A fairer Leeds

DRAFT

Version 8 – 04.03.21

Tackling Health Inequalities Toolkit

For heath and care partners in Leeds

Feb 2021

Introduction

"People want to be treated compassionately, feel listened to and have agency. They want to be helped by an identified person with a name, and have access to culturally appropriate services that are relevant to them." Communities of Interest Network Member

Bringing health inequalities into the mainstream

By working in our health, care, voluntary or community organisations, you are already helping to make Leeds the best city for now and for our future generations. However, health inequalities were already worsening before Coronavirus and the shock waves from the pandemic are now impacting on families and communities, on mental and physical health.

This means it's vital that all of us working in the Leeds health and care system take a new approach. Whatever your role, there will be many ways in which you can help. In short, ***it's no longer about the extra things we can do to tackle health inequalities, but about tackling health inequalities in everything we do.***

This toolkit has been developed by the Tackling Health Inequalities Group (THIG) to help you do just that. If we all do something, towards the same goals, we have a much better chance of making a fairer, more equal Leeds, where people who are the poorest improve their health the fastest. Our voluntary, health, and care partner organisations in Leeds have all signed up to using this toolkit to support our collective efforts to address the unfair and avoidable inequalities that persist in our city.

You are here! Click on this interactive navigation bar throughout the toolkit to easily move to different sections

Using this toolkit

This is an interactive document which contains information and links to external resources to support you to focus on health inequalities in your work. It aims to:

- increase your understanding of health inequalities,
- inform your thinking and decision making,
- outline shared goals and themes we can all contribute to,
- guide action you can take that can make a real difference to people who experience health inequalities.

The toolkit sets out a range of activities, principles and practical tools relevant to all health, care and voluntary organisations in our system. It focuses on action that is specifically within our remit and that is specific to Leeds. In this way, we hope to go further than the activities outlined in national guidance and requirements, such as the NHS Phase 3 Urgent Actions on Health Inequalities, NHS Well-led Framework for tackling health inequalities, or the Marmot Reviews.

Our toolkit begins with our own Tackling Health Inequalities framework for action – by clicking on the various interactive components of this, you will reveal more information.

The Tackling Health Inequalities Group (THIG) was established in June 2020 by the Leeds Health and Care Partnership Executive Group. It includes representatives from third sector, health, and care organisations in Leeds, and aims to ensure we are all playing our part in tackling health inequality issues.

Leeds Tackling Health Inequalities – a framework for action

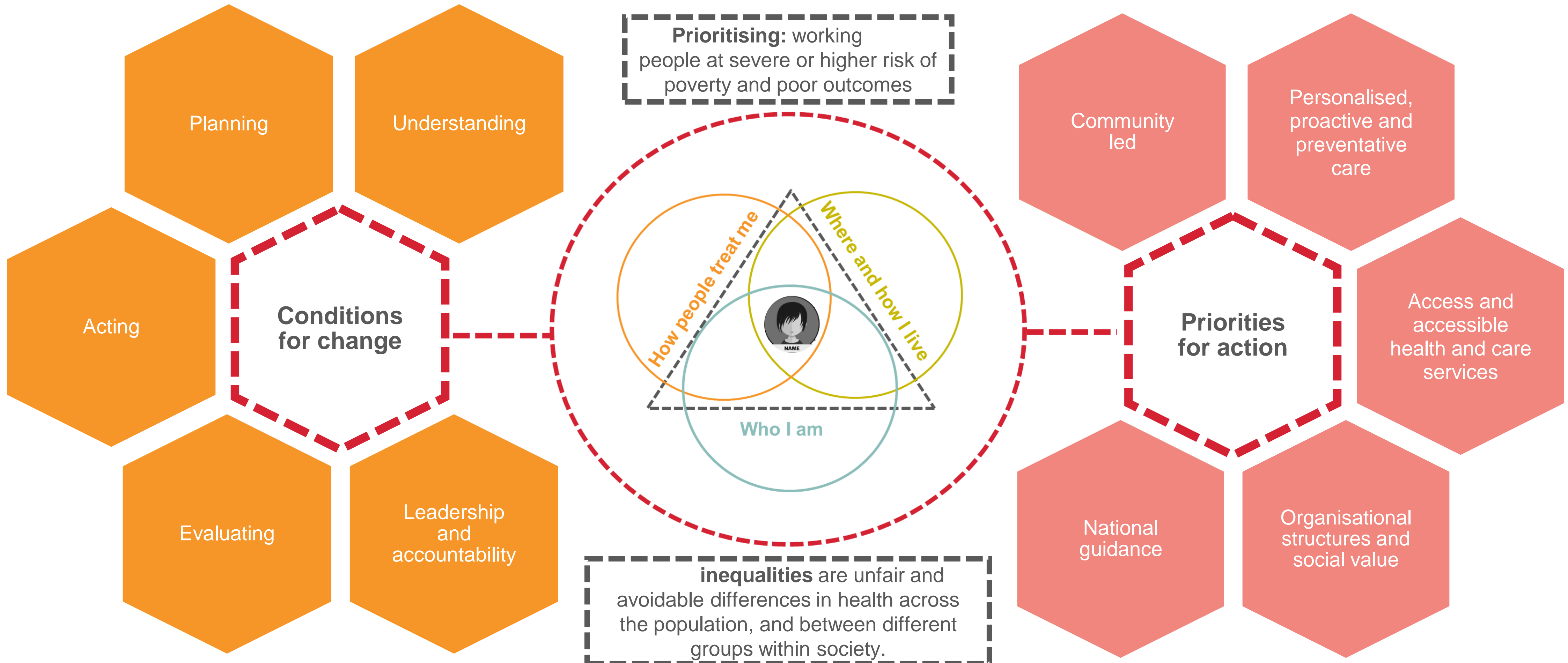
Our ambition: Leeds will be the best city now and for future generations, where people who are poorest improve their health the fastest

Our declaration: As a Leeds health and care system we will work differently, together and with people, to tackle health inequalities. We will be bold and honest, ensuring every decision and action we take impacts positively for people of Leeds who will benefit the most.

