



## Health and Wellbeing Together

13 January 2021

<b>Report title</b>	Progress Update – Wolverhampton Health Inequalities Strategy	
<b>Cabinet member with lead responsibility</b>	Councillor Jasbir Jaspal Public Health and Wellbeing	
<b>Wards affected</b>	All wards	
<b>Accountable director</b>	John Denley, Director of Public Health	
<b>Originating service</b>	Public Health	
<b>Accountable employees</b>	Kate Warren	Public Health Consultant
	Tel	01902 551497
	Email	<a href="mailto:Kate.warren@wolverhampton.gov.uk">Kate.warren@wolverhampton.gov.uk</a>
	Madeleine Freewood	Stakeholder Engagement Manager
	Tel	01902 553528
	Email	<a href="mailto:Madeleine.freewood@wolverhampton.gov.uk">Madeleine.freewood@wolverhampton.gov.uk</a>
<b>Report has been considered by</b>	Health and Wellbeing Together Strategic Executive Board	09 December 2020
	Children and Families Together Board	10 December 2020

### Recommendation for action:

The Health and Wellbeing Together Board is recommended to:

1. Comment on and endorse the proposed approach and year 1 priorities for the delivery and development of a Health Inequalities Strategy for the City of Wolverhampton.

## 1.0 Purpose

- 1.1 Health and Wellbeing Together agreed at its board meeting on 21 October 2020 that the future focus of the board (2021 to 2023) be the development and delivery of a City of Wolverhampton Health Inequalities Strategy. This will provide the framework for addressing the board's 'growing well', 'living well' and 'ageing well' priorities and support the City-wide recovery response to Covid-19, with the aim of enabling the City and wider system to "Build Back Fairer."<sup>1</sup>
- 1.2 The purpose of this paper is to provide a summary of activity undertaken to date following the October board meeting to gain partner feedback and approve direction of travel.

## 2.0 Background

- 2.1 Health Inequalities are systematic, unfair and preventable differences in health outcomes by deprivation, protected characteristics as covered by the Equalities Act, and inclusion groups.
- 2.2 Covid-19 is exacerbating existing health inequalities with negative impacts falling disproportionately on more deprived, disadvantaged and excluded groups and individuals.
- 2.3 In the short term, people experiencing deprivation are more likely to be exposed to Covid-19, for example, they are more likely to live in overcrowded accommodation, or work in jobs in sectors where they will be more exposed to the virus and less likely to be able to work from home. In addition, deprived communities are more likely to experience poorer health and people with existing poor health are at greater risk from Covid-19 once they contract it. For example, the Office of National Statistics reported that in England, the mortality rate from March to November for deaths due to Covid-19 in the most deprived areas was nearly three times higher than the least deprived, with 252.0 deaths per 100,000 people in the most deprived areas compared to 89.7 deaths per 100,000 in the least deprived areas.<sup>2</sup>
- 2.4 In the longer term the financial impact of Covid-19 on the wider economy in terms of an increase in unemployment has the potential to increase and entrench poverty and lead to additional healthcare demand, further compounded by lost hours of education, again more likely to impact on digitally excluded children and families, vulnerable children, those with special educational needs and disabilities and young carers.
- 2.5 Health & Wellbeing Together is the forum where key leaders from the health and care system come together to improve the health and wellbeing of the local community, work towards reducing health inequalities and support the development of improved and

---

<sup>1</sup><https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review>

<sup>2</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsduetocovid19bylocalareaanddeprivation>

joined up health and social care services. As such it is particularly well placed to be the catalyst for the development and delivery of a strategy to address health inequalities in the City.

