



Health and Wellbeing Together

13 October 2021

Report title	Wolverhampton Health Inequalities Strategy 2021-2023	
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Health and Wellbeing	
Wards affected	All wards	
Accountable director	John Denley, Director of Public Health	
Originating service	Public Health	
Accountable employee	Madeleine Freewood Tel Email	Stakeholder Engagement Manager 01902 553528 madeleine.freewood@wolverhampton.gov.uk
Report has been considered by	Partnership consultation via email Wolverhampton Local Commissioning Board Joint Education and Children Leadership Team Adult Leadership Team via email Strategic Executive Board Cabinet Member Briefing	August – September 2021 16 August 2021 16 September 2021 21 September 2021 30 September 2021 30 September 2021

Recommendation for decision:

Health and Wellbeing Together is recommended to:

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

1.0 Purpose

1.1 The Health and Wellbeing Together Board has agreed to develop a Wolverhampton Health Inequalities Strategy with the aim of enabling the City and wider system to “Build Back Fairer.”¹ 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 In recognition of the impact of COVID-19 on health inequalities in the City the Health and Wellbeing Together Board is producing 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. 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.

3.0 Overview

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.

3.3 It advocates the use of the HEAT tool² 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.

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

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

4.0 Physical inactivity ‘system challenge exemplar’

- 4.1 To accompany the development and delivery of the strategy board partners have committed to working on a cross-cutting priority which they actively apply the principles of the strategy to address.
- 4.2 Following discussion with the Cabinet Member for Public Health and Wellbeing and other board partners it is proposed that this cross-cutting priority be the promotion of physical activity in the City.
- 4.3 Wolverhampton is ranked the 4th worst local authority (317 total) for levels of inactivity in the country. To meet the national average for levels of inactivity, 23,144 people in Wolverhampton need to increase their levels of physical activity to more than 30 minutes of moderate intensity per week.
- 4.4 Sport England have cited that the COVID-19 pandemic, has had detrimental effect on to 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.
- 4.5 The Health and Wellbeing Together Board hosted a virtual workshop facilitated by Active Black Country on 21 September 2021 to scope a partnership response to this challenge. An update regarding progress and next steps in relation to this project will be presented to future meetings of the Health and Wellbeing Together Board.

5.0 Financial implications

- 5.1 The work highlighted within the report will be met via existing budgets within Public Health and Families Directorate as appropriate.
[LD/30092021/Y]

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.
[TC/01102021/A]

7.0 Equalities implications

- 7.1 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.

8.0 Health and Wellbeing implications

- 8.1 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.

9.0 Appendices

- 9.1 Appendix 1: Wolverhampton Health Inequalities Strategy 2021-2023