Driven by
Leeds Health and Wellbeing Strategy

Applying our Partnership Principles in all that we do
We start with people | We deliver | We are Team Leeds

Measured by
Health Outcome Ambitions



Conditions for change

What all organisations can do to create a culture that focuses on tackling health inequalities

Understanding

- Use data, evidence, clinical viewpoints, and the voices and experiences of people who have been excluded or marginalised to understand the impact of inequalities on lives lived in Leeds and to identify potential action
- Understand the needs of inclusion health groups (e.g. homeless; refugees, Black Asian and Minority Ethnic, LGBT+) and specifically identify any groups of people who might have unequal access to diagnosis, treatment or support
- Use 'Population Health' approaches - working with specific populations to identify desired health and care outcomes and use intelligence led approaches to collectively design solutions, improve quality, and make best use of the Leeds £
- Sufficient coverage of health inequalities issues in relevant meetings at all levels

Planning

- Decision makers, Communities of Interest and people work together to design solutions, direct resources and shape services and culture so people achieve outcomes that matter most to them
- Use qualitative and quantitative intelligence as the base of planning improvements and activities to tackle health inequalities
- Consider health inequalities in the planning and delivery of all services, including waiting list management. Use risk stratification approaches and deep engagement with those at risk of exclusion
- Shift resources to have the biggest impact in people experiencing the greatest health inequalities
- Capitalise on collaboration between NHS, local government and the voluntary, community and social enterprise sector to determine longer term plans to address the underlying causes of health inequality

Acting

- Decisions and actions reverse the effects of deprivation and tackle the widening inequalities gap, reaching every part of Leeds to ensure no one is left out. Put in place mitigations to address any issues
- Address local priorities in collaboration with partners, using an integrated personalised model that takes account of wider social / economic needs
- Staff know what their role is in achieving plans
- Lead or contribute to actions outlined in this toolkit to tackle health inequalities

Evaluating

- Be transparent with people and partners about actions taken, their impact, and where improvements can be made, asking people if we have listened and acted correctly
- Establish clear and robust service performance measures, across system partners, which are reported and monitored, and use information to measure improvement in addressing health inequalities, not just for assurance
- Assess processes regularly, seek feedback, use appropriate national learning, and provide an account of delivery

Leadership and accountability

- Develop a culture centred on the people who need to use our services
- Apply appropriate governance and assurance mechanisms to the system
- Ensure visible and approachable leadership with the necessary skills, experience and integrity
- Promote equality and diversity within and beyond the organisation
- Emphasise safety and wellbeing of staff, including protection of staff against Covid 19, with risk assessments and subsequent action taking place

DRAFT: Priorities for action

What all organisations can do to go beyond national requirements tackle health inequalities

1. Community led

a) All organisations / sectors to engage with LCPs to create local plans for tackling inequalities through working in partnership with local people and with community building approaches
b) All organisations to be able to detail and show impact of work with relevant Communities of Interest
c) All organisations to use the Leeds principle of 'flexibility within a framework' for services to meet local needs and assets in different neighbourhoods and communities
d) Adopt the principle of asset based community development approaches, devolving decision making on use of resources as close to communities as possible, where appropriate

2. Personalised, proactive and preventative care

a) Accelerate emphasis on proactive and preventative programmes, ensuring that all programmes across populations in the majority of settings are minimum of 60% proactive and preventative
b) All workforce to be trained in 'better conversations' as our unified approach, using this to embed 'what matters to me questions' across services and moving planned consultations to using the shared decision making NICE framework (2021)
c) For restarting services and service reviews look at them through the lens of the person - personalised, holistic care rather than their separate condition

3. Access and accessible health and care services

a) Establish shared datasets accessible by the whole system
b) Meet and exceed the Accessible Information Standard - record and share communications needs of everyone in contact with the health and care system so that people express a preference once
c) Complete and act on EHIA simple audit on services as they restart
d) Always consider health literacy/digital inclusion without assuming that everyone has digital access
e) Focus on socially excluded, economically disadvantaged, and equality groups to review DNAs for services

4. Organisational Structures and social value

a) Ensure funding philosophy of proportionate universalism to target resources to those most at risk of experiencing health inequalities
b) All organisations develop their role as employers, Anchor Institutions and Community Anchors
c) All organisations reflect the diverse communities we serve and develop system leaders to champion health equality at all levels
d) All organisations to publish annual assessments on where inequalities are, for who and what actions have been / will be taken to mitigate

Consistently establish robust and regular peer to peer support / challenge, also working with the **Communities of Interest Network**, to share commonalities and hold each other to account. Use improvement methodologies to identify action and drive positive change, working collaboratively, in partnership on these things wherever possible.

Understanding

We will listen deeply to diverse voices and use our data to understand experiences of inequality

Expected conditions

- Use data, evidence, clinical viewpoints, and the voices and experiences of people who have been excluded or marginalised to understand the impact of inequalities on lives lived in Leeds and to identify potential action
- Understand the needs of inclusion health groups (e.g. homeless; refugees, Black Asian and Minority Ethnic,, LGBT+) and specifically identify any groups of people who might have unequal access to diagnosis, treatment or support
- Use 'Population Health' approaches - working with specific populations to identify desired health and care outcomes and use intelligence led approaches to collectively design solutions, improve quality, and make best use of the Leeds £
- Sufficient coverage of health inequalities issues in relevant meetings at all levels

Question:

Is appropriate and accurate information accessible, effectively processed, challenged and acted on?

