

Gloucestershire Health and Wellbeing Board

Report Title	Health inequalities update
Item for decision or information?	Information and decision
Sponsor	Sarah Scott, Executive Director of Public Health and Adult Social Care
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Organisation	Gloucestershire County Council
Key Issues:	
<p>COVID-19 has exposed and amplified the health inequalities that were already persistent in the county. It has presented a new imperative for effective action on health inequalities and an opportunity to ‘build back fairer’ and to ‘level up’.</p> <p>There is already a strategic commitment to action on health inequalities in Gloucestershire and a considerable amount of activity underway.</p> <p>On the 16th March 2021, a paper on <i>Health inequalities in Gloucestershire: COVID-19 and Beyond</i> was presented to the Health and Wellbeing Board. This paper provides an update on progress made in tackling health inequalities.</p>	
Recommendations to Board:	
<p>The Board is invited to:</p> <ol style="list-style-type: none"> 1. Consider the developing programme of work on health inequalities. 2. Approve the proposal to run a virtual event this autumn to launch the Gloucestershire Anchors Partnership Programme. 3. Comment on the proposal to extend the scope of the local anchor institutions work to include local businesses and voluntary organisations. 	
Financial/Resource Implications:	
None identified	

Health inequalities update – July 2021

1. Background

COVID-19 has exposed and amplified the health inequalities that were already persistent in the county. It has presented a new imperative for effective action on health inequalities and an opportunity to ‘build back fairer’ and to ‘level up’.

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2. Addressing health inequalities through the COVID-19 response

2.1 Vaccine Equity

The first aim for the NHS COVID vaccination programme has been to reduce severe illness and death from COVID-19 by prioritising those who are most clinically vulnerable, either due to age, co-morbidities or other vulnerabilities, e.g. where they live. The COVID-19 vaccination programme has moved at an exceptional pace with more than 85% of adults in Gloucestershire having received their first dose of vaccine, with everyone over 18 now being invited to book their vaccine.

Monitoring inequalities in vaccine uptake has been a priority since the programme began, through the Vaccinations Equity Programme. The purpose is to support equitable uptake of COVID-19 vaccinations across the population of Gloucestershire; both critical for helping to mitigate against COVID-19 related health inequalities and protecting the wider community from the virus.

There are various influences on individual decision making and vaccine hesitancy. These include access and method of invitation and delivery of the vaccine, individual risk versus benefit decision making, trust in health and care services, as well as their own experiences of COVID-19. As a system, the NHS Vaccination programme and partners have been working closely with communities to understand barriers to uptake and increase accessibility to and confidence in the vaccine.

To date various activities have taken place to encourage and enable uptake, including;

- Engagement with religious leaders in the community
- Collaboration with the Learning Disabilities Clinical Programme and Partnership boards and Intensive Outreach Team (IHOT) to support people with learning disabilities to their vaccination
- In-reach to mental health inpatients and homelessness settings to deliver vaccination
- Clinics hosted by GARAS and CGH for asylum seekers and rough sleepers

- Contact with care homes with uptake lower than 85% to signpost to the programme, to discuss barriers to uptake and support managers with having vaccine conversations with staff
- Walk-in clinics hosted in Primary Care Network delivery sites
- ‘Walking the street’ by Gloucestershire Health and Care (GHC) staff to undertake community engagement
- Development of resources for employers
- Engagement with traveller sites and survey of uptake
- Development of ‘pop-up’ community clinics when a need is identified including in Cheltenham mosque and the Friendship Café in Gloucester.

2.2 Community testing - targeting under-represented and disproportionately impacted groups

Community testing was launched in November 2020 to break the chains of transmission by identifying asymptomatic cases of COVID-19 using rapid Lateral Flow Device (LFD) tests.

Over time, the testing landscape has rapidly evolved and the community testing model has changed to reflect this. Nationally, the post June community testing strategy has moved away from a universal testing approach to one which will increasingly support and encourage Local Authorities to focus on under-represented and disproportionality impacted groups.

In Gloucestershire, a targeted approach has been developed using more agile and flexible testing models to reach particular communities. For example, mobile outreach teams have been deployed and work is underway with the voluntary and community sector to establish new collection points to increase accessibility to home testing kits.

3. Beyond COVID-19: Building a community centred, whole system approach

The evidence on reducing health inequalities calls for a community-centred, whole system response. This brings multiple stakeholders together to develop a shared understanding of the challenges and to integrate action to bring about change¹. This should include effective action to tackle the social, economic and environmental determinants of health as well as embedding proportionate universalism across local provision².

Key elements of this approach include:

- i. Establishing a vision and principles
- ii. Involving communities
- iii. Strengthening capacity and capability
- iv. Scaling practice
- v. Sustaining outcomes.

