
Health and Adult Social Care Scrutiny Committee – 28th March 2022

Report of the Director of Public Health and Wellbeing

Health and Wellbeing Board - Inequalities for 2022/23

Purpose

1. To update the Committee on the ongoing work and key priorities for Health and Wellbeing Board in relation to inequalities across the Borough of Dudley and to demonstrate the challenges and opportunities to address inequalities across the local system with key partners.

Recommendations

2. It is recommended that the Scrutiny Committee :-
 - Approve the direction of travel outlined in the background and the Marmot and life course approach to inequalities and the need for a system approach and focus;
 - Make recommendations to approve the initial priorities for inequalities to be delivered by the placed based Living with Covid Inequalities Steering Group as a subgroup of the Health and Wellbeing Board (HWBB) and across partnerships including Dudley Place based partnership, Forging a Future 7 key aspirations and its subgroups with a focus on health and wellbeing, economy growth and employment and skills, 1st 1001 days programme, a key focus on addressing child poverty and child friendly borough;
 - Acknowledge the different national white papers which will impact on the direction of travel;
 - Recognise the need for a high-level inequalities dashboard across the local system agreed with all partners.

Background

3. The COVID pandemic has amplified and exacerbated the persistent inequalities across Dudley both in terms of the direct impact of COVID and the indirect impacts of COVID across health, wellbeing and the broader determinants of health and wellbeing. The

disproportionate impacts of COVID on areas by areas of disadvantage, population cohorts and minority and ethnic excluded groups. This has been shown through the COVID vaccination programme.

4. An assessment of the direct and indirect impacts of COVID was presented to the HWBB in March 2021 and a summary diagram is shown in appendix 1.
<http://cmis.dudley.gov.uk/cm5/Meetings/tabid/116/ctl/ViewMeetingPublic/mid/543/Meeting/6198/Committee/484/Default.aspx>
5. The impacts and inequalities will be short, medium, and long term across all determinants of health and wellbeing and across the life course. There is call to action to join as a system and with communities to deliver action across the health and broader determinants of health and wellbeing.
6. The Living with COVID inequalities steering group was set up as a subgroup of the HWBB. See appendix 2 for the draft terms of reference.
7. A life course approach to tackling inequalities was agreed by the Health and Wellbeing Board and adopted by system partners building on the recommendations of the Marmot 'Build Back Fairer' ¹ across the local system with communities at the centre. An integral part to the work programme is addressing inequalities, the Asset Based Community Development (ABCD²) approach looks at harnessing the strengths of the local community. We will build on what is already in the community in Dudley and identify key local protective factors/assets that supports community resilience.
8. We will use the ABCD approach to tackle local inequalities and focus on the local community assets and resources that promotes the resilience/self-coping abilities of individuals and communities.
9. Adopting the Marmot principles and framework was a key step, to focus all partners across the 5 townships, wards, neighbourhoods, and Primary Care Networks (PCNs) on the key objectives of enabling the system to build back better from the impact of COVID-19 and focus on the disproportionate inequalities in Dudley at both the local place and system level.
10. The inequalities strategic plan and delivery framework will be framed around these six objectives:
 - Give every child the best start in life
 - Enable all children, young people, and adults to maximise their capabilities and have control over their lives
 - Create fair employment and good work for all
 - Ensure healthy standard of living for all
 - Create and develop healthy and sustainable places and communities

¹ Health foundation. Build Back Fairer: The COVID-19 Marmot Review. [Online]. Available from: <https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review> [Accessed 25 January 2022].