Supporting resources and tools

Grow your understanding of health inequalities by clicking to access to the following resources:

A simple, baseline data tool for health inequalities in Leeds

A summary of what people in Leeds say about their experiences of health inequalities

Communities of Interest

The King's Fund explainer - an overview of how health inequalities are experienced in England's population

"Solace has found it helpful to identify a specific need and gear a service directly to that. It's about understanding the cultural sensitivities of what the needs of a group might be."

What are health inequalities?

"**Health inequalities** are unfair and avoidable differences in health across the population, and between different groups within society." NHS England definition

Want to know more? Click here to access more information, resources and tools

Inequalities of what?
Health inequalities are ultimately about differences in the status of people's health. But the term is also commonly used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives, both of which can contribute to their health status. Health inequalities can therefore involve differences in:

- health status, for example, life expectancy and prevalence of health conditions
- access to care, for example, availability of treatments
- quality and experience of care, for example, levels of patient satisfaction
- behavioural risks to health, for example, smoking rates
- wider determinants of health, for example, quality of housing.

Inequalities between who?
Differences in health status and the things that determine it can be experienced by people grouped by a range of factors. In England, health inequalities are often analysed and addressed by policy across four factors:

- socio-economic factors, for example, income
- geography, for example, region or whether urban or rural
- specific characteristics including those protected in law, such as sex, ethnicity or disability
- socially excluded groups, for example, people experiencing homelessness.

Source: The King's Fund

Who is most at risk?

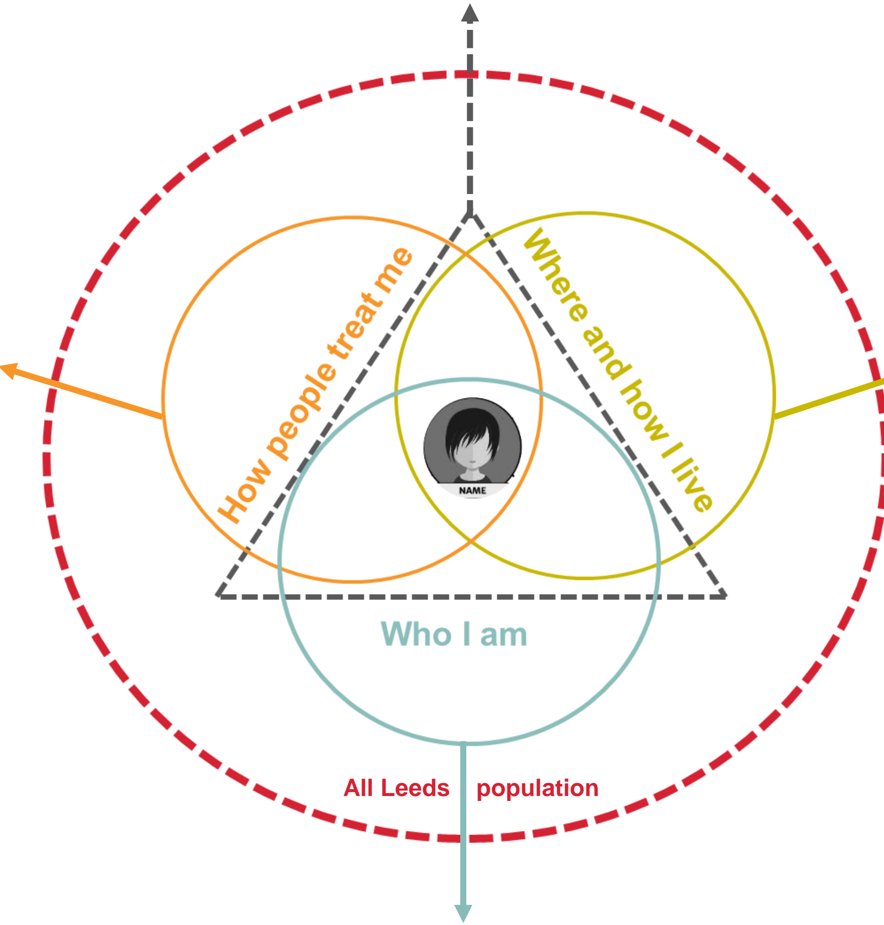
In Leeds, we are prioritising working with people who have a greater likelihood of poor health. However, the key to understanding who experiences health inequalities is knowing the 'intersectionality' of different risk factors; the combination of social/economic disadvantage, being socially excluded, and from a protected characteristic. This model also includes clinical risk for COVID-19.

I am identified as being at higher clinical risk: This can be because I have a specific medical condition or a number of conditions. I may have a significantly higher risk than others within this group, and might be shielding.

How People Treat Me on an individual and institutional level:
Some people who experience the greatest inequalities have historically been excluded or marginalised based on how they live, who they love, where they were born, what they look like or who they pray to.

'Communities of Shared Interest' is the collective term used to describe the groups of people who share an identity (for example people with a shared ethnicity) or those who share an experience (or example survivors of domestic violence).

Communities of Shared Interest tend to emerge from experience of exclusion from mainstream communication, thinking or planning. The are a source of vital expertise on planning for inclusion and addressing barriers to inclusion.



Where I live and how I live: What money I have available to me makes a significant impact on my ongoing health. As does the job I do, my education level, who I live with and how we interact. When these are negative, it can have a direct impact on my mental and physical health, and the choices I make about staying healthy.

If where I live has multiple "deprivations" – where more people are likely to have lower incomes, there is poor quality housing or poorer environmental factors – such as noise or pollution. Or if my area does not have a strong community or social infrastructure – this can negatively affect my health.

