Agenda Item No. 8

Health and Wellbeing Board

7 May 2014

Report title	**Progress Update on Joint Health and Wellbeing Strategy Priority: Wider Determinants of Health**	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Community/Public Health	
Accountable employee(s)	Ros Jervis Tel Email	Director of Public Health 01902 55(1372) ros.jervis@wolverhampton.gov.uk
Report to be/has been considered by	Public Health Delivery Board Public Health Delivery Board	4th February 2014 8th April 2014(verbal update)

Recommendation(s):

The Health and Wellbeing Board is recommended to:

- Note and endorse the workstreams that make up the wider social determinants of health priority of the Joint Health and Wellbeing Strategy;
- note the challenges to working, and considers ways that the Board can enable and enhance these workstreams, including suggestions on how to promote the transformational 'whole systems' approach to reduce traditional 'silo' working which hinders the partnership working needed to improve health and tackle health inequalities through the wider determinants of health;
- note the selection of obesity as the subject of the Director of Public Health's 2013/14 Annual Report which can only be tackled successfully through an approach that has the wider determinants of health at its heart and receives a presentation on the Annual Report at the July 2014 meeting;
- receive a report at a future meeting which further investigates reasons for the increasing health inequalities gap in life expectancy in Wolverhampton.

1.0 Purpose

1.1 It is nearly twelve months since widespread NHS restructure saw the transfer of the public health function from the NHS (Wolverhampton PCT) to become part of Wolverhampton City Council in April 2013. One of the key public health functions is to improve health and reduce health inequalities by working through the wider social determinants of health that impact on an individual's life and consequent health chances, for example, education, employment, housing, environment, transport, financial security and socio economic status. The transfer, therefore, better places public health to be able to support and influence these factors to benefit population health.

Since the transfer to local authority, this key public health function to improve health and reduce health inequality through the wider determinants of health has been adopted as one of the key priorities in Wolverhampton's Joint Health and Wellbeing Strategy (JHWBS) 2013-18, approved by the Health and Wellbeing Board (HWBB) at its September 2013 meeting.

This 'one year on' update on this strategic priority seeks to:

- Outline the key work strands and delivery mechanisms that make up this priority area
- Update the board on the latest inequalities position for Wolverhampton
- Update on progress to date.
- Explore some challenges experienced to date

