

CITY OF WOLVERHAMPTON COUNCIL	Cabinet 20 October 2021
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Report title	Wolverhampton Health Inequalities Strategy 2021-2023	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Health and Wellbeing	
Key decision	Yes	
In forward plan	Yes	
Wards affected	All Wards	
Accountable Director	John Denley, Director of Public Health	
Originating service	Public Health	
Accountable employee	Madeleine Freewood	Stakeholder and Engagement Manager
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Report to be/has been considered by	Directorate Leadership Team	22 September 2021
	Strategic Executive Board	30 September 2021

Recommendation for decision:

Cabinet is recommended to:

1. Endorse the Wolverhampton Health Inequalities Strategy for 2021-2023.

1.0 Purpose

- 1.1 To endorse the Wolverhampton Health Inequalities Strategy developed by The Health and Wellbeing Together Board.
- 1.2 The strategy is presented in Appendix 1.

2.0 Background

- 2.1 Health Inequalities are systematic, unfair and preventable differences in health outcomes by deprivation, protected characteristics and inclusion groups. Evidence suggests Covid-19 is exacerbating existing health inequalities with negative impacts falling disproportionately on more deprived, disadvantaged and excluded groups and individuals.
- 2.2 Health and Wellbeing Together, is the local name given to Wolverhampton's Health and Wellbeing Board. It is a statutory, multi-agency board established under the Health & Social Care Act 2012. The board is where key leaders from the health, care and wider system come together to improve the health and wellbeing of the local community. Membership includes the City of Wolverhampton Council, Black Country & West Birmingham Clinical Commissioning Groups (CCGs), Healthwatch Wolverhampton, Royal Wolverhampton NHS Trust, West Midlands Police, Black Country Healthcare NHS Foundation Trust, University of Wolverhampton, Wolverhampton Safeguarding Board, West Midlands Fire Service, Third Sector Partnership and the Wolverhampton Voluntary Sector Council.
- 2.3 In recognition of the impact of Covid-19 on health inequalities in the City, the Health and Wellbeing Together Board has produced a strategy to guide a system response to pro-actively address these inequalities building on the strengthened working relationships fostered during response to the pandemic.
- 2.4 The implementation of the strategy and development of an associated high-level monitoring framework will provide the opportunity for partners to align activity, enable system join-up, identify gaps and prevent duplication. It also supports the ambition of the Council to 'Relight', as we recover from the impact of Covid-19 and ensure no-one in the City is left behind.

3.0 Summary

- 3.1 The strategy outlines the health inequalities challenge in the City and outlines a set of guiding principles agreed by board partners to be adopted in response to this challenge.
- 3.2 It commits the board to agreeing a high-level monitoring framework as a means to share practice and hold each-other to account, and in doing so will enable mainstream services and resources to be better aligned to prioritise and address health inequalities in the city.

- 3.3 It advocates the use of the HEAT tool¹ as a means to systematically address health inequalities in design and delivery of services.
- 3.4 The strategy also outlines a commitment for board partners to:
- Increase our understanding around health inequalities and our local population – including developing and implementing an agreed approach to data capture, data linkage and data sharing
 - Work collaboratively across all parts of the health and care system to join-up and promote and embed action to reduce health inequalities
 - To work in partnership with local people, groups and forums to ensure health and care pathways are informed and co-produced by people with lived experience, under-represented and protected groups.
- 3.5 The desired outcomes of doing so are detailed on page 21 and include:
- Not worsening health inequalities and working to reduce them.
 - Having a better understanding of how health inequalities impact on local people, or groups of people, and being able to improve access to health and care services and the quality of those services as a result.
 - Supporting our population by providing them with the skills, training and tools to access digitally enabled services, ensuring no-one is left behind in doing so.
 - Listening and engaging with communities who need most support, deepening partnerships with community and voluntary sector.
 - Seeking to improve green space and make it easier and safer for people to be physically active.
 - Working together to increase opportunities for local people to access jobs and training, including in health and care related professions.

4.0 Evaluation of alternative options

- 4.1 Option one would be to make no change, and in doing so not endorse the city strategy. This would result in the exclusion of the City of Wolverhampton Council from a strategy delivering against shared partner outcomes, increasing the likelihood of uncoordinated activity across the system and potentially resulting in duplication or lack of action.
- 4.2 Option two would be to endorse the city strategy thereby supporting the guiding principles in the strategy including the commitment to develop and contribute to a monitoring framework. This will provide the opportunity for partners to align activity,

¹ <https://www.gov.uk/government/publications/health-equity-assessment-tool-heat>

enable system join-up, identify gaps and prevent duplication, giving additional impetus and urgency to address health inequalities in the city.

4.3 The recommendation is to follow Option 2.

5.0 Reasons for decision

5.1 By endorsing the Wolverhampton Health Inequalities Strategy for 2021-2023 the City of Wolverhampton Council is committing to understanding health inequalities in the wake of the pandemic and undertaking a systematic and joined-up approach to ensure no-one is left behind as we seek to recover and relight the City.

6.0 Financial implications

6.1 The work highlighted within the report will be met via existing budgets within Public Health and Families Directorate as appropriate.
[JB/11102021/L]

7.0 Legal implications

7.1 Health Inequalities are systematic, unfair and preventable differences in health outcomes including protected characteristics as covered by the Equalities Act 2010.
[TC/11102021/B]

8.0 Equalities implications

8.1 The development and implementation of 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, Ethnic Minority groups within the population of Wolverhampton.

9.0 All other implications

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

9.2 The strategy recognises that Covid-19 has exacerbated health inequalities in the City and that Covid-19 recovery needs to be predicated on a response that accurately recognises where health inequalities exist in the city, the impact of the pandemic on health inequalities and consensus on how partners can work together at pace to prevent inequalities getting worse and reduce them.

10.0 Schedule of background papers

10.1 [Wolverhampton Health Inequalities Strategy 2021-2023](#) - Health and Wellbeing Together Board 13 October 2021.

11.0 Appendices

11.1 Appendix 1: Wolverhampton Health Inequalities Strategy 2021-2023