APPENDIX B

Midlands and Lancashire
Commissioning Support Unit

Stage 1 Equality, Health Inequality Impact and Risk Assessment

- **Title of Assessment:**
  Leicester, Leicestershire & Rutland (LLR) Health Inequalities Framework 2021 - 2024

- **Person Responsible:**
  Steve McCue, Senior Strategic Development Manager, LLR CCGs
  Mark Pierce, Head of Population Health Management, LLR CCGs

- **Service Area:**
  Strategy & Planning Directorate, LLR CCGs

- **Overview of proposal, policy, service etc:**

Health inequalities across Leicester, Leicestershire, and Rutland (LLR) are stark. A boy born today in the most deprived area of LLR could be expected to die up to 8.7 years earlier than a boy born in the least deprived area. The difference in the proportion of a person's life lived in good health is even more marked – again, with those from less affluent areas spending a greater proportion of their (often shorter) lives in poor health compared to people from more affluent parts of our area. In acknowledging this, we also must accept that the above facts refer only to the extreme poles of what is a distribution of effects throughout the whole population. This is not an issue affecting only the least affluent in our community. Health inequalities affect almost everyone living in LLR to some degree and therefore it will be the business of everyone in our system to take action to reduce these unfair and avoidable differences in health outcomes.

We have known about health inequalities for a long time now and individual partners have been making efforts to reduce them. The COVID-19 pandemic has laid out in stark focus the depth of the inequalities that exist and the devastating impacts they can have on our families and communities. As we come together in LLR as an Integrated Care System, one of our central roles and duties is to implement the evidence-based actions needed to increase health equity in our society and reduce or eliminate health inequality. We want the people of LLR to be healthier with everyone having a fair chance to live a long life in good health. Therefore, we will aim to "level up" services and funding, rather than take anything away from areas where outcomes are already good.

The Leicester, Leicestershire and Rutland (LLR) Health Inequalities Framework sets out how we plan to take action, 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.

The aim of the LLR Health Inequalities Framework is to improve healthy life expectancy across LLR, by reducing health inequalities across the system. The purpose of this Framework is therefore to:

- Provide a system mandate for action to address health inequalities across LLR
- Establish a collective understanding of the terms ‘Inequality’, ‘Inequity’ and ‘Prevention’ in relation to population health, across all parts of the LLR Integrated Care System (ICS)
- Strengthen a whole system collaborative approach to reduce (and remove entirely where possible) avoidable unfairness in people’s health and wellbeing in LLR
- Establish the high-level principles of how LLR ICS partners will approach the work of reducing health inequity at system level
- Recognise the framework will be implemented and agreed at system level, with much operational, political and community action taking place at ‘place’ and ‘neighbourhood’ level. It is the systems’ minimum ask of Place in relation to reducing health inequalities.
- Set out some key actions that can be delivered at system level with support through the Integrated Care System (ICS), with recognition that some actions will be primarily for individual organisations e.g. the NHS or the Local Authority however many requiring partners to work together.

Midlands and Lancashire
Commissioning Support Unit

Equality, Health Inequality Impact and Risk Assessment

Section one: equality impact

For each question, please answer **Yes** or **No**, and provide a brief rationale for your answer.

1. Will this (decision / proposal / change) affect / impact on people in any way? (e.g. population, patients, carers, staff)?
   Yes - The aim of the LLR Health Inequalities Framework is to improve healthy life expectancy for people across LLR, by reducing health inequalities across the system. The health and wellbeing of people is an asset to individuals, to communities, and to wider society. Good mental and physical health is a basic precondition for people to take an active role in family, community, and work life. Although there is growing concern about stalling life expectancy, the existing wide inequalities in health outcomes tend to be overlooked. Improving healthy life expectancy enables people to live in better health for longer. A workforce that remains fit, healthy, and working for longer can contribute to a productive economy and decrease the costs of supporting an ageing society. However, health inequalities undermine these benefits.

2. Is this decision or change part of a transformation programme or commissioning / decommissioning review?
   Yes. The development of the LLR Health Inequalities Framework is part of the transformation work to create the LLR Integrated Care System (LLR ICS). This involves bringing a range of system partners together to collaborate on implementing a wide programme of interconnected transformation in the commissioning and provision of a range of public and voluntary services to improve the lives of the residents of LLR. The framework principles and its proposed system-wide actions will ensure that the development of an ICS is underpinned by a commitment that future changes to services will be undertaken with a central aim of reducing health inequalities and increasing health equity.