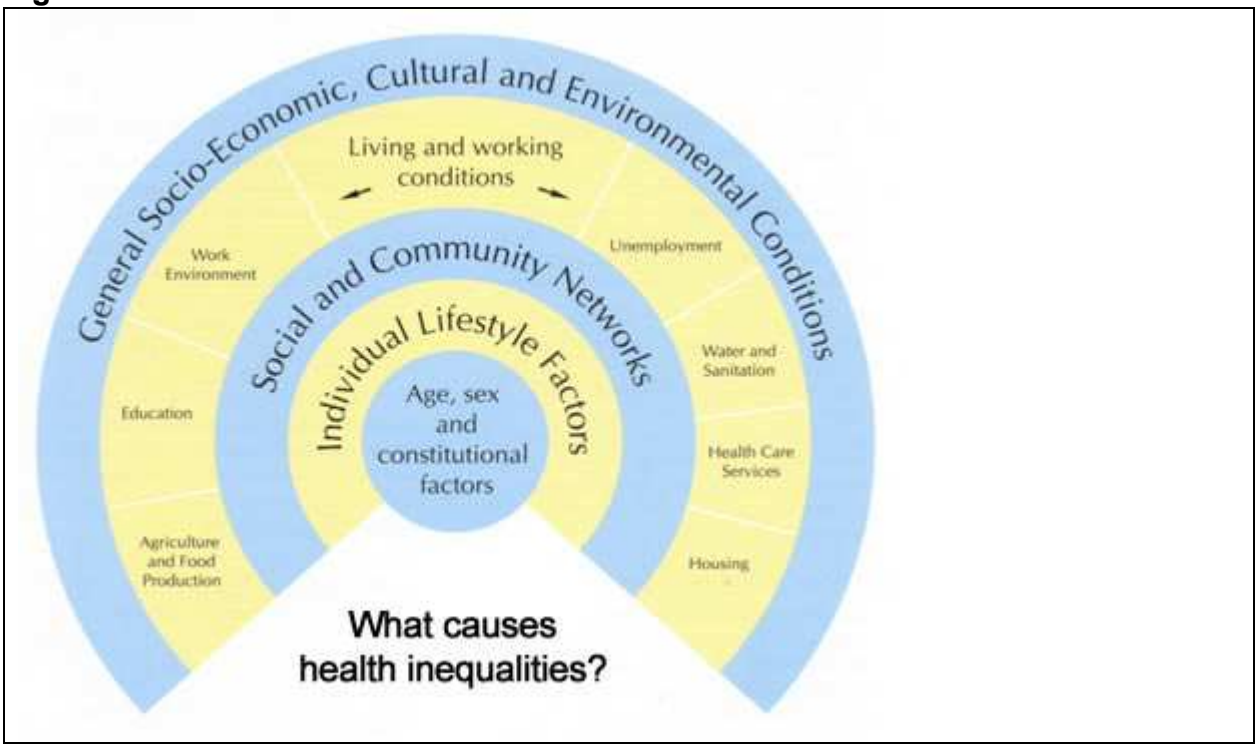
2.0 Background

2.1 What are the wider social determinants of health?

Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, and result in those people who are worst off experiencing poorer health and shorter lives.

Some differences, such as gender, genetic make-up or ethnicity, are fixed. Others are caused by social or geographical factors and can be avoided or mitigated. Local Authorities are uniquely placed to tackle health inequalities, as many of the social and economic determinants of health, and the services or activities which can make a difference, fall within their remit. It is now widely accepted that these social determinants are responsible for significant levels of unfair health inequalities. If we focus on supporting improvements across these wider social determinants for those most in need, across council services and other organisations and communities, together we can try to reduce the inequalities in health outcomes across our City. Figure 1 illustrates the different layers and components that make up the wider determinants of health.

Figure 1: The wider determinants of health



The challenge is to reduce the difference in mortality (death rates) and morbidity (ill health) rates between richer and poorer and to increase the quality of life and sense of wellbeing of the whole local community.

2.2 Inequalities in Wolverhampton

Effective interventions to improve health and reduce health inequalities can be measured in various ways by comparing data on mortality (deaths) and morbidity (ill health) with a measure of a person's social position (usually a measurement of how deprived the area is in which they live). One of the most common ways of measuring inequalities is to use life expectancy – which is a measure of how long a baby born today would be expected to live, on average, if they experienced the current death rates for their area. In the UK, the more deprived an area is, the worse health is likely to be, and life expectancy will be shorter.

In Wolverhampton, as in England as a whole, life expectancy continues to increase, thanks to improved social conditions, advancing medical and scientific knowledge, a highly trained professional workforce and continued investment in a free and universal healthcare system. However, even with these advancements, life expectancy in Wolverhampton is below the national average and masks a widening gap between the health outcomes of our wealthiest and most deprived communities.

