Herefordshire Council

Appendix 1

Herefordshire

Health and Well-being Board

Inequalities Strategy

2023-2026

29/11/24
Version number 3

Plan on a Page

Vision;	Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.		
The Challenge	Requires inequalities in health outcomes between different groups of people to be reduced. This necessitates a mix of short, medium and long term action including upon the wider determinants.		
We will focus on;	Reducing health inequalities across the population, particularly within:		
	Rurally dispersed	**Travelling Community**	**Unregistered individuals**
To do this we will;	Work in partnership to develop local solutions, using national frameworks and best practice, which encourage and empower people of all ages and abilities to reduce inequalities and improve health and wellbeing; focusing on;		
1.	**Engaging healthcare professionals to improve digital and health literacy**		
2.	**Empower and support workforces to understand and deliver equitable services that reduce inequalities and address workforce inequality and training needs**		
3.	**Reaching communities to work in partnership to reduce inequalities**		

Context

1. Since the last strategy, the Herefordshire Health and Well-being Board agreed that its vision is that; **Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.**

2. A new Herefordshire Health and Well-being Board Strategy is currently under development, with tackling inequalities identified as a key area of focus during 2022/23. The new strategy will be available from April 2023.

3. The purpose of this Inequalities Strategy is to shape the direction and the objectives of work over the next three years to reduce inequalities across the county.

4. 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. Creating a more equal society, in which it is easier and fairer for all people to sustain or return to good health and well-being, will require co-production with a range of organisations and bodies over a significant period of time. Meeting the challenge requires a renewed emphasis on inequalities and prevention across all organisations with action in the long term to address the wider influences on health and well-being.

Health Inequalities

6. 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.

7. The Equality Act 2010 identified nine protected characteristics:

    - Age;
    - Disability;
    - Race including ethnicity and national identity;
    - Sex;
    - Gender re-assignment;
    - Marriage and civil partnership;
    - Pregnancy and maternity;
    - Religion or belief, including lack of belief;
    - Sexual orientation

8. Whilst equality aims to provide individuals with the same opportunities or resources, health equity is realised when each individual has a fair opportunity to achieve their full health potential. This emphasises a non-uniform approach to facilitate the same level of health outcome and reinforces the NHS commitment that everyone should receive services according to individual need. We recognise that need and the capacity to benefit from services is shaped by the factors listed in paragraph 9 below.

9. The Health Equity Assessment Tool (HEAT) uses four overlapping dimensions to describe where health inequalities exist:

    - Protected characteristics
    - Inclusion health and vulnerable groups e.g., homeless individuals, people who leave prison, travelling community
    - Socio-economic groups and Deprivation e.g. deprived areas
    - Geography e.g., rural and urban

10. Health inequalities are known to exist across some of the protected characteristics (such as age, sex and ethnicity) but data is less clear for others. In addition, there are some important dimensions of health inequalities, such as deprivation, employment, income and educational attainment that are not protected characteristics under the Equality Act 2010.

11. The interplay between these factors and the wider determinants of health is complex and often requires a life course perspective. This may include targeting lifestyle factors – such as smoking and diet, as well as education, housing and employment/income.

12. A factor frequently associated with health inequalities is deprivation. This is measured using the Index of Multiple Deprivation 2019 (IMD2019) that summarises the overall deprivation experienced in each Lower Super Output Area (LSOA), fixed statistical geographies of about 1,500 people designed by the Office for National Statistics (ONS), in England. It is made up of seven weighted domains of deprivation: income; employment; education; health deprivation and disability; crime; barriers to housing & services; and living environment. The health deprivation and disability domain consists of the following indicators:

    - Years of potential life lost: an age and sex standardised measure of premature death
    - Comparative illness and disability ratio: an age and sex standardised morbidity/disability ratio
    - Acute morbidity: an age and sex standardised rate of emergency admission to hospital
    - Mood and anxiety disorders: a composite based on the rate of adults suffering from mood and anxiety disorders, hospital episodes data, suicide mortality data and health benefits data

13. The coronavirus (COVID-19) pandemic has highlighted and exacerbated the widening health inequalities that occur nationally with a disproportionate impact on certain, often disadvantaged, populations such as the most deprived populations.

