

Title of report: Update on Inequalities Strategy 2023-2026

Meeting: Health and Wellbeing Board

Meeting date: 9 December 2024

Report by: Consultant in Public Health

Classification

This report is open.

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose

This report updates the Health and Wellbeing Board on the progress made towards reducing health inequalities in Herefordshire using the CORE20+5 model.

Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the comprehensive and innovative programme of work which is underway to reducing health inequalities in Herefordshire;**
- b) Continue to support a system approach to delivery of the strategic priorities identified in the Inequalities Strategy; and**
- c) Support work to develop a revised action plan to incorporate the CORE20+5 approach.**

Alternative options

1. The alternative would be non-delivery of the Inequalities Strategy. This would be detrimental to the health and wellbeing of local people, there is strong evidence linking those experience health inequalities to poorer health related outcomes.
2. Non-delivery of the Inequalities Strategy would disproportionately affect those who already experience poorer health outcomes and would therefore widen health inequalities.

Key considerations

3. Health inequalities are defined as the 'unfair and avoidable differences in health across the population and between different groups within society'. They arise because of the conditions in which we are born, grow, live, work and age. This can include, although is not limited to, differences in health status, access to care and wider determinants of health such as housing and education.
4. The purpose of the Inequalities Strategy was to shape the direction and the objectives of work over three years to reduce inequalities across the county (Appendix 1). Harms caused by inequalities are largely preventable; the aim of the Inequalities Strategy is to take action to reduce inequalities and to reduce or prevent poor health and well-being to make Herefordshire a happier, healthier, and safer place to live and work in.
5. The Herefordshire Health Inequalities, Prevention & Personalisation (HIPP) board chaired by Healthwatch, oversee the Inequalities Strategy and action plan. It was decided by the board that the findings from Inequalities Strategy were pertinent, however the action plan was skewed towards COVID recovery and not fully utilising frameworks referenced in the strategy, such as the CORE20+5.
6. The Inequalities action plan will be updated to reflect use of the CORE20+5 model to reduce health inequalities. The model aims to provide a framework from which local authorities can base their health inequality strategy. This acronym can be broken down into three components:

Core20 – encompassing 20% of the national population who live in the most deprived quintile as per the Index Multiple Deprivation.

PLUS – The three 'PLUS' population groups identified below demonstrate the approach of meeting the most deprived population and have been chosen as priorities for this inequalities strategy:

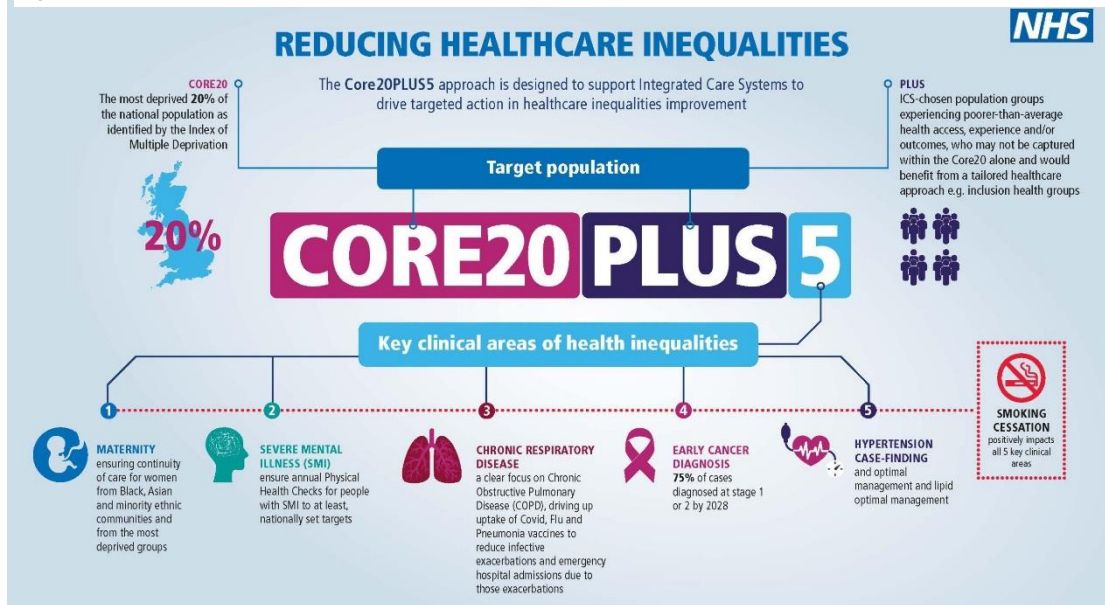
People who are not registered with a general practice: By definition, accurately quantifying the number of unregistered individuals within Herefordshire is difficult. Unregistered individuals are at risk of being 'unseen' and 'unheard' within health services, increasing health inequalities. This is a priority group that has been identified at Integrated Care System (ICS) level.