² <https://www.nurtureddevelopment.org/asset-based-community-development/>



- Strengthen the role and impact of ill-health prevention
11. The above objectives support the Council Plan key priority stronger and safer communities by Reducing Social Isolation and implements a system wide strategy to reduce the increasing prevalence of social isolation and loneliness. Empowers people to be self-reliant, independent, and well-co-ordinated to grow strong, connected, and resilient communities.
 12. The national focus is addressing inequalities/disparities through the Levelling Up White paper ³ and the recent policy paper Integration and Innovation: Working Together to Improve Health and Social Care for All ⁴ . The later emphasises the importance of a place-based approach.
 13. Along with the national focus on the levelling up agenda and NHS focus on health inequalities, Core20PLUS5 is the national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement; maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, hypertension case-finding.
<https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/>⁵

Living with COVID inequalities steering group

14. The 1st meeting of the steering group was held in November 2021. The terms of reference were agreed and signed off at the HWBB in December 2021, see appendix 2 for details and current membership across the local economy.

The Inequalities Framework in Dudley will be underpinned by 8 key principles

15.
 - **Take evidence based – informed action:** the process of determining priorities and designing and modifying local action to reducing inequalities should be underpinned by evidence of data and intelligence
 - Use a **life course approach:** that recognises and responds to inequalities at different stages of life can help prevent the accumulation of disadvantage through life.
 - Apply **proportionate universalism:** proportionate universalism recognises the social gradient, aiming to improve the health of everyone but with a greater focus on those with the greatest need and the worst health outcomes.
 - **Work with local communities at placed based level:** working with local communities to tackle inequalities is essential to ensure that attempts to tackle health inequalities are relevant to local need and draw on local assets within local populations and communities.
 - **Aim for reduction of inequalities in all activities:** working across all partner organisations on the Dudley Joint Health and Wellbeing Board and wider sectors

³ <https://www.gov.uk/government/news/government-unveils-levelling-up-plan-that-will-transform-uk>

⁴ <https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>

⁵

in Dudley to ensure consideration of impact on reducing inequalities underpins governance, key processes. Commissioning and procurement, Social Value, policy impact assessments, employment, and other local processes.

- **System and inter-sectoral Collaboration:** ensure decision making on local priorities to tackle health inequalities and development of local action is underpinned by a system approach across statutory and non-statutory agencies, voluntary and community groups to secure maximum agreement and endorsement
- **Ensure impact and learn from successes and failures:** ensure monitoring and evaluation of local action underpins delivery and that successes and failures are shared to increase the local understanding of what works.
- **Aim for long term and sustainable:** action to tackle health inequalities should be supported by a long-term approach to planning and delivery

16. The initial scoping of priorities for inequalities across Dudley using the intelligence and working with key partners and to be informed through communities. One key priority identified is to address child poverty the initial priorities are shown in the table below:

Action to reduce health inequalities in Dudley should focus on the six Marmot objectives outlined below. The Marmot principles provides the following evidence-based recommendations to develop the Inequalities Framework:	
Objective	Priorities and work programmes
<ul style="list-style-type: none"> • Give every child the best start in life 	<ul style="list-style-type: none"> • Healthy Child Programme, • First 1001 days partnership implementation plan and Infant Mortality – healthy pregnancy support service (tobacco dependence specialist midwife), • Child Friendly Borough Programme • Childhood obesity • Increased physical activity in CYP • Improvement in school readiness
<ul style="list-style-type: none"> • Enable all children, young people, and adults to maximise their capabilities and have control over their lives 	<ul style="list-style-type: none"> • Children and young people’s mental health and wellbeing • Reduction in CAMHS Tier 4 bed referrals / occupancy • Reduction in self-harm attendance at accident and emergency in adolescence • Increased physical activity in CYP • Improvement in educational attainment • Childhood obesity
<ul style="list-style-type: none"> • Create fair employment and good work for all 	<ul style="list-style-type: none"> • Workforce – increase the proportion of jobs occupied by local people • -Increased focus on employment and skills gap in Dudley and growing the local economy
<ul style="list-style-type: none"> • Ensure healthy standard of living for all 	<ul style="list-style-type: none"> • Reduce loneliness and isolation for Carers. • Support for Carers with mental health and wellbeing • Reducing digital exclusion,