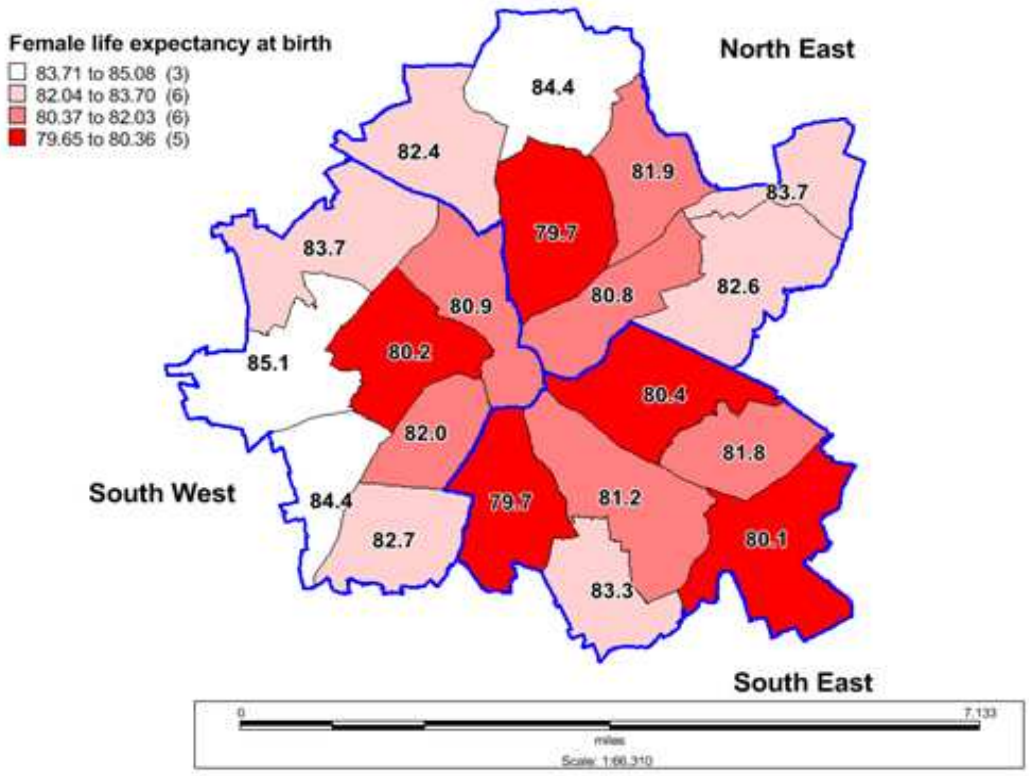
Using latest available data on life expectancy (between 2008 and 2012), the gap in life expectancy between a man living in the most and least deprived areas of Wolverhampton is eight years of life – increased from a six year gap previously measured using data for 2007 – 09. This means that a man living in Tettenhall Wightwick can expect to live on

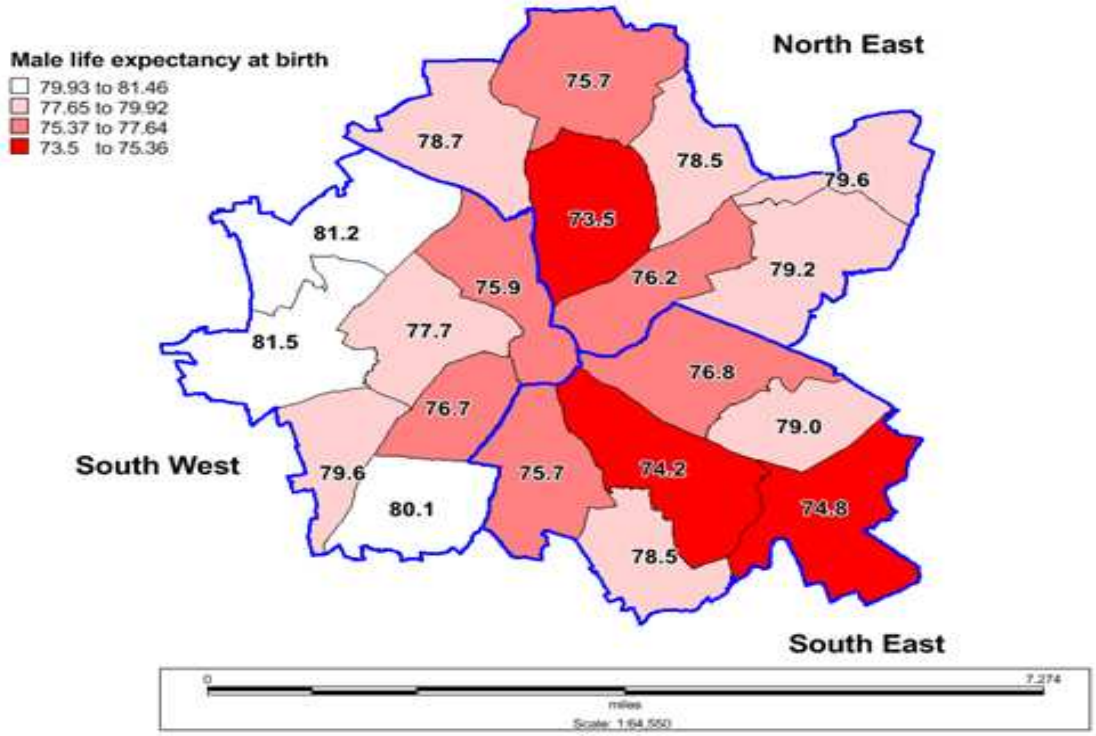
average to be over 81 years while only a short distance away, men in Bushbury South and Low Hill can expect to live until they are 73 years.