14. Health inequalities are, by definition, preventable. Evidence has shown that reducing health inequalities within a population helps to improve life expectancy and reduce disability throughout the social gradient. This requires a multifaceted, cross-sector collaborative approach across all social determinants of health.

What is the national picture?

15. Health inequalities exist nationally. The 'social gradient' of health' describes the relationship between deprivation and health outcomes, including life expectancy, within England (Public Health England, 2017). Individuals from a lower socioeconomic position are more likely to have poorer health outcomes and a lower life expectancy than those of higher income.

16. Healthy life expectancy is another important indicator of health inequalities. This accounts for an individual's quality of life as well as the length – encompassing morbidity as well as mortality. In England, people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas.

17. The ONS 2018-20 data (2022) showed that males who live in the least deprived decile of England had over 18 years more of good health compared to the highest deprived decile.

18. As well as health outcomes, access to healthcare services is associated with health inequality. Tudor Hart's 'inverse care law', proposed in 1971, remains relevant today. This describes how the 'availability of good medical care tends to vary inversely with the need for it in the population served'. Communities with higher deprivation, rural dispersion and the travelling community tend to face more barriers in accessing services despite, on average, greater health needs.

19. The financial implications of health inequalities were estimated by the Marmot Review (2010) at over £30 billion in lost productivity, with further costs for NHS healthcare use and welfare payments.

20. Digital exclusion has the potential to exacerbate social exclusion and inequalities. This is likely to become increasingly important as it is forecast that 90% of all jobs will soon require some form of digital capability. However, the Government's digital inclusion strategy (2014) has identified key groups that are at risk of digital exclusion including social housing tenants, those with registered disabilities and those aged over 65. Ensuring these groups have equal future opportunities and prospects is imperative.

21. Common causes of digital exclusion include lacking digital skills and the confidence to use them; poor access to infrastructure, fast broadband and local amenities, which can be worse in rural areas; and costs including devices, broadband subscription or monthly fees for mobile data.

What is the scale of the problem in Herefordshire?

22. Overall, Herefordshire's residents are in good health. When compared to other areas of England, Herefordshire has, on average, lower levels of overall, multiple deprivation and there is a relatively low proportion of children living in income deprived households. However, Herefordshire is more deprived than its geographical neighbours Shropshire, Worcestershire and Gloucestershire.

23. Nine of Herefordshire's LSOAs are within the 25% most deprived in England in terms of the IMD2019's 'health and disability' domain.

24. Almost two thirds of all Herefordshire LSOAs (72 of the 116) are among the 25% most deprived in England with respect to IMD2019's 'geographical barriers to services' domain, with 53 being in the most deprived 10% across England. Of these deprived 72 LSOAs three quarters are in rural areas, with living costs estimated as 10-20% higher for rural households and deprivation related to housing and physical access to services.

25. Herefordshire is the fourth lowest population density county within England with 95% of the land classified as 'rural' which is home to over 50% of its population. Transport links are an issue in the county, with more than half of it being classified as amongst the worst in England in terms of geographical access to services. This is highlighted by the poor scores for Herefordshire in the Office for National Statistics Health Index 2020 that relate to access to services and it re-iterates the need to consider the effects of rural dispersion throughout the inequalities strategy and subsequent action plan. It is known that rural dispersion brings higher service costs as well as issues of access to services.

26. People born in the most deprived 10% of areas in Herefordshire have a shorter life expectancy at birth than those living in the least deprived 10% by an average of 4.2 years for males and an average of 3.0 years for females. Those living in the most deprived areas are 36% more likely to die prematurely of cancer; 22% more likely to die prematurely of cardiovascular disease; 18% more likely to die from respiratory disease; and approximately a third more likely to die as a result of suicide. All of these causes of death are sensitive to early, preventive, action.

27. 4,450 under 16s are living in absolute poverty. There are persistent gaps in educational attainment for disadvantaged children, and for those with Education and Health Care Plans (EHCP)/ Special Educational Needs and Disability (SEND). Furthermore, inequalities in health outcomes between socioeconomic groups can already be prevalent in childhood. For example, a Public Health England report (2018) found that there is a 20.1% difference in the prevalence of dental decay

between 5 year olds in the most deprived and least deprived communities in England (33.7% and 13.6% respectively).