1. Stansfield J, South J, Mapplethorpe T. What are the elements of a whole system approach to community-centred public health? A qualitative study with public health leaders in England's local authority areas. *BMJ Open* 2020;10:e036044. doi:10.1136/bmjopen-2019-036044

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

The remainder of this paper summarises some examples of progress already made against the first four of these key elements. However, sustaining outcomes and building a truly 'community-centred, whole system approach' to reducing health inequalities requires culture change and will take time.

3.1 Establishing a vision and principles – Health Inequalities Panel

Whilst there is a wide range of activity locally on tackling health inequalities, this activity needs to be brought together strategically into a more coherent whole. The Health Inequalities Panel has now been established and held an initial meeting in June.

The strategic objectives of the panel are to:

1. Identify, coordinate and align **current** action on health inequalities; ensuring priorities for strengthening this work are agreed, impact is monitored and learning is shared
2. Develop a sustainable, community-centred, whole systems approach to reducing health inequalities.

The terms of reference for the Panel are under development and will reflect its broad remit; covering the work of Gloucestershire ICS and Gloucestershire Health and Wellbeing Board.

The initial priority for the Panel is to provide a place where strategic objective 1 is taken forward. At the same time the Healthier Communities Together programme, which is independent from the Panel, will provide opportunities to listen, test and learn to inform the development of strategic objective 2.

The responsibilities of the Panel are to:

- Provide oversight and support for the work on health inequalities in Gloucestershire
- Build momentum, interest and capability in health inequalities in Gloucestershire
- Provide clarity on Gloucestershire health inequalities approach and priorities
- Develop an understanding of key assets and activity on health inequalities in order to provide support where needed
- Support evidence-based practice on health inequalities including effective action on the wider determinants of health
- Provide direction and support to key programme enablers e.g. engagement and communications, workforce development and intelligence
- Provide a coordinating forum for personnel leading on key health inequalities projects and programmes across the system
- Monitor progress and impact at a system level
- Create opportunities to bring different parts of the 'system' together to share perspectives, good-practice and learning.

The Panel will report to the Gloucestershire Health and Wellbeing Board and the ICS Executive.

The Healthier Communities Together work will need to link across to the Health Inequalities Panel to inform the vision and principles.

3.2 Involving communities – Healthier Communities Together

3.2.1 Background

The Healthier Communities Together programme forms part of efforts by The King's Fund to improve health and care for people with the poorest health outcomes. It also builds on The National Lottery Community Fund's (TNLCF) expertise in place-based funding, which aims to support local areas to develop effective and sustainable partnerships between the voluntary and community sector, the NHS and local authorities to improve health and wellbeing, reduce health inequalities and empower communities.

Gloucestershire is one of six areas across the country to be selected to participate in phase one of King's Fund and TNLCF Healthy Communities Together programme. The programme is currently in phase one, which runs for nine months from February 2021.

In Gloucestershire, an Enabling Active Communities and Individuals (EAC-I) based partnership has been developing plans and testing approaches as part of the Healthier Communities Together programme. This has included looking to create new ways of engaging with communities and a new approach to delivering and developing services - our 'Gloucestershire Way'. This is about rethinking our approach and how we collaborate, not just with our current EAC-I partnership but with an extended group.

These plans will be implemented in phase two, aiming to transform the way communities, voluntary organisations, the NHS and local authorities work together in Gloucestershire. Phase two will last for three years from 2022 to 2024.

Grants from TNLCF will enable Gloucestershire to develop capacity for working together and support participation from community organisations. In addition, The King's Fund will provide sustained support to partnerships throughout the Healthy Communities Together programme, helping and challenging them to work together in new ways and to foster stronger relationships.

3.2.2 Progress

The initial bid-writing team has now formed a steering group. The Barnwood Trust has agreed to act as the fundholding organisation on behalf of the partners with a Partnership Agreement established. The evolving focus of the work includes:

- Mapping our connections and connectivity
- Data/insight
- Using case studies
- Defining a clear narrative for the change desired (relational; structural; capacity)

3.2.3 Next steps

- Steering Group partners to conduct exploratory conversations
- Continue mapping
- Additional research and engagement
- Stakeholder programme delivery
- Further refine Theory of Change
- Prepare for stage two bid

The ongoing learning from this work will contribute to the overall objective to develop a sustainable, community-centred, whole systems approach to reducing health inequalities.

3.3 Strengthening capacity and capability

COVID-19 has undoubtedly shone a light on health inequalities. We quickly saw evidence of a disproportionate impact on COVID-19 infections of different parts of society. There is a need to act quickly to ensure that learning from the pandemic informs action to address health inequalities.

The COVID-19 Outbreak Management Fund (COMF) budget has provided the opportunity to fund additional capacity and strengthen capability across the system. This includes the following:

3.3.1 Health Inequalities Outcome Manager and Facilitator posts

These are two new fixed term posts, which will support the development and delivery of a system-wide programme of work to understand and address the long-term impact of COVID-19 on health inequalities. This dedicated officer resource within Gloucestershire County Council will drive forward the work to ensure that Gloucestershire responds promptly and coherently to increasing health inequalities during the remainder of the pandemic, the recovery period and beyond.