For women, life expectancy is higher and the gap between those living in the most and least deprived areas is not so wide, at 5 years but the gap is also increasing. A women living in Tettenhall Wightwick can expect to live on average to over 85 years compared to a women living in Bushbury South and Low Hill and Blakenhall who can expect a life expectancy of nearly 80 years. See Maps 1 and 2, and Appendix 1.

Further analysis is needed to investigate the reasons for this widening inequalities gap in life expectancy in Wolverhampton.

Maps 1 & 2: Life Expectancy by wards in Wolverhampton 2008 – 2012: Female/Male





2.3 **Key work strands that make up the wider determinants health and wellbeing priority area**

There are several strands of work that currently make up this priority work area. However, two current key areas of work describe both the scope and the scale of the partnership work required to improve health and reduce health inequalities across the wider determinants of health. These are:

- Obesity;
- Prevention of looked after children

These workstrands illustrate the 'golden thread' or 'whole systems' nature of improving health through working on the wider determinants of health. This means that by focussing collective joined up partnership action on an agreed issue of concern (the golden thread) it is possible to make a difference that would not be possible through individual organisations acting independently.

This paper also updates on other significant work strands that relate to this priority area, i.e.

- Establishment of a Healthier Place Team
- Update on the Transformation Fund

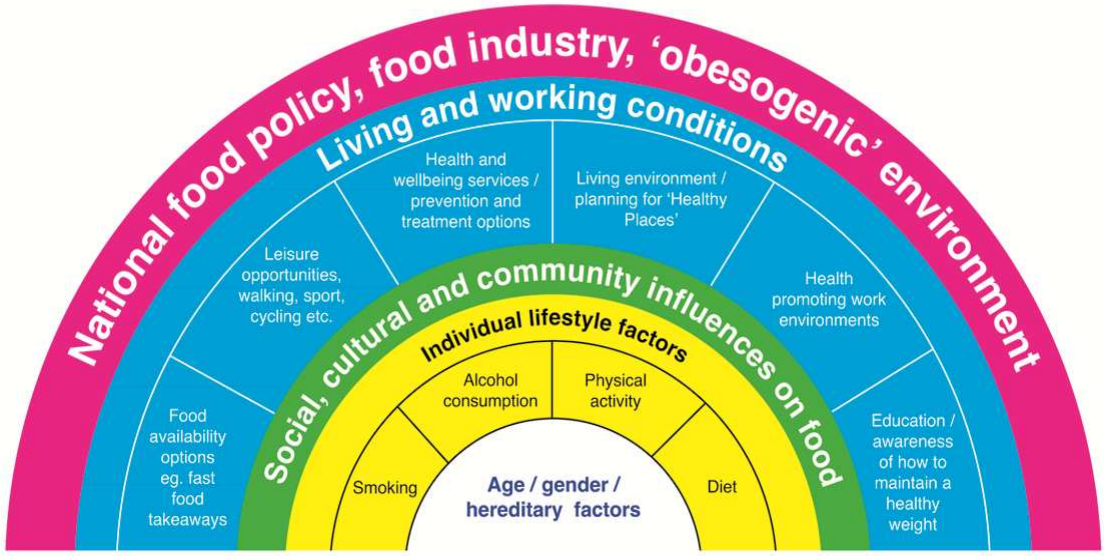
3.0 Progress to date

3.1 Golden Thread' issues:

3.1.1 Obesity

The 2013/14 Public Health Annual Report is the first public health report in the new local authority setting and takes the form of a 'Call to Action' to tackle this multi dimensional problem in a partnership 'whole system' way encompassing local organisations, businesses, the voluntary sector, communities, individuals and families. Obesity is an issue which is impacted on by the whole range of wider determinants outlined in Figure 1 – which is interpreted in relation to the factors impacting on obesity in Figure 2. This demonstrates the different layers of factors and influences that need to play a part in tackling this complex issue.