28. Herefordshire is flagged as a ‘cold spot’ by the government’s social mobility index, amongst the lowest 20% of local authorities in England in terms of the chances that disadvantaged children will do well at school, get a good job and secure housing. They key driver of this is low wages, with 31% of county jobs paying less than the living wage of £8.75 an hour and an average residents’ salary of just over £350 per week – amongst the lowest 10% in England.

29. Digital exclusion is also a concern within Herefordshire and the County performed poorly for ‘internet access’ in the Office for National Statistics Health Index 2020. An estimated 7% of people aged 16 and over in Herefordshire last used the internet over three months ago, or have never used the internet. Over 75s, people who are economically inactive, people in housing association rented accommodation are significantly less likely to use the internet regularly. A recent survey of Telecare service users in Herefordshire (of whom there are over 1,500) found that 52% of those who responded to the survey do not use the internet.

30. COVID-19 has further widened inequalities, with 28% of the poorest fifth of Herefordshire residents furloughed and experiencing a loss of income compared to 17% of the richest fifth. Access to health services for people with pre-existing conditions was 20% lower during the peak of COVID, while in April 2020 63% of people with long term health conditions requiring treatment did not receive it. Vaccination uptake was also lower amongst the 30% most deprived areas.

Tackling the Problem - National Policy

31. The Health and Social Care Act 2012 reported the rising demand on the NHS with increasing treatment costs. It noted the need for improvement in certain clinical areas such as cancer survival rates. ‘Tackling inequalities in healthcare’, both access and health outcomes, was considered a ‘cross-cutting theme of the act’.

32. Subsequently, The Health and Care Act 2022 outlined significant changes to the structure of the NHS within England. This included the formation of integrated care systems that encouraged the collaboration between NHS and other organisations such as local authorities. This is essential for successful action on health inequalities that targets the integral wider determinants of health.

33. The NHS Long Term Plan identified health inequalities and ill-health prevention as priorities in improving the healthcare of the nation. This plan’s approach included distributing a higher share of funding to areas that experience high health inequalities and investing more money into meeting the needs of certain groups, such as rough sleepers. However, this initiative recognises that the NHS must work in collaboration with other organisations such as local governments.

34. To help in the approach to reducing health inequalities, national frameworks and tools exist. For example, Core20PLUS5 is a new NHS England and NHS

improvement approach to health inequalities. This 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 – additional population groups that have been identified locally as being at risk of health inequalities
- 5 – five 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.

35. The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society, replacing several previous pieces of legislation into one single Act that:

- protects and enables action against discrimination, harassment and victimisation related to protected characteristics and increase equality of opportunity
- requires decision makers to consider and aim to reduce socio-economic inequalities in policy making and public procurement
- requires public bodies demonstrate compliance with the Act and advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not, formally known as the Public Sector Equality Duty

36. The Health Equity Assessment Tool (HEAT) of UK Health Security Agency, previously Public Health England, was designed to support professionals within the public health system in their aims to identify and reduce health inequalities. This tool has been used by the West Midlands' Health and Wellbeing Team to 'drive forward work on health inequalities' (Public Health England, 2020).

37. NICE guideline 44 [NG44] focusses on community engagement to improve health and wellbeing whilst reducing health inequalities. This guideline recommends working collaboratively between multiple organisations as well as the local community. They advise that strategies should consider how to facilitate communities to engage in the initiatives including those who may have additional barriers to engagement, such as non-English speakers and those with additional needs.

38. NICE also recommends taking the 'Making Every Contact Count' (MECC) approach. This is an evidence-based initiative that aims to deliver opportunistic brief interventions during routine appointments and contacts. These may take the form of conversation, encouragement or referrals to help behaviour change such as reducing alcohol intake or smoking cessation. This will be particularly beneficial

for those who do not attend healthcare services frequently and/or have less uptake in health promotion and preventative services.

39. The role of anchor institutions in promoting social mobility and value to a local population is highlighted by the 'Health Anchors Learning Network'. This describes anchor institutions as 'large public sector organisations which are rooted in place and connected to their communities, such as universities, local authorities, and hospitals. Anchors have significant assets and spending power and can consciously use these resources to benefit communities.' Examples of positive actions that these institutions can make include:

    - Engaging with other organisations that have high value of social benefit to the local population such as the opportunity of apprenticeships
    - Increasing the access to available spaces for community use such as provision for the voluntary sector
    - Reducing their environmental impact with the production of a sustainability strategy

40. Whilst these national policies are essential in ensuring all areas of England are aiming to reduce health inequalities, these must be tailored and applied to local populations.

