to play in tackling health inequalities, this paper has explored what is being done (and what more there is to do) on an individual organisation level, as a system, and as an integrated PBP.

4.3 **Resources and value for money**

4.3.1 N/A

4.4 **Legal Implications, access to information and call In**

4.4.1 N/A

4.5 **Risk management**

4.5.1 Risks are monitored and managed on an individual organisational or project basis.

5 Conclusions

5.1 Our Health and Wellbeing Strategy carries a clear vision, but one that is not yet realised. The people of Leeds cannot, and should not, shoulder the burden of unfair and unjust inequality any longer. The widening gap in outcomes must be addressed urgently and with renewed energy. And the health and care system has a clear role to play.

5.2 Our mechanisms for listening to and working alongside communities are strengthening, our individual organisations are ready to take proactive action, and our local partnership arrangements are becoming clearer. These are all opportunities for us to hardwire a focus on tackling health inequalities throughout our system, to be honest about what we're doing and what is still to be done.

5.3 Building on existing strengths, evidence, and collaboration, our approaches have been set out in a Tackling Health Inequalities Toolkit, with a clear framework, guidance, and tools to inform work across the health and care system. This takes us above and beyond nationally mandated activity because we believe that's the right thing and best thing for people of Leeds. It is imperative that this framework is now embedded and used to create a wave of change.

5.4 The impacts of the pandemic cannot be underestimated; our colleagues and services are fatigued and still dealing with the pressures. This context makes it even more essential that we share the responsibility, learn from each other at least and collaborate with each other at best, and hold each other up to be the best we can.

5.5 Our communities keep telling us where we aren't getting it right, but they will also tell us when we make a change for the better. This open, two-way dialogue must be an essential part of what we do and how we do it because it will benefit us all.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Hardwire a focus on the role of health and care in addressing health inequalities, as the future Place Based Partnership's (PBP – working title) overriding purpose, and through our organisations, Population Boards, Care delivery and Service delivery group, and wider partnerships, requiring them to publicly say what has happened and what more is to be done
- Lead the culture shift that is required throughout organisations (at all levels) and commit to going further and faster than nationally mandated activity to tackle health inequalities, using the Tackling Health Inequalities Toolkit as a foundation to support our partnership's individual and collective efforts
- Consistently establish robust and regular peer to peer support / challenge, including working with the Communities of Interest Network and Allies, to share commonalities and hold each other to account

7 Background documents

7.1 The Leeds Tackling Health Inequalities Toolkit: https://bit.ly/healthinequalitiestoolkt

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Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?
This paper sets out how health and care organisations are working together in Leeds to tackle health inequalities and invites a discussion about what more we can do to make a real, positive, long-term change.

How does this help create a high-quality health and care system?
A high-quality health and care system acknowledges and acts on its responsibility to support those who experience the poorest health outcomes. We have the opportunity to consider what, as a collective health and care system, we can do to exert maximum, positive influence over the things directly within our remit; for example, the ways we make decisions, how we design and deliver services, the functioning of our organisations; and our wider influencing role as partners in Leeds.

How does this help to have a financially sustainable health and care system?
This is no longer about the extra things we can do to tackle health inequalities, but about tackling health inequalities in everything we do. Often this will mean re-considering or re-prioritising our existing work and other times it will mean doing something very different. Using the principles of proportionate universalism will help us target our resources where they are most needed and will have the greatest impact.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21 (please tick all that apply to this report)	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X