My legal status also impacts on the health options I have.

Who I am in demographics: This includes my age, gender, disability, ethnicity, sexuality, religion, faith or beliefs. These are characteristics protected in law.

TOOL: quantitative data pack

This data pack brings together quantitative intelligence and analysis from a range of sources to provide the health and care system with a simple, unified view of health inequalities in Leeds. Throughout this pack, you'll find explanations of health inequalities, where they exist in our city and who experiences them. There are also links to other resources that can provide more information. The pack begins with an overview of using relevant local and national data.

See Tool 1

TOOL: qualitative data pack

From December 2020 to January 2021, Healthwatch Leeds spoke to a number of Communities of Interest Network Members to find out their ideas for what services can do to improve their offer for the people they work with. The findings are still in draft and will be developed into a qualitative data pack to accompany this toolkit. You can read the draft report findings at tool 2.

See Tool 2

Planning

We will work collaboratively to design impactful, creative solutions where most needed

Expected conditions

- Decision makers, Communities of Interest and people work together to design solutions, direct resources and shape services and culture so people achieve outcomes that matter most to them
- Use qualitative and quantitative intelligence as the base of planning improvements and activities to tackle health inequalities
- Consider health inequalities in the planning and delivery of all services, including waiting list management. Use risk stratification approaches and deep engagement with those at risk of exclusion
- Shift resources to have the biggest impact in people experiencing the greatest health inequalities
- Capitalise on collaboration between NHS, local government and the voluntary, community and social enterprise sector to determine longer term plans to address the underlying causes of health inequality

Question:

Is there a clear vision and credible strategy to deliver high quality, sustainable action and robust plans to deliver?

Supporting resources and tools

Leeds has a long history of 'working with' people rather than doing to or for – you can find out more by clicking to access the resources below.

Designing with people

Better Conversations training for staff

A risk stratification tool (tbc)

"Ask people's views about services before putting things in place. There is still a tendency to ask people too late, when a project's parameters are already very much in place. Third-sector organisations can be a good conduit for this. If we get this right, we can support people the way they want to be supported." Community of Interest Network Member

Designing with people

Getting started
It can be hard to know where to start when designing solutions with people with lived experience, service users, patients, and people. Within Leeds, we are fortunate to have a number of resources and groups championing this work and who are here to help.

Contacts with your organisation
You may have a patient experience or engagement lead. These colleagues know how to do this work and will be a good first port of call. Key contacts are:

LCH - Heather Thrippleton
LYPFT -
LTHT -
LCC -
CCG -
GP Confederation –

All of these colleagues are part of the citywide People's Voices Group, whose ambition is to see people's voices, especially those with the greatest health inequalities, at the centre of health and care decision making, at all levels, across all service development in Leeds. Get in touch for further support.

People's Voices Group

Organisations that can help:
Leeds is fortunate to have excellent Third Sector Organisations who have trusted relationships with many communities, especially those with the greatest health inequalities. These are the voices we need to hear and place at the centre of our planning so we meet people's needs. The organisations below all do work to support services and organisations to understand and do co-design and co-production.

Healthwatch Leeds

Leeds Involving People

Leeds Voices

2 best practice guides from Leeds

Time to Shine co-production toolkit

Get Set Leeds toolkit (tbc)

People's Voices Group: principles of good involvement
- Ensure that the voice of people experiencing health inequalities is central.
- Ensure that involvement is linked directly into decision making within our organisations.
- Avoid repeating listening exercises when we have already asked people what they think.
- Ensure our involvement work is accessible to all communities.
- Feed back to the people who shared their views by clearly detailing how their contribution has supported decision making.
- Promote wider recognition that involvement is everyone's responsibility, not just involvement specialists

Spotlight on…

Leeds Mental Wellbeing Service

The Leeds IAPT service was recommissioned in 2019/20 and became the Leeds Mental Wellbeing Service, with Leeds Community Healthcare NHS Trust as lead provider and supported by a partnership that included Leeds and York Partnership Foundation Trust and the local third sector. As a universal service we have some great outcomes, including a recovery rate that's higher than the national average. However when you examine the outcomes for different community groups this is not always the same story. We were keen to develop a new service that had patient involvement at the heart of it and where interventions could be designed in partnership with different kinds of service users to create a bespoke service for everybody that needs it.

Led by the third sector, the service now has a health inequalities strategy and action plan in place, which helps us plan how to ensure the service offer improves inequalities rather than exacerbates them. This is underpinned by a co-production network of service users who form part of the governance of the service and who constructively challenge any service changes or developments that are made. A peer support model means that users of the service are part of our workforce and they work directly with underrepresented groups to ensure the service offer is appropriately adapted to different people's needs, ultimately having a greater impact on health outcomes.

As a result of targeted work with BAME communities, the service have higher recovery rates within this group compared with last year, despite the pandemic

Acting

We target our efforts and invest in prevention and community based care

Expected conditions

- Decisions and actions reverse the effects of deprivation and tackle the widening inequalities gap, reaching every part of Leeds to ensure no one is left out. Put in place mitigations to address any issues
- Address local priorities in collaboration with partners, using an integrated personalised model that takes account of wider social / economic needs
- Staff know what their role is in achieving plans
- Lead or contribute to actions outlined in this toolkit to tackle health inequalities

Question:

Are the people who use services, the public, staff and external partners engaged and involved to support high quality services?

"Lots of people with a Learning Disability also have a mental health diagnosis and tend to fall between services. They often end up with LD support organisations which don't have the mental health expertise to fully support them. More joined up services: attending the Local Care Partnership (LCP); has made a real difference…in getting information quickly and being involved in discussions early."
Communities of Interest Network Member

Supporting resources and tools

In most cases, actions taken to tackle inequalities will be locally determined. However, if we focus our collective efforts on some things then we are likely to create a more significant impact and deliver increased value for Leeds. In this way, we will go further and faster than national guidance and requirements.