What is Herefordshire doing now?

41. The emerging 'Health and Wellbeing Strategy' for Herefordshire is currently out for consultation to determine the priorities but there will be a strong theme of narrowing health inequalities throughout.

42. At Integrated Care System level for Herefordshire and Worcestershire, tackling inequalities is one of four 'strategic purpose' areas. Within the 'ICS health inequalities, prevention and personalisation strategic intent', empowerment of staff, working collaboratively and improvement of health literacy are identified as ways to do this. Milestones that have been set include a waiting list dashboard through a health inequalities lens by 2022/23 and targeted engagement with the Core20PLUS5 groups in 2023/24. Subsequent intended outcomes include a reduced variation in healthy life expectancy by ethnicity, deprivation and rurality.

43. Recent Council initiatives to directly minimise inequalities included: the development and implementation of a COVID vaccine inequalities programme; support for more than 11,000 bill payers through the council tax reduction scheme; and support for over 200 individuals via debt, financial and fuel poverty service available in all market towns.

44. Talk Community is a Herefordshire-based initiative that aims to make Herefordshire a 'better place to live and work'. There is an on-line and an in-person offer. The online service offers an extensive range of information covering

everything from health and wellbeing, housing, carers support and transport to legal and financial advice, bereavement support and home adaptations, and signposts to local services, groups, events and activities across the county.

45. There are also 65 volunteer-led ‘Talk Community Hubs’ based in existing community buildings, such as churches and village halls, across the county where local people can access information and activities to support their wellbeing and independence and that bring together and connect people to each other, their communities and local areas. They have also established the Talk Community kitchen that provides healthy meals to the local community.

46. The Herefordshire Community Partnership brings public, voluntary and community stakeholders together with statutory partners to work towards the common goal of a commitment to producing and designing health, wellbeing and care solutions together. They have identified four key topics that the community want to prioritise for their work on reducing health inequalities in Herefordshire, formed cross-sector project groups interested in each topic, secured funding for each work stream to facilitate collaborative working, and have had initial meetings of each work stream to confirm membership, identify leads and begin scoping and planning. These topics are:

    - Rurality, transport and access
    - Health and managing preventative actions
    - Managing mental health loneliness and isolation
    - Deprivation, food and fuel poverty

47. Fastershire is a partnership between Herefordshire Council and Gloucestershire County Council to bring faster broadband to the two counties and promote digital inclusion. They have worked with suppliers to reach 93.7% of premises with superfast and full fibre broadband and introduced a new community broadband scheme to connect some of the hardest to reach premises.

48. With the aim of improving the health and wellbeing of children, the Council has: provided free gym and swimming lessons for children; created 14 enhanced play areas supported by the COVID recovery grant; introduced new Universal Public Health nursing visits for 4-6 month olds; introduced an on-line oral health training package reaching 177 professionals and parents; and launched a new campaign to improve young children’s oral health based on ‘Brush, Book, Bed’ with packs from libraries and supervised tooth brushing in children’s settings.

49. Active Herefordshire and Worcestershire (Active HW) were provided with 'Tackling Inequalities’ and Herefordshire Council COVID-19 recovery plan funding to help reduce the negative impact of COVID-19 and to tackle the widening of the inequalities in sport, physical activity and exercise by supporting local communities to become and remain active following the pandemic. Through the Birmingham

2022 Commonwealth Games, they were able to fund community sport and physical activity projects that supported residents who needed it most or were from underrepresented groups.

50. The Council has also worked with partners to increase the skills and workforce in the county by: establishing contracts with two Community Renewal Fund projects; backing the Kickstart scheme launched to support young people into work / apprenticeships; and using COVID-19 recovery funding to support 28 young people most at risk of not being in education, employment and/or training.

51. The creation of a joint Community Integrated Response Hub with Wye Valley NHS Trust to facilitate patients receiving care at home by providing access to a range of community responses that routinely meets need on the day.

