



SHROPSHIRE HEALTH AND WELLBEING BOARD

Meeting Date	17th November 2022			
Title of Paper	Shropshire Inequalities Plan			
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Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People	X	Joined up working	X
	Mental Health	X	Improving Population Health	X
	Healthy Weight & Physical Activity	X	Working with and building strong and vibrant communities	X
	Workforce	X	Reduce inequalities (see below)	X
What inequalities does this paper address?	Inequalities related to: <ul style="list-style-type: none"> • ICS/NHS health inequality priorities • Shropshire H&WBB priorities as expressed through the Joint Health and Wellbeing Strategy • The 'wider determinants of health' as detailed in the Shropshire Plan • Socially excluded groups (also referred to as 'Health Inclusion' Groups) 			
<p>Paper content - Please expand content under these headings or attach your report ensuring the three headings are included.</p> <p>1. Executive Summary</p> <p>Health inequalities are defined as avoidable, unfair and systematic differences in health between different population groups. Inequalities in the determinants of health (such as housing, education and access to green space) translate into health inequalities. Therefore, action to reduce health inequalities requires action to improve outcomes across all the factors that influence our health. As such, health inequalities may be driven by:</p> <ul style="list-style-type: none"> • different experiences of the wider determinants of health • differences in health behaviours or other risk factors, such as smoking, diet and physical activity levels • differences in psychosocial factors, such as social networks and self-esteem • unequal access to or experience of health services <p>1.2 Action to reduce health inequalities requires improving the lives of those with the worst health fastest and breaking the link between people's background and their prospects for a healthy life.</p> <p>1.3 In July 2021 West Midlands NHSE/I requested that local Integrated Care Systems (ICSSs) develop place-based Health Inequality Plans, illustrating how key NHS health inequality objectives would be met on a 'place footprint'. In responding to this request, it was agreed at the Health and Wellbeing Board (H&WBB) that for Shropshire a plan would be developed to include the following priority areas:</p>				

- ICS/NHS health inequality priorities (including the 5 key planning restoration priorities and the Core20-PLUS-5' priorities)
- Shropshire H&WBB priorities as expressed through the Health and Wellbeing Strategy
- The 'wider determinants of health' as detailed in the Shropshire Plan
- Socially excluded groups (also referred to as 'Health Inclusion' Groups)

The plan also includes high level details of the PCN 'Tackling Neighbourhood Health Inequalities' plans.

1.4 The plan includes brief high-level details of the programmes of work underway – being led either by the council and/or the local NHS, with activities often being delivered in partnership with our third sector partners.

1.5 The report that accompanies the plan includes a wide range of details including the following:

- The factors that underpin health inequalities and the context within which they develop and become entrenched
- A brief overview of the evidence base for reducing health inequalities
- Key aspects of the national and local policy context for reducing health inequalities
- Details of 'Core20PLUS5' framework and why 'rurality' has been identified as a 'plus' factor for the ICS
- The extent of health inequalities across Shropshire

1.6 Through developing the plan the following gaps in action have been identified:

- Comprehensive Action to Reduce Smoking Rates
- Meeting the Needs of the LBGQTQ+ Community Across the Life Course
- Reference to the Accessible Information Standard

1.7 Furthermore, whilst recognising that all of the plans for the priority areas need to be delivered it has been agreed that action and impact should be closely monitored for a number of key areas as specified in section 3.8 below.

1.8 It is recognised that further work is required to develop a comprehensive approach to monitoring delivery of the plans, aligning monitoring with the metrics used in other reporting frameworks where relevant and tracking progress against key measures through an action log.