Priorities for action

Delivering social value

National guidance

Evaluating

We will regularly assess our efforts and seek broad sources of evidence of change

Expected conditions

- Be transparent with people and partners about actions taken, their impact, and where improvements can be made, asking people if we have listened and acted correctly
- Establish clear and robust service performance measures, across system partners, which are reported and monitored, and use information to measure improvement in addressing health inequalities, not just for assurance
- Assess processes regularly, seek feedback, use appropriate national learning, and provide an account of delivery

Question: **Are there clear and effective processes for managing risks, issues, and performance?**

Question: **Are there robust systems and processes for learning, continuous improvement, and innovation?**

Supporting resources and tools

Whilst establishing your own performance measures, you might want to remind yourself of the sorts of intelligence already captured and how you can build on this. There's a tool here to help you capture your annual assessment of health inequalities too.

Health Outcomes Measures

A simple, baseline data tool for health inequalities in Leeds

A summary of what people in Leeds say about their experiences of health inequalities

Annual Health Inequalities assessment tool

"We can easily identify which communities are going to be the hardest hit and where interventions are best placed to prevent poor mental health developing into a chronic condition requiring clinical interventions and resultant higher expenditure. The city's long-standing aim of reducing health inequalities and inclusive growth will require a well-coordinated approach that needs to be built now." Communities of Interest Network Member

Health Outcomes Measures

Indicator
HA1 - Infant Mortality
HA2 - Reduce weight in 10-11 year olds
HA3 - Healthy Life Expectancy - Males
HA3 - Healthy Life Expectancy - Females
HA4 - Rate of early death under 75 from CVD
HA5 - Rate of early death under 75 from Cancer
HA6 - Rate of early death under 75 from Alcoholic Liver Disease
HA7 - Rate of early death under 75 from Respiratory Disease
HA8 - Potential Years of Life Lost to Avoidable Causes
HA9 - Reduce premature mortality for those with SMI
HA10 - Suicide Rate
HA11 - Increase the proportion of people who experience a good death

These are longer term indicators that, as a health and care system, we are looking at over a 10 year period. Data is already collected on these indicators because our ambition is to:

- Be as good as if not better than the England average
- Where measurement allows – we will commit to reducing the gap between Leeds and deprived Leeds by 10%

Articulated through the Leeds Health and Wellbeing Strategy and the Leeds Left Shift Blueprint, these indicators can work alongside system activity metrics and quality experience measures to:

- Provide clarity on how we will know if we have met our strategic commitments
- Describe a 'common language' and direction for our individual programmes of work indicating the 'bigger picture' we are asking them to contribute towards
- Help to prioritising our scare resources – not only financial but also workforce
- Reflect the life-course
- Already being used to gauge the success of strategies and plans across the city

Leadership and accountability

We will offer high support, high challenge through a health inequality lens in all we do

Expected conditions

- Develop a culture centred on the people who need to use our services
- Apply appropriate governance and assurance mechanisms
- Consistently establish robust and regular peer to peer support / challenge, also working with the Communities of Interest Network, to share commonalities and hold each other to account
- Ensure visible and approachable leadership with the necessary skills, experience and integrity
- Promote equality and diversity within and beyond the organisation.
- Emphasise safety, health, and wellbeing of staff

Question: **Do we have the necessary leadership capability to deliver high quality, sustainable care?**

Question: **Are equality and diversity actively promoted in our workforce?**

Supporting resources and tools

Whatever your role, at whatever level of your organisation, you have a role to play in tackling health inequalities and championing a fairer Leeds. That's why Leeds is looking to promote System Leadership across our organisations.

System Leadership development

"As things start to get tougher…over the coming months, there is a worry that people will start to retreat back into their own organisations (although it's been clear that collaboration makes us all stronger!) It's important too that small organisations don't get forgotten." Communities of Interest Network Member

"Adopt a paradigm shift towards patient centred services that shift some resources away from the clinical power house."
Communities of Interest Network Member

Community led

We put local voices at the centre, build on local strengths and intentionally collaborate

Priority actions

a All organisations / sectors to engage with Local Care Partnerships to create local plans for tackling inequalities, working in partnership with local people and with community building approaches

b All organisations to be able to detail and show impact of work with relevant Communities of Interest

c All organisations to use the Leeds principle of 'flexibility within a framework' for services to meet local needs and assets in different neighbourhoods and communities

d Adopt the principle of asset based community development approaches, devolving decision making on use of resources as close to communities as possible, where appropriate

Supporting resources and tools

People define their own needs, describe their own desired futures, use their strengths and help make change happen. To support community led approaches flourish, we work with integrity, are willing to share power, and listen and act on what people say.

- Local Care Partnerships
- Communities of Interest Network
- Designing with people
- Asset Based Community Development in Leeds

Local Care Partnerships (LCPs)

What are LCPs?

Local Care Partnerships is the term adopted in Leeds to describe a model of joined-up working across health and care with teams delivering 'local care for local people' 'working in and for' local communities.