Figure 2 – the impact of the wider determinants of health on obesity



The report will comprise three sections:

Why obesity?	Gives background to the issue and outlines the current situation in Wolverhampton
The case for a new approach	• Describes what has led to the rising levels of obesity and what the evidence says about effective approaches • Outlines what is already in place in Wolverhampton
Action against obesity in	• Outlines a series of critical opportunities across the life course and shows what

Wolverhampton

departments and agencies can contribute, illustrated with case studies.

- Organisations will be asked to pledge their support and attend an 'Obesity Summit' in the autumn of 2014.

3.1.2 **Looked After Children Prevention**

This workstrand is concerned with a collective response to prevent children coming into the care system, following a rapid rise in numbers resulting in Wolverhampton having one of the highest LAC rates in the country. A Prevention of Looked After Children Task and Finish Group met for the first time on 12th November 2013, this is now referred to as Families First. This multi-agency group has the overarching aim to support children and families to live together where safely possible, as opposed to becoming looked after. Key objectives are to:

- systematically identify early those families that are starting to struggle;
- look for rapid and effective interventions (help for families) to support the de-escalation of need wherever possible
- promote and embed a shared response offering preventative and targeted family support services

Representatives include officers from council directorates, i.e. children's welfare, social inclusion, housing, education and enterprise and public health as well as representation from domestic violence services, CCG, police, Royal Wolverhampton NHS Trust, mental health and the voluntary sector.

A further meeting was held on 7th March 2013 and agreement made to hold a multi-agency summit to take place on 6th May to raise awareness and agree a series of actions and workstreams to meet the above key objectives and develop a partnership approach.

It was agreed to set up task and finish sub-groups to coordinate and deliver the summit and also to look at triggers to becoming looked after, 'unblockers' to help families and governance issues. In addition, part of the work will be about looking at best practice in other local authorities.

3.2 **Other issues related to wider determinants workstream**

3.2.1 **Establishment of a Healthier Place Team**

This workstream concerns the development of a new and dynamic 'Healthier Place' team within Public Health. From April 1st several staff groups or small teams transferred into the public health workforce; the three most relevant to the development of a 'Healthier Place' team being:

- The Sports Development Team
- The Healthy Schools Team
- The Parks (Development) and Countryside Team

In order to maximise the potential these three staff groups can deliver in terms of positive public health outcomes across the wider determinants of health, the aim is to develop a programme of collaborative working across council departments, other public and voluntary sector organisations and private industry in an attempt to halt, and ultimately reduce, health inequalities across the city. This will focus on programmes that cut across education, housing, transport, un/employment, living and working conditions as well as the environment. As part of wider organisational change within the Council (e.g. the establishment of a Corporate Landlord model), it is anticipated that a small Community Development team be transferred to the service to further support this agenda.

This programme will utilise the raft of local, regional and national policy documents and guidance and how this all fits together for Wolverhampton, - for example: The Wolverhampton Open Space Strategy & Action Plan, the Open Space, Sport and Recreation Supplementary Planning Document (SPD), the TCPA planning guides and more recently the RIBA City Health Check document.

Models and approaches that may be right for Wolverhampton can then be developed with some practical actions to inform a work programme for the new team to take forward.

3.2.2 **Transformation Fund**

In September 2013 The Health & Wellbeing Board (HWBB) agreed the funding and bidding process for transformational projects up to the sum of £1 million for two years. The public health transformation fund (PHTF) made available grants of up to £250,000 per year for two years to support the development and implementation of initiatives which improve the health and wellbeing of the population. Its primary aim is to support the embedding of public health outcomes into directorates across the Council so that improving the health of the population is everyone's business within the Council. This represented a new opportunity to improve the health of the population particularly the health of the more vulnerable in our society.