The aim of this programme of work is to honour and expand on long-standing commitments to tackle the root causes of health inequalities. This requires moving at the pace required to embed the lessons learned from the COVID-19 pandemic across the local system and to ensure that health inequalities have a higher priority in the future. The posts will help develop an understanding of what is needed to embed action on health inequalities in a sustainable way across the system.

3.3.2 Equality, Diversity and Inclusion (ED&I) capacity and capability

Two additional posts have been funded to specifically build capacity around minimising the impact of COVID-19 on certain minority ethnic groups. One of the posts will focus on delivering the recommendations of the Director of Public Health (DPH) Annual Report '*Beyond COVID-19: Race, Health and Inequality in Gloucestershire*'. The other post provides a dedicated resource for developing the Gloucestershire County Council equality and diversity work. This will work closely with the Employee Networks.

3.3.3 COVID-19 Compliance and Health Inequalities in Barton and Tredworth

This involves establishing a task force of Officers specifically focusing on Barton and Tredworth to tackle health inequalities. This will provide a 12 month 'super focus' to create a breakthrough and provide better insights of how to tackle health inequalities and improve COVID compliance in a sustainable way, using behavioural insights.

The task force will involve additionally funded posts including two Private Sector Housing Officers focusing on housing conditions, one Environmental Officer focusing on waste and fly tipping, and a Project Coordinator, to lead the work and support engagement and communication.

3.3.4 Community champions

The COVID-19 Community Champions scheme was launched in response to the rising cases of Coronavirus in the Barton and Tredworth area of Gloucester and is now made up of more than 150 volunteers mainly from the Barton & Tredworth, and Matson and Robinswood areas of Gloucester.

Recognising the importance of trusted relationships, and information and feedback flows between local communities; the Community Champion network has worked collaboratively with Gloucestershire County Council and key partners, providing intelligence from their communities and disseminating key information to their communities.

There is the potential for the role of the Community Champion to evolve and for this local capability to be strengthened. There are plans now to offer the Community Champions the choice of signing up to an online learning 'Health Improvement' course provided by the Royal Society for Public Health. Each of the courses offers the option to learn without an assessment or to gain the official qualification and certificate following the completion of an eAssessment. These courses on offer aim to provide the learner with an understanding of:

- How inequalities in health may develop and what the current policies are for addressing these
- How effective communication can support health messages
- How to promote improvements in health and wellbeing to individuals
- The impact of change on improving an individual's health and wellbeing.

3.4 Scaling practice - anchor institutions

3.4.1 Background

The Gloucestershire Health and Wellbeing Board have pledged to adopt an 'anchor institution' approach to support the local economy and contribute to reducing health inequalities. Anchor institutions are typically large, non-profit organisations like hospitals, local authorities and universities, whose long-term sustainability is tied to the wellbeing of their local communities.

This approach capitalises on the substantial economic leverage these organisations have; as employers, purchasers of goods and services, land and asset owners and community leaders. Anchor institutions are significant stewards of public resources and often have duties to deliver social value. These characteristics means they are well placed to positively influence the social, economic and environmental determinants of health within their local communities.

Nationally, NHS England and NHS Improvement are developing the 'NHS as an anchor institution work programme' and are continuing to build a picture of examples of good practice. The Health Foundation has launched the 'health anchors learning network', which is free to access by NHS and other organisations.

3.4.2 Progress

Locally, a set of principles outlining what anchor institutions in Gloucestershire are, and how they can support the health inequalities agenda, were signed off by the Board in March. A mapping exercise has identified many excellent examples of anchor institution activity in

Gloucestershire, including policies and initiatives around employment and training, inclusive economic growth, social value and leadership.

3.4.3 Next steps

It is proposed that we run a virtual event in the autumn to launch the Gloucestershire Anchors Partnership Programme. The intended participants would be Gloucestershire Health and Wellbeing Board and ICS Board members and representatives from member organisations. It would serve as a call to action, an opportunity to share local and national examples of good practice and to gather views about how we can collectively maximise the benefits from this approach.

The Board is requested to consider broadening the definition and scope of the local programme to include other organisations, for example, long-established local businesses and some of the larger established local VCSE organisations that function as anchors within their communities. While moving away from the 'official' definition of anchor institutions as largely non-profit organisations, the anticipated benefits would be the opportunity to build on the relationships that these organisations have within their local communities and the added value of a wider range of perspectives and the additional economic leverage of these organisations.

4. Conclusions

This paper outlines examples of how health inequalities are directly tackled through the COVID-19 response and the progress also made against building a community centred, whole system approach. The paper does not attempt to capture all of the work across the system which addresses health inequalities. However, the newly formed Panel will aim to provide this system wide oversight in the future.