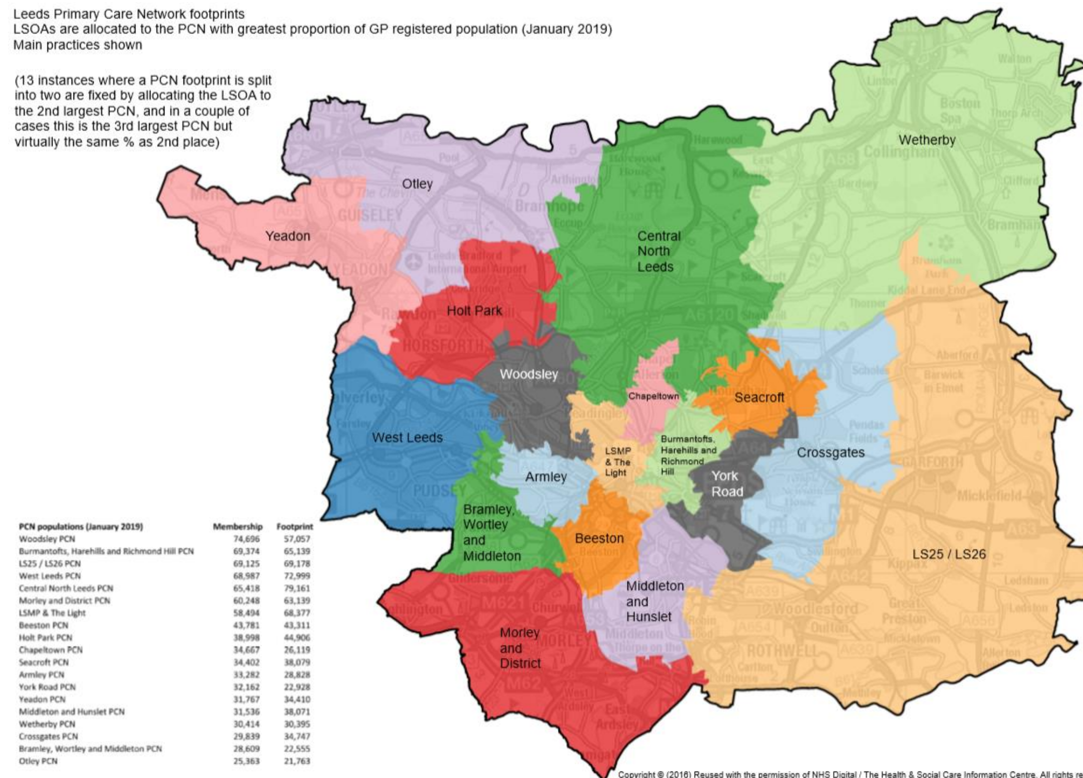
Leeds has 19 Local Care Partnerships, providing coverage across Leeds. They bring together health and care leaders from the local area to plan and deliver support services for the local population. Recognising the diversity of the city, they are tailored to local need and the features and assets of that particular community. Each LCP is at a different stage of development.

The ambition for Local Care Partnerships is to develop a broad partnership of local leaders that goes beyond providers of health and care services, enabling leaders to work together with local people to address the wider determinants of health.

Who is part of an LCP?

All LCPs share the same key feature – a range of people working together, regardless of the employing organisation, to deliver joined-up collaborative care that meets the needs of the identified population. Each Local Care Partnership includes statutory organisations, Third Sector (community groups) and elected members, alongside local people, to develop services that support people to self-care and thrive using their individual and community assets.

Local Care Partnership data profiles



PCN populations (January 2019)	Membership	Footprint
Woodsley PCN	74,696	57,057
Burmantofts, Harehills and Richmond Hill PCN	69,374	65,139
LS25 / LS26 PCN	69,125	69,178
West Leeds PCN	68,987	72,999
Central North Leeds PCN	65,418	79,161
Morley and District PCN	60,248	63,139
LSMP & The Light	58,494	68,377
Beeston PCN	43,781	43,311
Holt Park PCN	38,998	44,906
Chapeltown PCN	34,667	26,119
Seacroft PCN	34,402	38,079
Armley PCN	33,282	28,828
York Road PCN	32,162	22,928
Yeadon PCN	31,767	34,410
Middleton and Hunslet PCN	31,536	38,071
Wetherby PCN	30,414	30,395
Crossgates PCN	29,839	34,747
Bramley, Wortley and Middleton PCN	28,609	22,555
Otley PCN	25,363	21,763

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In order to address health inequalities, Leeds has identified the people in the city living in the 10% most deprived areas nationally as a priority for action. This equates to 224,000 people, with almost 80% living in the following 7 Local Care Partnerships:

- Harehills
- Chapeltown
- Middleton
- Beeston
- Seacroft
- Armley
- Burmantofts and Richmond Hill

Communities of Interest Network

What do we mean by 'Communities of Interest'?
'Communities of Interest' are groups of people who share an identity rather than geography, for example people who are African Caribbean; people with a learning disability. or people who identify as Lesbian, Gay, Bisexual or Trans(+). 'Communities of Interest' also include groups who have a shared experience, for example sex workers, people who are homeless, or survivors of domestic abuse. A full list of groups can be found here. The communities included are diverse, but may have shared experiences resulting from the inequalities they face. It is also important that we continue to identify and respond to the needs of additional groups.

What is the Communities of Interest Network?
Building on trusted relationships with local community organisations and the richness and diversity of our Third Sector in Leeds, Forum Central have been working with operationally connected, community-based organisations since March 2020 to support the flow of information to Communities of Interest facing additional challenges during Covid-19. Furthermore, the work seeks to establish mechanisms to ensure that these needs and solutions are fed into the decision-making systems across the City.

Practically this work is manifested as a dynamic group of members who meet fortnightly and linked through a communications network facilitated by Forum Central. Through a process of shared dialogue and decision making, the network provides a mechanism to share information with and hear back from communities in real time. The information collected, compliments broader insight and intelligence activities taking place across the health and care system.

What has the Network achieved so far?
We are hearing back week by week about all the challenges, barriers, questions, issues experienced across all communities of interest, and exploring the experience of intersecting identities. This enables us to give real time feedback to decision-makers across our Leeds system to help them respond to current challenges. It will also help us develop a future system which is both personalised and responsive to the needs of all communities of Leeds. Capturing the positive actions and resilience of our communities and sharing good practice and resources between different groups has also been valuable.