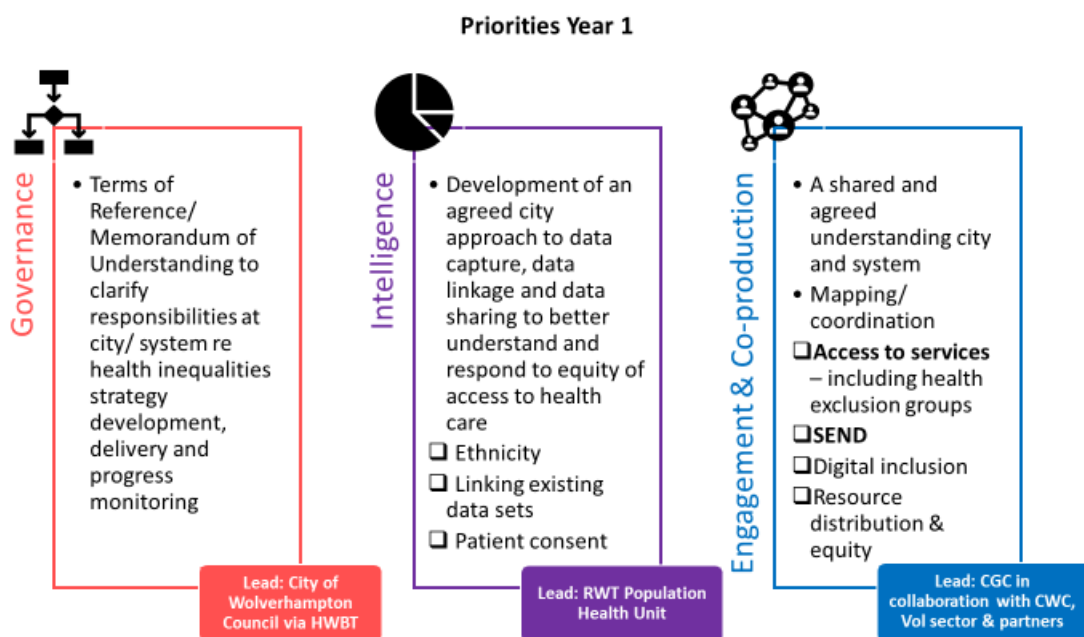
### **3.0 Approach**

- 3.1 The local health and social care landscape is composed of multiple overlaid geographical footprints. An initial mapping exercise demonstrates the level of complexity in the system and need for clearly understood lines of responsibility in the development and delivery of a health inequalities strategy for Wolverhampton. For example, at Black Country and West Birmingham STP level a 'Health Inequalities and Prevention Board' has recently been established with a series of sub-boards.
- 3.2 The West Midlands Combined Authority also has an established Wellbeing Board and at the October 2020 meeting discussed the opportunity to develop a collective response to reducing health inequalities at a regional footprint as a means lever additional resource from Government. It identified four draft recommendations for further consultation:
1. Improving outcomes for ethnic minorities
  2. People-powered health
  3. Widening access to health and care
  4. Tackling the wider determinants of health
- 3.3 At City footprint anchor institutions including the Royal Wolverhampton Trust, Local Authority and Clinical Commission Group (CCG) are all committed to addressing health inequalities and have different projects and programmes already engaged in this activity.
- 3.4 Given the above it is not the intention to create additional sub-groups, forums or parallel structures to take forward the development and delivery of a health inequalities strategy for the City, rather it is proposed that the Health and Wellbeing Together board act as 'enabler' and 'connector', ensuring system join-up, with the strategy providing an overarching framework and set of principles that facilitate and embed an agreed approach to tackling health inequalities for the citizens of Wolverhampton in a way that is tangible and outcome focussed.
- 3.5 To drive this forward it is proposed that an approach is adopted building on the work of the Integrated Care Alliance, so that the Wolverhampton Integrated Care Partnership (ICP) act as delivery vehicle to drive forward activity across partners that addresses our agreed health inequalities priorities under the domain of equitable access to health and care services, supported by joint commissioning arrangements between the CCG and City of Wolverhampton Council, including through use of the Better Care Fund.
- 3.6 In addition, the Children and Families Together Board (C&FTB), a multi-agency sub-board of Health and Wellbeing Together, has committed to playing a lead role in contributing to the development and delivery of the strategy in terms of children and young people.

3.7 It is also proposed that implementation plans take account of the contribution that other local authority functions and other organisations – for instance housing providers – can make to improving health and wellbeing and tackling health inequalities via action to improve the wider determinants of health.

#### 4.0 Priorities – Year 1

4.1 Following discussion with partners and incorporating feedback from the Health and Wellbeing Executive and Children and Families Together Board, three priorities have been identified for 2021:



4.2 In addition, Health and Wellbeing Together received an update on the impact of Covid-19 on the Black, Asian, Minority and Ethnic population of Wolverhampton in July 2020, at which time it was resolved that the evidence be kept under review and partner agencies provide updates on specific action taken in response including the findings of any equity audits or participatory research. It is proposed that this activity is incorporated into the above, in particular activity relating to the intelligence and engagement and co-production workstreams.

4.3 It is acknowledged that partner organisations are already engaged in activity to tackle health inequalities and have committed resource and capacity to doing so. Some additional capacity and resource from existing budgets may also be required to support the activity aligned to each of the above themes, however this is still to be determined.

4.4 It is also acknowledged that further conversations need to take place with Health and Wellbeing Together partners including the West Midlands Police, West Midlands Fire Service, University of Wolverhampton and Healthwatch, if the above is endorsed by the board, to determine how best for them to contribute.

4.5 Finally, it is understood that while this work is a key part of the activity to respond to Covid-19 recovery in the City, partners are simultaneously still dealing with the front-line emergency response to this pandemic including testing, enforcement and vaccination roll-out.

## **5.0 Financial implications**

5.1 The work highlighted within the report will be met from existing approved Council budgets. If for future workstreams this was not to be the case, further reports would be received by the Council's Cabinet to detail the funding arrangements.  
[JB/04012020/K]

## **6.0 Legal implications**

6.1 Health Inequalities are systematic, unfair and preventable differences in health outcomes including protected characteristics as covered by the Equalities Act 2010.  
[TS/04012021/Q]

## **7.0 Equalities implications**

7.1 The proposal to develop a health inequalities strategy for the City will take account of inclusion groups, the protected characteristics as covered by the of the Equalities Act 2010, as well as the impact of Covid-19 on the Black, Asian, Minority and Ethnic population of Wolverhampton.

## **8.0 Climate change and environmental implications**

8.1 There are no direct climate change and environmental implications.

## **9.0 Human resources implications**

9.1 There are no Human Resource implications.

## **10.0 Corporate Landlord implications**

10.1 There are no Corporate Landlord implications.

## **11.0 Health and wellbeing implications**

11.1 Health and Wellbeing Together has a statutory duty to produce a Joint Health and Wellbeing Strategy, which addresses key priorities for the population. The proposal to develop a health inequalities strategy for the City will further strengthen this.

## **12.0 Schedule of background papers**

### 12.1 Build Back Fairer: The COVID-19 Marmot Review

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

### 12.2 STP Healthier Futures Academy 'Working Together for a Healthier Post COVID Future':

<https://www.healthierfutures.co.uk/key-documents/publications/54-working-together-for-a-healthier-post-covid-future-v1-1-06-10-20/file>