52. The recently launched Coffee and Memory Bus (CAMBUS) scheme comprises of two minibuses/vans that travel around Herefordshire and Worcestershire reaching out to people in their community and providing a safe and friendly space for people to enjoy a tea or coffee, have a chat, find out useful information and access support services. In Herefordshire, the CAMBUS 'Molly' is operated by Dementia Matters Here, which supports people affected by dementia and memory issues, their carers and families across Herefordshire to live well.

53. The Advancing Mental Health Equality (AMHE) Collaborative is a Royal College of Psychiatrists initiative that Herefordshire and Worcestershire Health and Care NHS Trust have signed up to. It is a quality improvement and co-production informed three year structured programme designed to support providers identify and address aspects of inequality in the services they provide; specifically inequalities in access, experience and outcome. It includes access to equality resources; an 'improvement community'; a network of experts (clinicians, academics, service users/carers) including a QI coach assigned to the trust; support around co-production, data collection and evaluation; and shared learning from other participating organisations (there are 21 in total across the UK). The AMHE toolkit provides a framework for identifying inequalities, designing services differently to address these, delivering a measurable strategy and evaluating the impact of changes/interventions introduced. The Trust have identified three key cohorts to focus activity on within this framework; our local farming & agricultural communities; transgender people; and children and young people. The farming and agricultural work stream is already well established; the work is being overseen by a sub-group consisting of a broad range of stake holders including the local council, public health, Healthwatch and a broad range of VCSE providers already working in this area.

54. Community Diagnostic Centres (CDCs) are an NHS initiative aimed at building capacity for more diagnostic testing in England, thereby relieving pressure on hospitals. They are to be multi-diagnostic facilities, separate from acute hospitals

and placed in local communities. Among the primary aims of CDCs are to reduce health inequalities by improving access to diagnostics for people in health inequalities groups and to deliver a better patient experience by providing coordinated tests in the community and in as few visits as possible. Wye Valley NHS Trust are currently at an advanced stage of planning for a Hereford City CDC, supported by the ICB.

55. Each Primary care network has been tasked to use available data to identify a focus area based on priority patient populations within the PCN experiencing inequality in health provision and/or outcomes (see section 60).

The Inequalities Strategy

56. There are a range of national policies that aim to reduce health inequalities but with a lack of clear, consistent methodology at local level.

57. Herefordshire's Health Inequalities Group plan to develop a shared-system wide understanding of inequalities. The empowerment of others in the system will enable effective collaborative work.

58. The Core20PLUS5 approach sets out a national NHS framework for action to narrow health inequalities in order to ensure delivery of the NHS Long Term Plan commitment on health inequalities. It defines a target population for local action. This is made up of three elements: the most deprived 20% of the national population; five clinical areas with identified tasks for accelerated improvement; and a third locally defined target population. It recommends incorporating their lived experiences with evidence-based approaches to utilise pre-existing services, such as community hubs, as well as developing new initiatives that can provide data to ensure the objectives are fulfilled.

59. Evaluation and impact assessment of change is imperative but there is an expectation that some outcomes will be long-term and the use of intermediate goals may be required.

Our Target Groups

60. Using the Core20PLUS5 framework, as noted in paragraph 57, Herefordshire's target groups include:
    - Core20 – 9 out of 116 LSOA's within Herefordshire were within England's most deprived quintile in 2019 (with one LSOA in the 10% most deprived). These most deprived communities are identified in the JSNA Herefordshire's Joint Strategic Needs Assessment - Understanding Herefordshire and are targeted across the public sector

- PLUS – these have been agreed as: people who are not registered with a general practice, the most rurally dispersed population, and Gypsy Roma and traveller community (see paragraph 60)
- 5 – For these five key clinical areas identified nationally, Herefordshire have pre-existing initiatives that include:
    i. Maternity care – within Herefordshire, data is collected for the BAME population for both antenatal and postnatal continuity of care. However, continuity of care does not include care during birth. It is estimated by the service that all BAME women receive continuity of care during the antenatal and postnatal periods.
    ii. Severe mental illness – the mental health collaborative of the ICS have agreed a transformation plan with the uptake of annual health checks in individuals with serious mental illness being a priority.
    iii. Chronic respiratory disease – Herefordshire have a vaccination programme that has been built upon learning from the COVID vaccination scheme and includes outreach services such as a vaccination bus. The Respiratory Pathway is a priority scheme for 1HP and service improvement work is underway.
    iv. Early cancer diagnosis - the development of a community based diagnostic hub aims to improve the proportion of cancer diagnoses that are made at an early stage. Furthermore, initiatives for this clinical area have been identified as a priority at PCN level (see table on paragraph 62).
    v. Hypertension case-finding and management – the county are currently reviewing their health checks offer for the 40-74 year old and a population health management approach to individuals who have had a single high reading in clinic.