To date, the network has enabled the development of targeted support including small grant funding focussed an areas of greatest need including Black Asian and Minority Ethnic Groups; Faith; Older People's, Young People's and disability organisations. This has enabled us to reach around 70 often very small and locally focussed organisations, giving a platform for applicants to talk about any challenges or successes they may have had with their project/activities. The Network has helped build trust and develop tools to have challenging conversations as well targeting messages that improve access to health services and vaccines.

Throughout this document you'll find direct quotes from our Communities of Interest Network Members, who have shared their views on what's working well and what could be better for communities in Leeds. Find out more through the link below.

A summary of what people in Leeds say about their experiences of health inequalities

Personalised, proactive and preventative care

We promote good health and ensure prevention is at the heart of everything we do

Priority actions

a Accelerate emphasis on proactive and preventative programmes, ensuring that all programmes across populations in the majority of settings are minimum of 60% proactive and preventative

b All workforce to be trained in 'better conversations' as our unified approach, using this to embed 'what matters to me questions' across services and moving planned consultations to using the shared decision making NICE framework (2021)

c For restarting services and service reviews look at them through the lens of the person - personalised, holistic care rather than their separate condition

Supporting resources and tools

Regardless of where we work in the health and care system, prevention can be applied at any point so we do more to support people to live a healthier life. Having Better Conversations with people about their health can make a big difference.

Better Conversations training for staff

What matters to me questions (tbc)

"There is more room for preventative work. For example, prevention around perinatal mental health could help prevent problems from taking root early in life. Mental health is a huge issue at the moment, the consequences of which won't become fully clear for several years."
Communities of Interest Network Member

Access and accessible health and care services

We make sure inclusion for all and accessibility are on the agenda for all health and care services

Priority actions

- **a** Establish shared datasets accessible by the whole system
- **b** Meet and exceed the Accessible Information Standard - record and share communications needs of everyone in contact with the health and care system so that people express a preference once
- **c** Complete and act on EHIA simple audit on services as they restart
- **d** Always consider health literacy/digital inclusion without assuming that everyone has digital access
- **e** Focus on socially excluded, economically disadvantaged, and equality groups to review DNAs for services

Supporting resources and tools

The Accessible Information Standard is a legal requirement, but we don't want to stop there. Find out more and assess what you can do to ensure health and care in Leeds is inclusive and accessible to all.

Accessible Information Standard

Equality and Inequality Impact Assessment Tool (tbc)

Digitising Leeds: Healthwatch Leeds report

Organisational structures and social value

We use our organisational practices and influence to deliver value beyond our core business

Priority actions

a Ensure funding philosophy of proportionate universalism to target resources to those most at risk of experiencing health inequalities

b All organisations develop their role as employers, Anchor Institutions and Community Anchors

c All organisations reflect the diverse communities we serve and develop system leaders to champion health equality at all levels

d All organisations to publish annual assessments on where inequalities are, for who and what actions have been / will be taken to mitigate

Supporting resources and tools

The Accessible Information Standard is a legal requirement, but we don't want to stop there. Find out more and assess what you can do to ensure health and care in Leeds is inclusive and accessible to all.

Delivering social value

Guide to Leeds Anchors Network

Annual health inequalities assessment tool

TOOL: annual assessment

Please use this tool when completing the following action:

All organisations to publish annual assessments on where inequalities are, for who and what actions have been / will be taken to mitigate

If you have been identified as a contributor to your organisation's annual health inequalities assessment process, please provide a full written response to all questions and submit to your organisation's health inequalities executive lead.

Link to example assessments and best practice (tbc)

Considering the last 12 months…

Organisation__________ Service area____________ Completed by ____________

1a. What group/groups of people do you know who do not attend or experience difficulties or barriers in accessing your service(s)?

1b. What group/groups of people do you know whose outcomes are consistently poorer in your service(s)?

1c. How have you listened to and engaged with these groups about their experiences?

(When answering, include who, how many, with which characteristics. Link to any qualitative or quantitative intelligence you have)

2. What actions have been targeted to mitigate harm, increase access, or improve outcomes for these identified inequalities?

3a. What measurable difference has this had for people experiencing these inequalities? (Link here to any qualitative or quantitative intelligence you have on this)

3b. What has been the feedback from these groups about the actions taken in the last 12 months?

4. What are your priorities in the next 12 months?

- By services we mean any commissioned services, any activities, groups, support, or other initiatives, invested in by public money, that are intended to improve health and wellbeing of people in Leeds
- Please complete to an appropriate level of detail based on your organisation size, scale, complexity
- Organisations are expected to be transparent about how they completed these assessments, within which services, and at what level

Delivering social value

We use our reach and influence, within and beyond our core business, to bring maximum benefit

What is social value?

The Social Value Portal defines social value as an umbrella term for the broad effects resulting from organisations considering their activities holistically, taking account of the wider economic, social and environmental effects of their actions.

Organisations which make a conscious effort to ensure that these effects are positive can be seen as adding social value by contributing to the long-term wellbeing and resilience of individuals, communities and society in general. As an example, **The United Nations Sustainable Development Goals** are, in effect, a social value charter for the planet.

We have a range of policies and programmes in Leeds that bring social value to life locally, including but not limited to:

Leeds Social Value Charter

Our Social Value Charter sets out ways that all organisations in Leeds can make changes in the way they work to make Leeds a fairer, more equal place. It aims to get everyone to sign up to distributing the money (and other resources) made in Leeds more evenly through the population and to keeping as much money as possible in the local economy.

