

Briefing Note

Title: Health Inequalities Strategy implementation - Progress Update **Date:** 11 Jan 2022

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Directorate: Public Health, City of Wolverhampton Council

Intended Audience: Internal Partner organisation Public Confidential

Purpose

To provide Health and Wellbeing Together (HWBT) with a progress update in respect of the Health Inequalities Strategy implementation as regards:

1. development of an overall monitoring framework
2. the physical inactivity exemplar, applying the principles of the Health Inequalities Strategy.

Overview

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. This includes the immediate health impact of Covid-19 and Long Covid on individuals and communities; the potential impact of the pandemic and associated lockdowns upon access to primary and secondary care and the short-term and longer term economic, social and educational impacts.

In recognition of this, HWBT has produced a Health Inequalities Strategy¹. It provides an overarching set of guiding principles outlining an agreed approach to pro-actively tackle health inequalities within the City. 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.

Concurrent to the development and delivery of the strategy, HWBT board partners have committed to working on a cross-cutting 'exemplar' priority to actively apply the principles of the strategy to address. The reduction of physical inactivity in the City was identified as an area of challenge where board partners could come together to enable system join-up and enact cultural change.

¹ <http://wellbeingwolves.co.uk/document/Wolverhampton%20Health%20Inequalities%20Strategy%202021-2023.pdf>

Development of a Health Inequalities Strategy Monitoring Framework

The Health Inequalities Strategy outlines the health inequalities challenge in the City and presents a set of guiding principles agreed by board partners to be adopted in response. It commits the board to agreeing a high-level monitoring framework as a means to share practice and hold each other to account.

Following consultation with board members, including health and care partners and the membership of the Safer Wolverhampton Partnership, it is proposed to create a SharePoint site to host the monitoring framework to:

- report to Health and Wellbeing Together via high level performance dashboards
- act as a searchable resource for partners to enable collaboration
- include a resource section with links to guidance and other resources, for example the Health Equity Assessment Tool²
- align with the Joint Strategic Needs Assessment³ online area, including links to consultation reports and resources from partners.

The aim is for this site to be developed, tested with partners and operational by the next meeting of HWBT in April 2022.

Physical inactivity ‘system challenge exemplar’ progress update

“Physical inactivity is responsible for one in six UK deaths (equal to smoking) and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone).”⁴ Wolverhampton has consistently significantly higher levels of physical inactivity than the English average, thus the impact of the levels of inactivity are felt in NHS services and the wider system in Wolverhampton. Physical inactivity increases the risk of developing many non-communicable diseases such as diabetes, cardiovascular diseases and cancer as well as increasing the risk of being overweight and obese and lower levels of wellbeing.

Sport England have cited that the Covid-19 pandemic has had detrimental effect on people's levels of physical activity, with some groups being affected disproportionately including women, young people, people living with disabilities, people living with long term health conditions and people from Black and Asian backgrounds.

Physical inactivity for adults is defined as not completing 30 minutes of moderate intensity physical activity, that raises your heart rate and breathing, per week. For children and young people, it is not completing on average 30 minutes of moderate intensity physical activity a day.

While there are health benefits for everyone to increase the amount of physical activity they undertake, there are particular and tangible benefits in supporting people who are physically inactive to increase their activity levels, as it could prevent one in ten cases of stroke and heart disease in the UK and one in six deaths from any cause.⁵

² <https://www.gov.uk/government/publications/health-equity-assessment-tool-heat>

³ <https://insight.wolverhampton.gov.uk/Help/JSNA>

⁴ Physical activity: applying All Our Health - GOV.UK (www.gov.uk)

⁵ Health matters: getting every adult active every day - GOV.UK (www.gov.uk)

In September 2021, HWBT held a virtual workshop facilitated by Active Black Country to scope a partnership response to the challenge presented by physical inactivity in the City. Further to this initial whole system meeting, there has been a series of focused workshops to home in on areas of the system: Health, Children, Young People and Education, Communities, Active Places and Community Safety.

These workshops looked to further explore and discover some of the points raised from the whole system meeting, including, sources of data to build a better understanding of inactivity in the City, identify the 'pain points' in the system, map work that is already being undertaken and identify support that is required for the system.

This physical inactivity exemplar is following a system redesign methodology, which has four phases: discover, define, develop, and deliver. This piece of work is currently in the 'discover' phase, which allows time to understand what the system-wide challenges are.

As a key part of the Health Inequalities Strategy and the discovery phase of system redesign, having suitable, reliable and valid data is key. It has been raised from the beginning of this process that there is a need for better data. There are several pieces of work in progress to gain such data, including:

- The Health-Related Behaviour Survey – a questionnaire of children and young people to establish their behaviours in relation to a range of behaviours associated with healthy outcomes
- The Adult Lifestyle Survey – a questionnaire for residents across Wolverhampton
- In partnership with Active Black Country and the University of Wolverhampton centre of Sikh Studies, a focused piece of research has been undertaken into physical activity and the Sikh community of Wolverhampton. This has been identified as a gap in knowledge as the national research into Asian communities does not reflect this community.

Although the work is currently in the discovery phase, there are time-limited opportunities to support the agenda of tackling inactivity in Wolverhampton:

- Health Incentives Pilot - launching Spring 2022: Wolverhampton has been selected as the location for the pilot to establish whether incentivising health behaviours increases the uptake of behaviours such as healthy eating and physical activity.
- Maximisation of the CWG2022 - Commonwealth Active Communities Fund Black Country awarded £1.3 million: this has identified Bilston East, Bushbury South and Low Hill, and East Park as priority wards to create active communities as part of the legacy of the Commonwealth Games in the West Midlands. Alongside this, Wolverhampton Community Games is being organised by the school sport partnership to ensure that the games has an impact at grassroots level
- Creation of the Health Equity Assessment Tool for Inactivity in Wolverhampton
- Health Psychology Placement – a research piece into Older Adults and Physical Inactivity focuses on mild frailty and creation of an evidence-based intervention

It is recognised that to drive this forward a working group aligned to HWBT needs to be established to continue progressing through the stages of redesign and maintain system oversight of time limited opportunities. It is suggested that this group include people who work across the sector to ensure it is fully representative of the system. The aim is for a membership and governance structure developed for approval at the next meeting of the HWBT in April 2022.