61. The three ‘PLUS’ population groups identified below demonstrate our 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 inhabitants who face significant geographical barriers to accessing healthcare. 53% of inhabitants 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. The Gypsy traveller team in Herefordshire Council estimate they account 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'.

Objectives

62. There are three over-arching objectives for this Inequalities Strategy which run above and through the priorities discussed above. These are;

Digital and health literacy - Engage healthcare professionals to help improve digital and health literacy skills among rural residents to reduce isolation and poorer health outcomes. This refers to both improving these residents' literacy as well as ensuring the professionals are able to identify those with lower literacy skills and suitable adapt their consultations.
Empowering workforces - Empower workforces to deliver equitable services to reduce inequalities: what workforce/practitioners/providers need to do differently to reduce inequalities whilst understanding and addressing workforce inequality and need for staff training to consider their work through an inequality or inequity lens
Reaching our communities - Explore use of link or community development workers in practice to reduce inequalities; Improving uptake of services and help seeking through community building approaches

63. Examples of actions to be undertaken against each of the three objectives is outlined in the table below. These actions will be reviewed on a quarterly basis to monitor progress and to respond to challenges, remain appropriate and proportionate to the needs of the county. Where applicable, new actions will be agreed for the following year(s);

Herefordshire Council

Improving digital and health literacy			
AIM	**ACTION**	**OUTCOME**	**LEAD AGENCY**
Improve digital access in communities at risk of exclusion	Increasing awareness of digital training that is available in libraries	Greater use of digital resources by wider communities	Herefordshire Council and NHS
	Provide free public Wi-Fi access in priority sites	Reducing barriers of accessibility to digital resources	Herefordshire Council / Talk Community
	Ensure the provision of devices that are freely available to use in community settings such as libraries and Talk Community hubs	Enhanced use of digital resources by wider communities	Herefordshire council / Talk Community /PCNs / Public Health
Ensure accessibility of other formats of health information	Encourage the availability of hard-copy information in both easy-read and non-English versions. This will start with a county-wide focus on early signs and symptoms of cancer throughout 2023/24 using the above formats and tailoring ways of reaching target populations	Improved access to health information	All agencies including healthy pharmacies
	Ensuring those at risk of the poorest outcomes receive tailored information and signposting following a cancer diagnosis	Improved education and service uptake for those diagnosed with cancer	S&W PCN
	Develop information for patients who have declined bowel and/or cancer screening	Increased uptake of screening	S&W PCN and Public Health

Empowering workforces that work collaboratively			
AIM	**ACTION**	**OUTCOME**	**LEAD AGENCY**
System staff training in narrowing health inequalities and developing evidence-based improvement plans	Promote e-learning that is available for staff such as e-LFH	Practitioners to have better awareness of health inequalities and their impact	All agencies
Empower system staff to communicate well with people at risk of poor health outcome	System staff training in health literacy	Improved communication skills	Public Health
Embed asset-based models in practice delivery to enable wide understanding of community led service design and co-production.	System staff training on asset-based practice	Understanding of community development and support	Public Health
Support Primary Care Networks (PCNs) to deliver inequalities reduction schemes tailored to their communities	Using social prescribing links to reduce obesity in individuals with BMI>30, depression and no Covid-19 vaccination.	Reduced obesity prevalence	East PCN/Public Health
Create population health management approaches to tackling health inequalities	Identify patients affected by adverse childhood experiences & understand how this cohort can be better supported. Improve system staff awareness and trauma informed care training and working with partner organisations, VCSE and service users	Improved health outcomes for people who have experiences ACEs	Herefordshire Medical Group PCN/Public Health