Leeds Commissioning Code of Practice

The Code encourages partners to work together to support innovation, encourage enterprise and ensure that the available local and external investment, in-kind contributions and other resources are used in the most effective way and are directed at the agreed priorities and the needs of the people of Leeds and their communities.

Leeds Health and Care Climate Commitment

This is a set of principles and actions to work towards to be a climate resilient, sustainable health and care system that mitigates the impacts of climate change – especially within our communities that experience the poorest health outcomes.

Leeds Anchors Network

Anchor organisations in our Network make a commitment to intentionally apply their long term, place based economic power and human capital in partnership with community to mutually benefit the long term wellbeing of both. This is part of our placed based approach to inclusive growth and community wealth building.

NHS England Urgent Actions

Taken from NHS England's Phase 3 response to COVID-19

Covid-19 has cast a stark light on the health inequalities that persist across society, with particular groups and communities disproportionately affected.

The NHS Phase 3 response to the Covid pandemic (and restoration of services) identified 8 urgent actions to tackle health inequalities.

These included the requirement to strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities.

Leeds is working on these, but seeks to go further, faster, than the national requirements. Check out our additional priorities for Leeds.

Priorities for action in Leeds

1. Protect the most vulnerable from COVID-19
2. Restore NHS services inclusively
3. Develop digitally-enabled pathways inclusively
4. Proactively engage people at greatest risk in prevention
5. Particularly support those suffering mental ill-health
6. Strengthen leadership and accountability
7. Ensure datasets are complete and timely
8. Collaborate locally in planning and delivery

The Well-led Framework for tackling health inequalities

The well-led framework is structured around eight key lines of enquiry (KLOEs)

1 Is there the **leadership capacity and capability** to deliver high-quality, sustainable care?	2 Is there a clear **vision** and credible **strategy** to deliver high-quality sustainable care to people, and robust plans to deliver?	3 Is there a **culture** of high-quality, sustainable care?
4 Are there clear responsibilities, **roles** and systems of accountability to support good governance and management?	Are services well-led?	5 Are there clear and effective processes for managing **risks**, issues and **performance**?
6 Is appropriate and accurate **information** being effectively processed, challenged and acted on?	7 Are the **people** who use services, the public, **staff** and **external partners engaged** and involved to ensure high-quality sustainable services?	8 Are there robust systems and processes for **learning**, continuous **improvement** and **innovation**?

The Marmot Reviews

TIP: click on the numbers to access the full reports

Sir Michael Marmot has now completed 3 different publications focussing on the actions required to alter health inequalities. Whilst many of his recommendations include the wider determinants of health, there is much for health and care partners to act on, influence, and lobby for..

1

Published in 2010, *The Marmot Review: Fair Society, Healthy Lives* was a landmark study of health inequalities in England. It identified 6 policy objectives and 6 actions to tackle inequalities.

Policy objectives	Actions
1. Give every child the best start in life 2. Enable all children young people and adults to maximise their capabilities and have control over their lives 3. Create fair employment and good work for all 4. Ensure healthy standard of living for all 5. Create and develop healthy and sustainable places and communities 6. Strengthen the role and impact of ill health prevention	1. Develop a national strategy for action on the social determinants of health with the aim of reducing inequalities in health. 2. Ensure proportionate universal allocation of resources and implementation of policies. 3. Early intervention to prevent health inequalities. 4. Develop the social determinants of health workforce. 5. Engage the public. 6. Develop whole systems monitoring and strengthen accountability for health inequalities.

2

In February 2020, *Health Equity in England: The Marmot Review 10 Years On* was published and concluded the following:

- people can expect to spend more of their lives in poor health;
- improvements to life expectancy have stalled, and declined for the poorest 10% of women;
- the health gap has grown between wealthy and deprived areas;
- place matters – living in a deprived area of the North East is worse for your health than living in a similarly deprived area in London, to the extent that life expectancy is nearly five years less.

3

Build Back Fairer, published in December 2020, builds on earlier recommendations in the context of COVID-19. It considers long, medium and short term actions in light of the pandemic, with action recommended on social and economic determinants of health, including:

- Reducing inequalities in mortality from COVID 0- 19
- Reducing inequalities in early years
- Reducing inequalities in education
- Build back fairer for children and young people
- Create fair employment and good work for all
- Ensuring a healthy standard of living for all
- Creating and developing health and sustainable places and communities
- Strengthening the role and impact of ill health prevention

Our Partnership Principles

Led by the city's Health and Wellbeing Board, all health and care partners have signed up to the Partnership Principles. These guide how we work and we use them to hold ourselves and each other to account so that our partnership is the best it can be, delivering the best outcomes for people in Leeds.

Principles of our approach | In everything we do

We start with people

Working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.

We deliver

Prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.

We are Team Leeds

Working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude.

Our Third Sector

From city wide services to small scale community initiatives, our Third Sector – made up of voluntary, community, faith and social enterprise organisations - provides a broad and diverse range of services and support across Leeds, targeted at areas of greatest need.

With a commitment to reducing health and social inequalities, these organisations contribute towards the safety, inclusivity, and wellbeing of the population of Leeds. With grassroots connections and a responsibility to reach the most vulnerable in our society, Third Sector organisations have established high levels of trust, with communities naturally turning to them for support. Our diverse Third Sector is working as part of an ever more integrated health and social care system.

Other Networks:

- Communities of Interest Network
- Leeds Arts Health and Wellbeing Network
- Leeds Asylum Seekers Support Network
- Leeds Equality Hubs
- Leeds Faith Forum
- Leeds Funding Network
- Leeds Social Enterprise Network
- Leeds Volunteer Managers Network
- Local Care Partnerships
- Men's Health Unlocked
- Tenants and Residents Groups