3. Is this a decision that may change or potentially change the delivery of a service / activity or introduce a charge?
   Yes – Under the principles of this framework, future Investment in services will be proportionate to the needs (the ability to benefit) of the people using those services (the principle of "proportionate universalism"). This means that although there will be a universal offer of services to all, there will be justifiable variation in services in response to differences in need within and between groups of people using these services. Where we find variation in services that appears not to be justified by the variation in need, we will act to "level up" the way the services are offered, and outcomes achieved.

4. Will this (decision / proposal / change) potentially reduce the availability of a service or activity or product (e.g. prescriptions)?
   No - While levelling up is generally a good thing, levelling down is not. So, applying focus and resources in one area and targeting those resources to make them most effective will be appropriate, however, diverting those resources from somewhere they were also needed in order to improve health outcomes will not be. Proposals or decisions about specific services are not within the remit of this framework and will be made by identified responsible bodies within a specialist sphere. The framework proposes principles which are intended to support decision-making bodies reach conclusions about proposed changes to any services that keep the needs of traditionally underserved groups at the centre of these processes. We can see that health inequalities are the result of a complex range of interrelated causes – and "the causes of those causes". In some cases, actions will be primarily in the hands of one partner. In other cases, reducing inequity will require close collaboration between several organisations across the system. 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***
   - ***Neighbourhood or locality level – smaller (though locally meaningful) populations within the wider Upper Tier boundaries.***

   At each of these levels the partners within the ICS – not just the NHS and the Local Authority, but the voluntary and community sectors too – will come together to plan in even finer detail the actions they are going to take, individually and collectively, to reduce health inequity

5. Is this a review of a policy, procedure, protocol or strategy?
   No – The LLR Health Inequalities Framework is a first strategic approach to guide reducing health inequalities across LLR. Places will be expected to translate the system level principles to their specific populations in the most appropriate way that meets their local needs. This is likely to take an approach encompassing the wider determinants of health, acknowledging that much of this work happens at this level.

6. Is this (decision / proposal / change) about improving access or delivery of a service?

   Yes - The most detailed implementation plans, and actions will be developed by partners working together at a very local level (Neighbourhood or locality level). Multi- Disciplinary Team working, the sharing of information and engagement of individuals and communities around their assets and strengths will ensure that action is direct, person-centred, and sensitive to feedback from the integrated teams and the people those teams serve.

7. Will this (decision / proposal / change) potentially negatively impact groups covered by the Equality Act and other vulnerable groups?
   No

8. Will this (decision / proposal / change) affect Employees or levels of training for those who will be delivering the service?
   Yes – All decision makers within the ICS will have training and development to gain expertise, skills, insight and understanding of health inequity and how to reduce it, specifically;

   - ***Health Inequity and Inequality training will be mandatory for all executive decision makers in each organisation***
   - ***We will work with local and regional partners to develop appropriate and robust training packages relevant to roles***

9. Will this (decision / proposal / change) have any **positive** effect / impact in reducing health inequalities?
   Yes - The aim of the LLR Health Inequalities Framework is to improve healthy life expectancy for people across LLR, by driving action on evidence-based approaches to reducing health inequalities across the system

10. Will this (decision / proposal / change) have any **negative** effect / impact on health inequalities?
    No

Section two: equality risk

For each question, please answer **Yes** or **No**, and provide a brief rationale for your answer.

11. To reach your (decision / proposal / change) have you considered any information / supporting documents?
    Yes – A detailed analysis of local demographic and health data demonstrating the extent of inequality is available through local JSNA (Joint Strategic Needs Assessment) reports produced by each Public Health Team. Local JSNA's are available via the following organisational links:

    Leicester City: https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/public-health/data-reports-information/jsna/

    Leicestershire: https://www.lsr-online.org/leicestershire-2018-2021-jsna.html

    Rutland: https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/joint-strategic-needs-assessment/

12. Have you engaged or consulted with people or stakeholders / staff that may be affected by the (decision / proposal / change)?
Yes – Multiple partners have been involved in the production of the LLR Health Inequalities Framework to include LLR CCGs,(including Independent Lay members) Public Health, Clinicians, and Leicester/Leicestershire and Rutland Healthwatch.