	Identify patients BMI >30 with depression and no COVID vaccination	Improved COVID vaccination rates	S&W PCN
	Patients who have declined bowel and/or cancer screening	Increased uptake of screening	S&W PCN
	BMI>35 who have used GP services 4 or more times in 2 months – offer dietician group consultations and HWbC	Reduced obesity prevalence	S&W PCN
	Group approach for BMI >30, fibromyalgia, loneliness & isolation identifying and tailoring the offer to those at risk of experiencing health inequalities	Reduced obesity prevalence	N&W PCN
	Group approach BMI >30, pre-diabetes and anxiety identifying and tailoring the offer to those at risk of experiencing health inequalities	Reduced obesity prevalence	N&W PCN
Utilise the power of anchor institutions in promoting social mobility	First step: initial anchor institution meeting led through 1HP – to review the 'Health Anchors Learning Network' 6 strategic areas and Purpose Coalition Impact Report to identify local existing activity and where there are gaps. Continuation of applying an Equalities Impact Assessment for all specifications/service change, Procurement Initiation Documents and business case proposals.	Development of a 1HP anchor mission that includes a commitment to use assets and resources in partnership with the community and other anchors to benefit the local population. Improved social mobility of local population	1HP and constituent organisations, Public Health

Use of co-design to inform our work and address the currently fragmented approach.	Complete an options appraisal on co-design capacity to be discussed at 1HP	Robust way to deliver initiatives that incorporates the use of co-design	1HP partners
Ensure that changes to existing services and new services do not worsen health inequalities	Use of the Health Equity Assessment Tool (HEAT) and local impact assessments for all major service developments in order to demonstrate impact on health inequalities	Service redesign and new service implementation reduces health inequalities rather than worsens them.	1HP partners

Reaching Communities			
AIM	**ACTION**	**OUTCOME**	**LEAD AGENCY**
Undertake a pilot of a community survey to explore the perspectives and lived experiences of the local population	1HP Health Inequalities Group to Lead	Inequalities initiatives that are tailored to local population needs	1HP partners
Find new ways to reach harder to reach populations	Marquee at Belmont Community Centre on Fridays to coincide with a visiting food van	Increased uptake of health assessment services Raised awareness about health screening opportunities through conversations with the health and wellbeing team Identify challenges and highlight opportunities to improve trust, engagement and relationships	Hereford City WBC PCN
Use learning from COVID-19 vaccinations to determine methods to engage typically 'hard to reach' groups	Increase uptake of annual health checks and other screening programmes among hard to reach groups	Uptake of annual NHS health checks and other screening programmes	All PCNs and Public Health
Ensure that those living in areas of deprivation are not facing bias when accessing emergency, urgent and planned care	Undertake an analysis of patient waiting lists by index of multiple deprivation	Understanding and removing barriers to accessing healthcare	Wye Valley NHS Trust

64. Progress and implementation of the Inequalities Action Plan will be reported to the One Herefordshire Partnership, ICS Health Inequalities Collaborative and Herefordshire Health and Well-being Board.

Evidence, Strategies and Guidance

Core20PLUS5
NHS England » Core20PLUS5 – An approach to reducing health inequalities

Equality Act 2010
Equality Act 2010: guidance - GOV.UK (www.gov.uk)

Herefordshire Council Joint Strategic Needs Assessment (JSNA)
Herefordshire's Joint Strategic Needs Assessment

Indices of Deprivation
English indices of deprivation 2019 - GOV.UK (www.gov.uk)

The Marmot Review, 2010
Fair Society, Healthy Lives,

NHS Long Term Plan
NHS Long Term Plan

Office for National Statistics, 2022
Health state life expectancies by national deprivation deciles

Public Health England, 2017
Chapter 6: social determinants of health

Public Health England, 2018
National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2017

Public Health England, 2020
Health Equity Assessment Tool: practice example. Health and Wellbeing Team, West Midlands (publishing.service.gov.uk)

Public Sector Equality Duty

Equality Act 2010 (legislation.gov.uk)

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Community Diagnostic Hubs (CDHs) in London (england.nhs.uk)

Introducing CAMBUS – Association for Dementia Studies Blog (wordpress.com)

Community Partnership - Healthwatch Herefordshire