2. Recommendations

H&WBB members are asked to:

- Note the contents of the report and the details included in the Inequalities Plan, including the recommendations made in section 17 (appendix 1)
- Endorse the Inequalities Plan
- Recognise that the success of the plan in reducing inequalities is a joint system responsibility that all partners are committed to delivering
- Advise on timescales for reporting progress in reducing inequalities and health inequalities across Shropshire

3. Report

3.1 In July 2021 West Midlands NHSE/I requested that local Integrated Care Systems (ICSs) develop place-based Health Inequality Plans, illustrating how key NHS health inequality objectives would be met. Given the broad action required to reduce health inequalities it was agreed that a broader Inequalities Plan should be developed for Shropshire. This plan recognises the importance of both health inequalities and the wider

inequalities that underpin their development. Thus the Shropshire Inequalities Plan includes the following priority areas:

- ICS/NHS health inequality priorities (including the 5 key planning restoration priorities and the Core20-PLUS-5' priorities)
- Shropshire H&WBB priorities as expressed through Health and Wellbeing Strategy
- The 'wider determinants of health' as detailed in the Shropshire Plan
- Socially excluded groups (also referred to as 'Health Inclusion' Groups)

The plan also includes high level details of the PCN 'Tackling Neighbourhood Health Inequalities' plans. Further, it is recognised that there will be additional work programmes being undertaken across the system with potential impact on inequalities and health inequalities that are not included at this stage.

3.2 The intention of the plan is not to duplicate existing work programmes but to draw together current activity aimed at reducing inequalities, seek to strengthen the plans, in particular through identifying synergies between them, to identify and address any gaps in support or provision and to enable monitoring of progress towards a reduction in health inequalities. Thus, the plan includes brief high-level details of the programmes of work underway – being led either by the council and/or the local NHS, with activities often being delivered in partnership with our third sector partners.

3.3 In order to develop the Inequalities Plan a multi-agency group was convened with membership shown in appendix 1 (page 115) and development has been coordinated with NHS colleagues. Progress has been reported through the ICS's Population Health Board.

3.4 Health inequalities are defined as avoidable, unfair and systematic differences in health between different population groups. The attached report (appendix 1) includes the Inequalities plan but in addition it:

- Provides a definition of health inequality and brief detail of how health inequalities are measured
- Sets out the factors that underpin health inequalities and the context within which they develop and become entrenched
- Illustrates the way in which individual factors can interplay with each other (intersectionality) – reinforcing and worsening inequalities and health inequalities
- Summarises the impact of Covid-19 in exposing and exacerbating health inequalities
- Provides a brief overview of the evidence base for reducing health inequalities
- Summarises key aspects of the national and local policy context for reducing health inequalities
- Provides details of 'Core20PLUS5' framework and why 'rurality' has been identified as a 'plus' factor for the ICS
- Outlines the extent of health inequalities across the Shropshire population

3.5 The plan acknowledges that in tackling the complex issues that underlie health inequalities there is a need to understand problems from the perspective of those with 'lived experience' of the issue and through adopting a 'whole system approach' built on complex systems theory. Alongside this, other principles that need to underpin action include:

- Intelligence led identification of problems and evidence-based solutions
- Community centred action – co-producing solutions building on local assets working with individuals and community and voluntary sector partners
- Those based on equitable targeting of resources
- Those built on place-based collaboration and co-production

3.6 The plan includes high level detail of the intended work programmes grouped under the Population Health Model domains, together with separate sections highlighting plans

being implemented to meet the needs of 'social inclusion' groups and the plans being implemented by PCNs as part of their work to tackle neighbourhood health inequalities. The plan includes intended milestones, process and outcome measures and these can be used to monitor progress with delivery and effectiveness in terms of improved outcomes over time.

3.7 One of the key opportunities presented through developing the plan is the scope it presents for an assessment any key gaps in actions being taken across the system. Through discussion with system partners the following gaps have been identified:

- Comprehensive Action to Reduce Smoking Rates
- Meeting the Needs of the LBGTQ+ Community Across the Life Course
- Reference to the Accessible Information Standard

3.8 Furthermore, whilst recognising that all of the plans for the priority areas need to be delivered it was agreed that action and impact should be closely monitored for the following key areas:

- The cost of living crisis and the systems response to this
- Development and implementation of plans to reduce smoking
- Maintaining a focus on delivering 'health in all policies' across the council and wider ICS (including use of the 'HEAT' tool and/or the integrated assessment framework agreed for the ICS, as appropriate)
- Strengthening the 'Early Intervention/Prevention' offer for Children, Young People and Families
- Strengthening prevention through the support of healthy lifestyles – including through making the environment in which people live more conducive to good health and considering the specific needs of those with disabilities
- Delivery of the NHS plans to meet the five clinical areas of focus included in the 'Core20PLUS5' framework
- Development and implementation of plans to tackle digital exclusion
- Further consideration of opportunities to improve work-skills among the population and increasing opportunities for higher paid work within the local economy
- Reducing dependency and the harms associated with drug and alcohol misuse, especially among young people
- Further consideration of the steps that can be taken with academic and other partners to better quantify and meet the health needs of Shropshire's rural population; exposing the rural health inequalities that exist.