	<ul style="list-style-type: none"> • Child poverty
<ul style="list-style-type: none"> • Create and develop healthy and sustainable places and communities 	<ul style="list-style-type: none"> • Violence reduction within public health framework • Reduce violence and inequalities • Community conversations to inform action plans to address inequalities and health and wellbeing strategy
<ul style="list-style-type: none"> • Strengthen the role and impact of ill-health prevention. 	<ul style="list-style-type: none"> • Primary Care Networks - cardiovascular disease prevention improving hypertension case finding. Dudley Integrated Healthcare • Focus on largest undiagnosed prevalent gap and where greatest reductions in mortality can be made.) • Improvement programmes to address the causes of obesity across the social gradient. System wide • Breast screening – access for more deprived groups / people from vulnerable groups / black and ethnic communities. (Dudley Group Hospitals NHS Trust) • Cancer – access and outcomes in the lung cancer pathway. Early detection and improved treatment (Dudley Group Hospitals NHS Trust) • Long COVID

COVID response to address inequalities

17. COVID has resulted in disproportionate impact on disadvantaged people, communities, and population cohorts across the borough of Dudley. The action taken during the pandemic has focused on:

- Welfare support and support for the clinically extremely vulnerable and those who are shielding
- Ensuring support for those who are isolating in terms of welfare calls/food parcels

COVID vaccination and inequalities

18. For the past year the focus has been on the roll out of the COVID vaccine programme with the priority of promoting to areas of local uptake/areas and population/age groups of disadvantage working with the local health services, communities, Dudley CVS and local voluntary groups. The action taken includes

- Township engagement group coordinated by Dudley CVS
- Vaccination vans in communities of low uptake with active community promotion (through the township engagement groups) and with key council officers and members. Included 'feet on the street' promotion including vaccination within sixth form colleges

- Supportive conversations through community groups to identify barriers to vaccination programme which will help ongoing communications and provision

Child Poverty

19. Key programmes in the past year to support families living in poverty are:
- Free school meals during school holidays
 - Hardship funds given to schools to allocate to families in need
 - Hardship funds given to family centres for them to support families in need
 - Vouchers given to council tenants with children

Children and Young Peoples Scrutiny Committee

20. A joint Children and Young People and Health and Adult Social Care Scrutiny working group was held on the 14th February 2022 to scrutinise the inequalities for Children and Young People across the borough. Child poverty and obesity were identified as key inequality priorities and further work is being undertaken including a 0-25 years needs assessment with a focus on poverty and inequalities.

Consultations

21. • Partners have been consulted regarding priorities for inequalities and action including current programmes but the need to engage members and wider council is noted
- There are ongoing community conversations which will inform the action
 - A clear baseline to inform high level dashboard to be agreed and owned across the local system and all partners

Finance

22. All programmes of work are funded by existing resources

Law

23. A life course approach to tackling inequalities was agreed by the Health and Wellbeing Board and adopted by system partners building on the recommendations of the Marmot 'Build Back Fairer' across the local system with communities at the centre. An integral the work programme to addressing inequalities is the Asset Based Community Development (ABCD) approach which looks at harnessing the strengths of the local community. We will build on what is already in the community in Dudley and identify key local protective factors/assets that supports community resilience

Risk Management

24. No considerations arising from the content of this report

Equality Impact

25. The Health and Wellbeing Board's inequalities approach will have a positive impact on equality. All programmes / action will be assessed for the impact on equality
26. The Health and Wellbeing Boards work on inequalities support and feed into the objectives and priorities of the Council's Equality, Diversity and Inclusion Strategy 2022-25 which is due to be considered by the Cabinet on 24th March 2022 and that work will be undertaken to coordinate actions, share information and assess impact across the council and partners.
27. One of the key priorities identified for addressing inequalities is children and young people across the borough. With a clear focus on child poverty, first 1001 days with a clear focus on best start in life across the borough, will be informed through community conversations, consultations through Child Friendly Borough