Rurally dispersed: Given Herefordshire's low population density, there is a large proportion of residents who face significant geographical barriers to accessing healthcare. 53% of residents live in areas defined as 'rural', with the majority of these in the most rural 'village and dispersed' areas nationally. The vast majority of those working in farming and agriculture also live in rurally dispersed areas. Just under a third of the population lives in Hereford city, and just under a fifth in one of the three largest market towns of Leominster, Ross and Ledbury.

Gypsy Roma and Traveller community: This population is often under-recorded in census data. Herefordshire Council estimate this community accounts for approximately 3% of the Herefordshire population. The UK Government previously stated that 'Gypsies, Travellers and Roma are among the most disadvantaged people in the country, and have poor outcomes in key areas like health and education'.

5 Key Clinical Areas – that have been prioritised within the NHS long term plan: continuity of maternity care, annual health checks for severe mental illness, vaccination uptake for individuals with chronic respiratory disease, early cancer diagnosis and hypertension case-finding and management.

Figure 1 NHS CORE20+5 Model¹ [CORE20PLUS5 Powerpoint.v3](#)



- The Public Health team propose taking a more practical approach to embed the CORE20+5 model for Primacy Care Networks (PCNs) to use in order to reduce inequalities. Using the Core20PLUS5 framework a number of indicators were identified to align with the Quality Outcomes Framework (QOF) against the 5 key clinical areas. More information on the indicators will be covered in the presentation (Appendix 2)
- Colleagues at Herefordshire General Practice supported the development of a health inequalities dashboard, using the CORE20+5 framework and data extracted from GP clinical systems. More information in Appendix 2.
- Public Health supported training PCNs, social prescribers, Talk Community and others on how the dashboard can be used to identify inequalities, plan interventions and evaluate impact in a series of workshops.
- A public health lead was assigned to each PCN to support use of the dashboard, plan interventions and provide public health expertise, such as evaluation framework and intervention checklist (Appendix 3).
- PCNs have started developing action plans, which base activity on evidence gathered from the health inequalities CORE20+5 dashboard. This will provide a more evidence-based approach and standardised approach to reduce health inequalities in Herefordshire. The vision is to have these action plans in a single location i.e. SharePoint to support and review progress through the HIPP board.
- Partnership working has been strongly encouraged across the system, reducing health inequalities is not the sole responsibility of PCNs. Partners from Talk Community, Talk Wellbeing, Health Watch, secondary care and others have been well represented during the development.

Community impact

- Interventions developed using the health inequalities dashboard will have direct impact on the most disadvantaged communities in Herefordshire.

Environmental impact

14. This report is considered to have minimal environmental impact.

Equality duty

15. The detail in the Inequalities Strategy has due regard to this duty, and a programme of work is planned and underway which seeks to deliver appropriate support for those who share protected characteristics.
16. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Resource implications

17. Accepting the recommendations of this report does not in itself have resource implications. Creative solutions will be needed including the re-prioritisation of existing budgets and applications for additional funding whenever opportunities arise, across the system.

Legal implications

18. In line with the Council's constitution paragraph 3.5.25, and as per the Health and Social Act 2014, the role of the Health and Wellbeing Board is to consider this report in line with its responsibilities to support and encourage joint working to improve health and social wellbeing across the county.

Risk management

19. Accepting the recommendations of this paper carries a minimal risk for the constituent organisations of the Health and Well-being Board, e.g. budgetary risks if funding runs out mid-project. The health inequalities work that has commenced offers many opportunities to share learning with other PCNs, identify potential gaps in need and offer a platform where multi agencies can work in partnership.

Appendices

Appendix 1: Inequalities Strategy 2023-2026

Appendix 2: Presentation, Health Inequalities, to be given at the Health and Wellbeing Board; accompanied by a demonstration of the health inequalities dashboard.

Appendix 3: Intervention Checklist, which was one of the tools developed to support developed of PCN action plan.

Background papers

None identified.