Moving forward the Joint Strategic Needs Assessment (JSNA) process should enable the further identification of challenges to health and well-being and how these may impact differentially across our communities.

3.9 It is recognised that further work is required to develop a comprehensive approach to monitoring delivery of the plans. including tracking progress against key measures through an action log. It is important that any monitoring is proportionate and where relevant consistent with other reporting frameworks such as those relating to the H&WBB, the Population Health Board and the SHIPP.

It is further recommended that all staff and partners acknowledge their individual organisational and collective shared responsibility, to focus plans and the delivery of services such that variations in health and wellbeing outcomes are reduced.

<p>Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)</p>	<p>There is an opportunity in tackling inequalities and poverty in all its forms to enable young people, adults and families to achieve their full potential.</p> <p>Opportunities to:</p> <ul style="list-style-type: none"> • Close the gap in healthy life expectancy and other key health indicators between the most and least deprived groups in society. • Recognise and take action on the specific health inequalities that affect those living in a rural region like Shropshire. • Recognise and take action to support specific health inclusion groups who experience discrimination and barriers to accessing services which increases health inequalities. <p>The cost-of-living crisis represents a significant health risk to those already experiencing health inequalities in Shropshire. Even less vulnerable groups are likely to be affected by food and fuel poverty, as well as other negative socioeconomic effects of the crisis. This report recognises this risk and provides an opportunity to mitigate the worst impacts for those affected.</p>
<p>Financial implications (Any financial implications of note)</p>	<p>There are no immediate financial implications arising from this report. However, it is widely recognised that reducing health inequalities will bring economic benefit to the whole county, not only to those in the most deprived communities.</p> <p>The Health Inequality work programmes as detailed in the table in appendix 1, include key actions/milestones with dates, that those services/teams will take to progress and implement them. Most of the work programmes are ongoing, and as these have been provided for submission into this Inequality Plan, the assumption is that these have been costed and funded. However, it is possible (and to an extent to be expected) that some plans will, for a variety of different reasons, change. Any such changes will be reflected in future updates of this Health Inequalities Plan.</p> <p>Appendix 1 refers to the Development and Delivery of the Shropshire Plan and Revised Target Operating Model (11.3 to 11.5). There is a separate governance process underway for these projects that will consider any costs and associated savings.</p>
<p>Climate Change Appraisal as applicable</p>	<p>This report has no direct effect on energy and fuel consumption, renewable energy generation, carbon offsetting or mitigation or climate change adaptation.</p> <p>However, this report has indirect climate change outcomes that are related to tackling inequalities. Climate change has been identified as the most important health threat of the century, and also the “greatest opportunity to redefine the social and environmental determinants of health”. The climate crisis will affect people differently depending on their susceptibility, risk and ability to cope. By addressing health inequalities, this will also increase climate change resilience. For example, by reducing housing inequality and improving home insulation we can reduce the health impacts of fuel poverty whilst also reducing greenhouse gas emissions. Also, by increasing access to public and active transport we can improve ill</p>

	health associated with inactive lifestyles and poor services access whilst also reducing traffic-related emissions and pollution.	
Where else has the paper been presented?	System Partnership Boards	ShIPP
	Voluntary Sector	
	Other	
<p>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</p> <p>H&WBB January 2022: Update on Development of a Health Inequalities Plan for Shropshire</p>		
<p>Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130)</p> <p>Cllr. Simon P Jones, Portfolio Holder for Adult Social Care and Public Health.</p>		
<p>Appendices</p> <p>Appendix 1 Inequalities Report and Plan Appendix 2 Inequalities Report and Plan Executive Summary</p>		