Human Resources/Organisational Development

28. Consideration needs to be given regarding the call to action across the council in addressing inequalities

Commercial/Procurement

29. There are no commercial or procurement issues arising from this report

Council Priorities

30. The 4 Key council priorities 2022-25 have a real opportunity to address the wider determinants of health with the focus on:
 - Dudley the borough of opportunity
 - Dudley the safe and healthy borough
 - Dudley the borough of ambition and enterprise
 - Dudley borough the destination of choice
31. Forging a Future 7 aspirations: clear connections with inequalities a key theme across the 7 aspirations
 - An affordable and attractive place to live with a green network of high-quality parks, waterways and nature reserves that are valued by local people and visitors
 - A place where everybody has the education and skills they need, and where outstanding local schools, colleges, and universities secure excellent results for their learners
 - A place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future

- Better connected with high quality and affordable transport, combining road, tram, rail, and new cycling and walking infrastructure
 - Renowned as home to a host of innovative and prosperous businesses, operating in high quality locations with space to grow, sustainable energy supplies and investing in their workforce
 - A place to visit and enjoy that drives opportunity, contributing to its ambitious future while celebrating its pioneering past
 - Full of vibrant towns and neighbourhoods offering a new mix of leisure, faith cultural, residential, and shopping uses
32. No specific assessments have been carried out to date. However, for all areas of action an assessment of the impact of any proposals on existing communities will be carried out as appropriate including the local infrastructure of schools, GP and health provision, public transport connectivity, local housing needs, local deprivation, green spaces, and the safety of the community.
33. This section should include an assessment of how the proposals relate to the Council's decision to declare a Climate and Environmental Emergency. Outline any environmental implications, issues relating to the carbon reduction strategy and the aim to reach net zero by 2041.
34. The objectives support the Council Plan key priority stronger and safer communities by Reducing Social Isolation and Implements a system wide strategy to reduce the increasing prevalence of social isolation and loneliness. Empowers people to be self-reliant, independent, and well-co-ordinated to grow strong, connected, and resilient communities.

K Wright

Karen Wright
Director of Public Health & Wellbeing

Contact Officer: Jacque Ashdown (Health Care Public Health)/ Rebecca Pickup
 Telephone: 01384 814346