13. Have you taken specialist advice in regard to impacts of the (decision / proposal / change)?
Yes – the production of the LLR Health Inequalities Framework has been clinically led with managerial support. Equality, Diversity and Inclusion Leads from University Hospitals of Leicester and Leicestershire Partnership Trust have been part of the document drafting group advising on issues of equity and equality. Public Health Consultants from city, county and Public Health England have reviewed and drafted the framework's health equity position.

14. Have you considered how this can address and eliminate discrimination, harassment and victimisation?
Yes - Reducing Health inequalities for everybody, including those with protected characteristics, is identified in the framework as a key component in all the work undertaken within the ICS – it is everyone's business. Reducing health inequalities and improving health equity should run through all work programmes at all levels as a "golden thread" from system to place to neighbourhood. The framework identifies Appropriate training and support to enable people to think and act in ways that lead to reductions in health inequity as one of the key system actions.

15. Have you considered how this can help to address inequality issues to enable all groups to access services?
Yes – as above and the framework identifies that undertaking health Equity Audits and using the LLR Inclusive Decision Making Framework will be required at the outset of service redesign work by Design Groups.

16. Have you considered how this can help foster good relations and community cohesion within communities?
Yes – The LLR Health Inequality Framework explicitly states "We will draw on the assets and strengths of communities and individuals to reduce health inequality and inequity. Our services will always try to listen to what really matters to people rather than focusing solely on "what is the matter" with them. We will listen to the voices of local people with lived experience to shape local priorities and redesign services." It refers to our intention to draw upon the positive community engagement arising during the COVID pandemic as a template of how to create inclusive and positive involvement of all communities in pursuing common goals.

17. Can you address or minimise any negative impacts that may represent an equality risk?
Yes - Where specific actions / projects will be undertaken by the LLR Health Inequalities Support Unit or Task and Finish Group, an EHIIRA will be undertaken to identify potential unintended adverse consequences and mitigate those risks.

Most of the actions proposed in the framework will be delivered by either LLR Design Groups or by individual organisations who will undertake Health Equity Audits or EIIHRs to identify risk and mitigations of any negative impacts related to those individual pieces of work. The framework sets out the expectation that the LLR Inclusive Decision-Making Framework and health Equity audits are the process to be used to capture any potential or actual negative impacts and our responses.

18. Will your decision reports be available to the public?
    Yes - The Health Equity Audits and EIIHRs for individual projects or service redesigns will all be in the public domain

Section three: human rights impact

For each question, please answer **Yes** or **No**, and provide a brief rationale for your answer.

19. Is there any concern that Article 2: Right to life may be breached?
    No

20. Is there any concern that Article 3: Right not to be treated in an inhuman or degrading way may be breached?
    No

21. Is there any concern that Article 5: Right to liberty may be breached?
    No

22. Is there any concern that Article 6: Right to a fair trial or hearing (this includes right to fair assessment, interview or investigation) may be breached?
    No

23. Is there any concern that Article 8: Right to respect for private and family life may be breached?
    No

24. Is there any concern that Article 9: Right to freedom of thought, conscience and religion may be breached? E.g. right to participate (individually or as a group) religion / belief
    No
25. Is there any concern that Article 10: Right to freedom of expression may be breached? E.g. concern that people won't be able to have opinions and express their views on their own or in a group
    No

26. Is there any concern that Article 14: Right not to be discriminated against in relation to any human rights, may be breached?
    No

27. Is there any concern the obligation to protect human rights may be breached? E.g. concern that systems, processes and monitoring will not identify human rights breaches.
    No

Section four: Assessment Comments

28. Further comments from individual / team drafting this assessment:
    More 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 and Health and Wellbeing Boards. 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 – and will reference the principles and high-level facilitative actions identified in this framework.

- Stage 1 Assessment / Approval comments from MLCSU Equality and Inclusion Business Partner:

The policy has been quality assured, and I am happy that this provides a rigorous assessment of the LLR Health Inequalities Framework.

Shaun Cropper E&I Business Partner MLCSU 28/05/21