Progress to date:

Two bidding rounds have identified eight successful projects. These eight projects include schemes that:

- Improve mental health pathways
- Improve employment opportunities (Inspire Wolverhampton)
- Improve wellbeing through a new Wellbeing & Community Support Hub
- Will trial new approaches to community based prevention
- Trials a new concept of awareness raising with a dementia pilot

- Works with new communities to reduce health inequalities
- Improves nutritional standards in takeaways
- Supports the development of self-reliant communities

3.3 Challenges to delivering the wider determinants priority

Promoting and delivering a transformational agenda that works across the wider determinants of health is the only real way to make significant inroads to improving health and reducing heath inequalities. - however, this represents a new way of working and therefore is challenging and progress over the last 12 months has not always been smooth, for example:-

3.3.1 working in a whole systems way is challenging

The public health agenda and in particular improving health through the wider social determinants of health requires the commitment and collaboration of many agencies, both across the council and other organisations in order to make an impact. It requires a commitment to work in a whole systems way. However, there can be a tendency to see these issues as standalone public health issues, when in fact they are much more complex than what can be tackled by a single agency or team. The issues of obesity and LAC prevention outlined above are key examples of how organisations need to work together in a different way.

3.3.2 focus on outcomes not issues

An approach that focuses on single issues and with single leads can be a hindrance to working in new ways across the wider determinants. A whole systems approach focuses on outcomes, rather than individual issues. An example of this was that many of the bids received for consideration by the transformation fund were concerned with the continuation of funding rather than refocusing spending on delivering public health outcomes.

3.3.3 understanding the role of public health

The role of public health in the Council is still relatively new and its role in supporting a transformational agenda may be as yet poorly understood. Public health's role can be to provide support at various stages of the commissioning cycle – for example in the development of strategy, or the development of an evidence base to support new transformational commissioned activity in other council teams. However, as the cycle moves into a commissioning phase, this requires a subsequent handover to the appropriate team/directorate to operationalise. Additionally, the public health team have been working to understand the roles and responsibilities of other council teams and to embed effectively.

4.0 Financial implications

4.1 This report has no direct financial implications, however the work streams and priorities set out in this report should make a positive contribution to the council's financial position in the medium- and long-term. The strands making up the priority area rely on partners working closely together and therefore call on a variety of funding streams.

[DK/24042014/A]

5.0 Legal implications

5.1 There are no direct legal implications arising from this report.

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[RB/24042014/H]

6.0 Equalities implications

6.1 The public health service seeks to ensure equality of opportunity as it delivers its core functions and aims to reduce health inequalities. Tackling health inequalities thorough the wider determinants of health means that the needs of those most vulnerable in society are considered.

7.0 Environmental implications

7.1 Environmental issues impact on health and this workstream aims to utilise the environment in a positive way to improve the health of Wolverhampton residents.

8.0 Human resources implications

8.1 There are no direct human resource implications arising from this report.

9.0 Corporate landlord implications

9.1 There are no direct corporate landlord implications arising from this report.

10.0 Schedule of background papers

10.1 Health and Wellbeing Strategy Mark 2 - Health and Wellbeing Board, 4th September 2013

Appendix 1: The Life Expectancy Gap in Wolverhampton is widening

Males

	Ward	***LE 2007-09***	***Ward***	***LE 2008- 12***
Highest	Tettenhall Wightwick	79.2	Tettenhall Wightwick	81.5
Lowest	Ettingshall	72.9	- Bushbury South and Low Hill	73.5
Difference		6.3 years		8.0 years

Females

	Ward	***LE 2007-09***	***Ward***	***LE 2008- 12***
Highest	Wednesfield South	83.0	Tettenhall Wightwick	85.1
Lowest	Blakenhall	78.1	- Bushbury South and Low Hill - Blakenhall	79.7
Difference		4.9 years		5.4 years