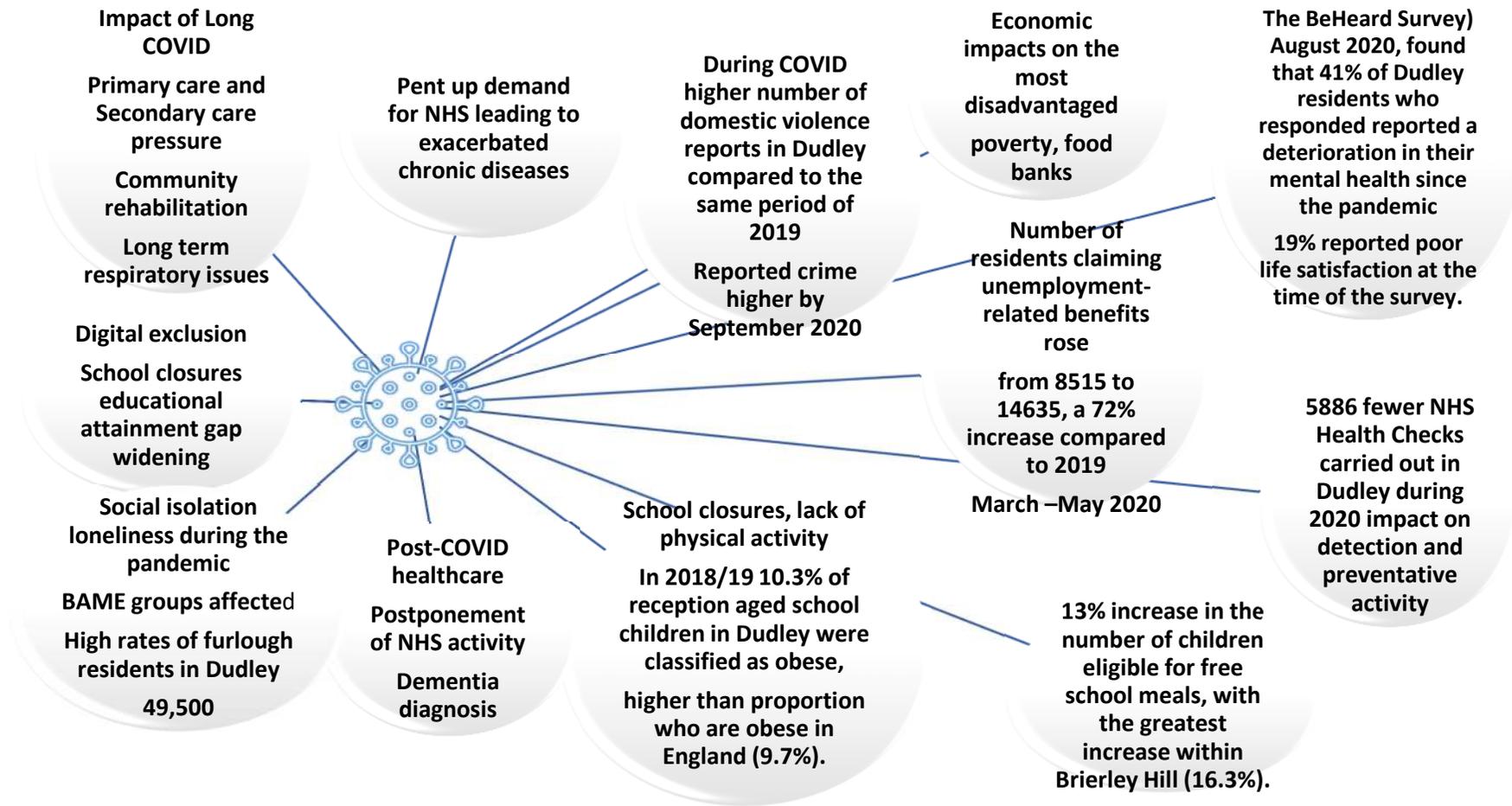
Email: jacque.ashdown@dudley.gov.uk
rebecca.pickup@dudley.gov.uk

Appendices

Appendix 1a: An Assessment of the Impact of COVID 19 on Dudley's Health and Wellbeing
<http://cmis.dudley.gov.uk/cm5/Meetings/tabid/116/ctl/ViewMeetingPublic/mid/543/Meeting/6198/Committee/484/Default.aspx>



Appendix 1: Impact of COVID



Living with COVID-19 Inequalities Steering Group Terms of Reference

Document Control

Version Control

Version	Version Date	Author	Reason for Change
0.2	18/01/2022	Byron Taylor	Membership

Quorum

The required number of members to allow a meeting to proceed is as follows:

Meeting	Quorum
Living with COVID -19 Inequalities Steering Group	50% of members

Validated by: Living with COVID-19 Inequalities Steering Group

Date:

1. Introduction

This document outlines the governance, roles, and responsibilities for the Dudley Living with COVID 19 Inequalities Steering Group (LCISG).

2. Purpose of the Living with COVID -19 Inequalities Steering Group

The purpose of the Steering Group is to provide system wide ownership, to lead and deliver the multi-agency/ system wide approach to address inequalities across Dudley and respond to the ongoing impact of COVID-19 across the borough.

Since the start of the pandemic health inequalities in the borough have been exacerbated with disproportionate impact on deprived communities and population cohorts across the life course. COVID-19 has exposed hidden vulnerabilities across the local population and population cohorts.

There is a need to ensure there are clear strategic actions at a system wide level that tackle local inequalities by putting in place short-, medium-and long-term interventions that build in

community resilience and enables our local communities to live with COVID -19 going forward.

An integral part of our work programme to addressing inequalities is the Asset Based Community Development (ABCD⁶) approach which looks at harnessing the strengths of the local community. We will build on what is already in the community in Dudley and identify key local protective factors/assets that supports community resilience.

We will use the ABCD approach to tackle local inequalities and focus on the local community assets and resources that promotes the resilience/ self-coping abilities of individuals and communities and enable them to live with COVID-19.

Inequalities Programme of Work

- The Living with COVID -19 Inequalities Steering Group will agree and oversee a programme of work that will eventually lead to the development of a set of actions, priorities and local performance indicators which will address and monitor the key inequalities found across the system.

- As a first stage of taking the inequalities work programme forward, we will use the Marmot life⁷ course approach: that recognises and responds to inequalities at different stages of life, the wider determinants of health with a focus on the prevention of the accumulation of inequalities through life
 1. Health outcomes (inc life expectancy)
 2. Giving every child the best start in life
 3. Enabling all people to maximise their capabilities and have control over their lives
 4. Create fair employment and good work for all
 5. Ensure a healthy standard of living for all
 6. Create and develop healthy and sustainable places and communities ABCD (asset-based community development) approach)

- Presentations/workshops on intelligence and local data sources will inform the Group's work programme and present a picture of consistent, persistent and the emerging inequalities from Covid-19.

- The work programme will consist of gathering data/intelligence across the system, communities and place in Dudley using ward level, township, Primary care Networks and Dudley borough intelligence to identify emerging and persistent inequalities.

⁶ <https://www.nurturedevelopment.org/asset-based-community-development/>
<https://www.instituteofhealthequity.org/file-manager/MarmotIndicators2015/MarmotIndicators2017/marmot-indicators-briefing-18-july-2017-updated-.pdf>

- identify programmes already in place with an inequality focus and gaps identified to inform the overarching programme
-
- A key approach is collaboration with Primary Care Networks (PCN). Each PCN will have an appointed lead for inequalities and utilise available data on health inequalities, to identify a population within the PCN experiencing inequality in health provision and/or outcomes, to help inform our future work, joint priorities, and system planning.
- The findings from the review of our local Marmot indicators, local intelligence from our key partners and data gathering will inform a more focused piece of work. The group will propose priority themes and actions to address inequalities in Dudley from the intelligence presented.
- Following a full review of inequalities data and consultation with key stakeholders across the system the steering group will propose a set of local recommendations and system dashboard indicators to close the gaps and tackle inequalities across Dudley.
- We will draw extensively on national sources of evidence including work undertaken by the Institute of Health Equity and adopt the Manchester Building Back Fairer Framework to drive our inequalities work programme and development of local dashboard and performance indicators⁸
- The Group and its work programmes are intended as a platform from which consultation, engagement, and action on local inequalities across the system can be progressed.

The Living with COVID -19 Health Inequalities Steering Group will provide strategic co-ordination and implementation of action to address priority inequalities and improving health and wellbeing across Dudley. This will be achieved by bringing together key stakeholders from the public sector, voluntary sector, and the community to plan and deliver actions/services.

Stakeholders of the group will have a number of key aims and functions that include:

- Establish a shared understanding of what is meant by inequalities across the local community in Dudley
- Oversee and provide leadership to promote effective partnership working to reduce inequalities
- To support the implementation of the Health & Wellbeing Board (HWB) priority to reduce inequalities
- To identify agree and establish priorities and performance measures to provide clear indication of progress to reduce inequalities across Dudley

⁸ <https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives>

- To identify and progress actions that will contribute to outcome measures for reducing local inequalities, monitor and reporting on these to demonstrate impact
- Involve a wide range of stakeholders especially communities in activities which are aimed at reducing inequalities and building community resilience
- Report to and provide the Health and Wellbeing Board and Cabinet with progress updates as required.
- Assure alignment with Forging a Futures (FAF) programmes and strategic aspirations ensuring that inequalities are a central to all the
- The group should have a strategic association with the health inequality plans produced at Black Country ICS level

3. Living with COVID -19 Health Inequalities Steering Group: Membership

The Steering Group will have a core group of 6-12 members and officers that will play a key role and will have the responsibility for oversight and delivery relating to the functions of the group.

Membership of the Group is as follows:

- Karen Wright Director of Public Health Dudley - Dudley MBC **(Chair)**
- Jacque Ashdown Interim Consultant in Public Health –Dudley MBC
- Maggi Morris Interim Consultant in Public Health – Dudley MBC
- Neill Bucktin – Dudley Managing Director Black Country and West Birmingham Clinical Commissioning Group
- Joanne Weston - Forging the Futures Strategic Lead – Dudley MBC
- Chrysanthi Tsiarigkli - Health Intelligence Manager Dudley MBC
- Claire Davies - Health Intelligence/Senior Data Analyst Dudley MBC
- Dr Farrah Wakil – Dudley Commissioning Board member, Black Country, and West Birmingham CCG
- Ian Chadwell - Strategy and Transformation Dudley Group NHS Foundation Trust
- Andy Gray Chief Officer – Dudley Voluntary Community Sector
- Melissa Guest Communications Officer – Dudley Healthwatch representative
- Kim Madill Chief Superintendent of Dudley - West Midlands Police representative
- Marie Spittle – Head of Access and Prevention Dudley MBC
- Helen Martin - Director of Regeneration & Enterprise Dudley MBC
- Christopher King - Interim Head of Environmental Health and Trading Standards Dudley MBC
- Helen Codd-Head of Communications, Engagement & Partnerships
- Dudley Integrated Health and Care NHS Trust
- Dr Richard Bramble - Acting Joint Medical Director Dudley Integrated Health and Care NHS Trust
- Dr Duncan Jenkins – Associate Director Pharmaceutical Public Health and Population Health Management – Dudley Integrated Health and Care NHS Trust
- Byron Taylor - Interim Programme Manager Living with COVID & Welfare Support Dudley MBC

The chair of the group will be nominated by the group. A vice chair will also be nominated.

Additional membership

Additional members, individuals or organisations may be co-opted onto the Steering Group at the discretion of the Chair/Deputy Chair to join the meetings for discussion of specific items of interest as and when required.

4. Operation of the Living with COVID -19 Health Inequalities Steering Group

To ensure the successful delivery of strategic priorities the Living with COVID -19 Inequalities Steering Group health will meet monthly and be convened by the Chair in consultation with the nominated representatives. See Appendix A for list of permanent and co-opted Steering Group representatives

Quorum:

- A minimum of six members will constitute a quorum At least 1 member must be present from its organisation for a decision to be taken
- A decision put to a vote at the meeting shall be determined by most of the votes of members and deputies present.
- Action notes of meetings will be shared with group members
- Papers will be published five working days before each meeting.
- Where the group is required to make a decision a written report/briefing will be provided, and the lead officer requested to attend the meeting to present and answer questions.

Attendance

Deputies from the represented organisations on the Steering Group will be permitted in exceptional circumstances and only in agreement with the Chair.

5. Accountability and Reporting

The Living with COVID-19 Inequalities Steering Group will be accountable to the Health and Wellbeing Board through the agreed reporting arrangements and to Cabinet through the Director of Public Health.

The Steering Group will focus on oversight of the delivery of actions and make recommendations to the Health and Wellbeing Board. It will provide detailed proposals and progress reports so that informed decisions can be made.

Via its membership, the Living with COVID-19 Inequalities Steering Group will develop strategic links with other subgroups and Boards particularly the: Black Country ICS Board, Healthier Futures Partnership Board, Dudley and Walsall Mental Health Partnership, and Forging the Future work streams.



It is intended that the Steering Group will link into a data intelligence subgroup made up of key representatives across the local system across and feed into other relevant inequality boards/ subgroups as required.

Recommendations and decisions will be arrived at by consensus and recorded in the minutes and a decision log.

6. Administrative support to Living with COVID-19 Inequalities Steering Group

- Administration will be provided by the Public Health and Wellbeing Directorate
- Agenda setting in consultation with the Chair
- Booking of rooms/Online Team/Zoom Meetings
- Taking and distribution of notes

7. Review

These terms of reference will be reviewed after 3 months, taking into account views expressed by relevant partner agencies.