

# Dudley Health Inequalities Strategy

2023-2033

Draft

Version	Date	Author	Key changes/amendments
3.0	01.11.22	MG	1. First Draft has had Mayada's comments included
4.0	22.11.22	MG	2. Summary added 3. Governance annex added. 4. Includes comments from PHSMT 5. Need to include engagement annex in next version
5.0	06.12.22	MG	6. Jody Pritchard's comments included and paragraph on engagement approach

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## **Summary**

Dudley Metropolitan Borough Council is committed to reducing health inequalities within the Dudley Integrated Care System (ICS). The way in which the ICS has been established in Dudley is shown in Figure 2.

Dudley is concerned with both health inequalities, disparities and ensuring all the protected groups are included and will tackle all of these through a life-course approach. We want to see people at the centre of our approach, and this means at every layer of the governance of the ICS system there should be clear and transparent approaches to inclusion of people's voices and consideration of representation and marginalisation.

Dudley will look to maximise health outcomes in all its work. Health outcomes consist of a change in the health status of an individual, group or population, which is attributable to an intervention. Mortality and morbidity are two examples of outcomes.

Dudley Integrated Care System is the overall health and care system for Dudley and is responsible for working with a population of approximately 323,500 people. Our communities are diverse and there are significant inequalities across the population between different geographies at various levels from neighbourhoods to the overall gaps between our ICS and the England average, different identity communities such as LGBT+, ethnic and disabled communities and different communities of experience such as veterans, carers, sex workers.

Our vision, as a partnership, is that the people of Dudley live longer, healthier, and happier lives.

Our structure and approach are based on the principle of subsidiarity: doing things at the right level of the system to be efficient and effective in delivering better outcomes for people and making the most of the partnerships, knowledge, assets, and capability in various parts of our

system. This is reflected in the governance structure which seek to bring decisions and design of solutions with and as close to communities as possible and drive action based on evidence and insight of local people.

Our partnerships are crucial as people rarely care about organisational boundaries; they want to experience high quality service delivered in ways that are culturally safe and intelligent by staff who are valued and care about them. We set out our legal duties and who is responsible for each part of the system

## **Our Priorities in Dudley**

In 2018, before Covid-19 struck, Dudley Metropolitan Borough Council published its vision for 2030. This vision and its seven aspirations remain relevant despite what has happened over the course of the pandemic.

- 1. Tourism:** Home of rich heritage and a unique visitor attraction
- 2. Towns:** Home to diverse towns and a world class retail offer
- 3. Transport:** Home to world-leading transport and connections
- 4. Business:** Home to hard graft, enterprise and innovation
- 5. Education:** Hone the skilled workforce of tomorrow
- 6. Community:** Home of warm welcomes and close-knit communities with high aspirations and shaping their own futures
- 7. Environment:** Home to places of inspiring natural beauty

We set out our long, medium, and short-term indicators showing where we are now and where we want to get to so we can establish a picture for Dudley. In order to reduce health inequalities we need to address the main conditions that lead to the life expectancy gap.

We set out our summary of priorities to address health inequalities

1. Public Health priorities and interlinkages with Forging and Future and the Council Plan
2. Children and Young People
3. Dudley Integrated Health Care Primary Care Networks
4. Dudley Group NHS Foundation Trust
5. Adult Social Care
6. Violence Reduction Partnership
7. Forging a Future
8. Black Country Foundation Trust

## **Our Vision and our ambitions**

***Our vision, as a partnership, is that the people of Dudley live longer, healthier, and happier lives.***

*Our ambitions are that*

- *our local economy flourishes through our wider role as employers and anchor institutions*
- *We are at the forefront of innovative ideas*
- *That we deliver excellence for the people of Dudley through setting high standards for services*
- *That we use resources effectively.*

## **Shared Objectives**

As a partnership we share the following objectives in our ambition for healthier, happier, and longer lives:

1. Reduce inequalities
2. Integration for our population
3. Protect people from harm
4. Support our citizens across the life course
5. Build a great inclusive workforce
6. Contribute to the wider determinants of health

## **Principles**

The Integrated Care System is committed to shared principles that we want to see practiced at every level of our system in every organisation and we want to see these demonstrated in tangible ways.

- Visible people ownership at every level
- Led by our communities
- Policy informed and embed health in all policies
- Be value driven

## **New Ways of Working**

The ICS is a partnership and to deliver the ambitions of this strategy will require different ways of working together as a system. This will be through:

1. **Subsidiarity**
2. **Joint working**
3. **Consideration of access, inclusion, cultural safety, and health literacy**
4. **Innovation, evidence, and research**
5. **Efficiencies and outcomes**
6. **Measuring Success**

## **Our Expectations as a Partnership**

The ICS Partnership expects that the ICS Board will respond to this strategy through the ICS Operating Framework and its underpinning strategies.

Through the monitoring of the dashboard of indicators the ICS Partnership will assess impact of this operating framework on outcomes alongside the ICS Board reporting on delivery of financial and performance improvements in line with national and regional NHS expectations and the national NHS mandate.

The Partnership will be looking for explicit progress on integration and quality improvement within the first 24 months of the ICB activity, especially to address variation in clinical outcomes in both primary and secondary care and be able to demonstrate progress in enabling and empowering people, patients, and citizens to shape these improvements.

As a Partnership we are committed to supporting the ICS through our leadership and oversight to ensure that the people of Dudley are supported to live healthy, happy, and longer lives through the combined efforts of our system.

## **Our Recommendations**

1. That we make a commitment to working together across the system to ensure that our vision and objectives are made real for the people of Dudley.

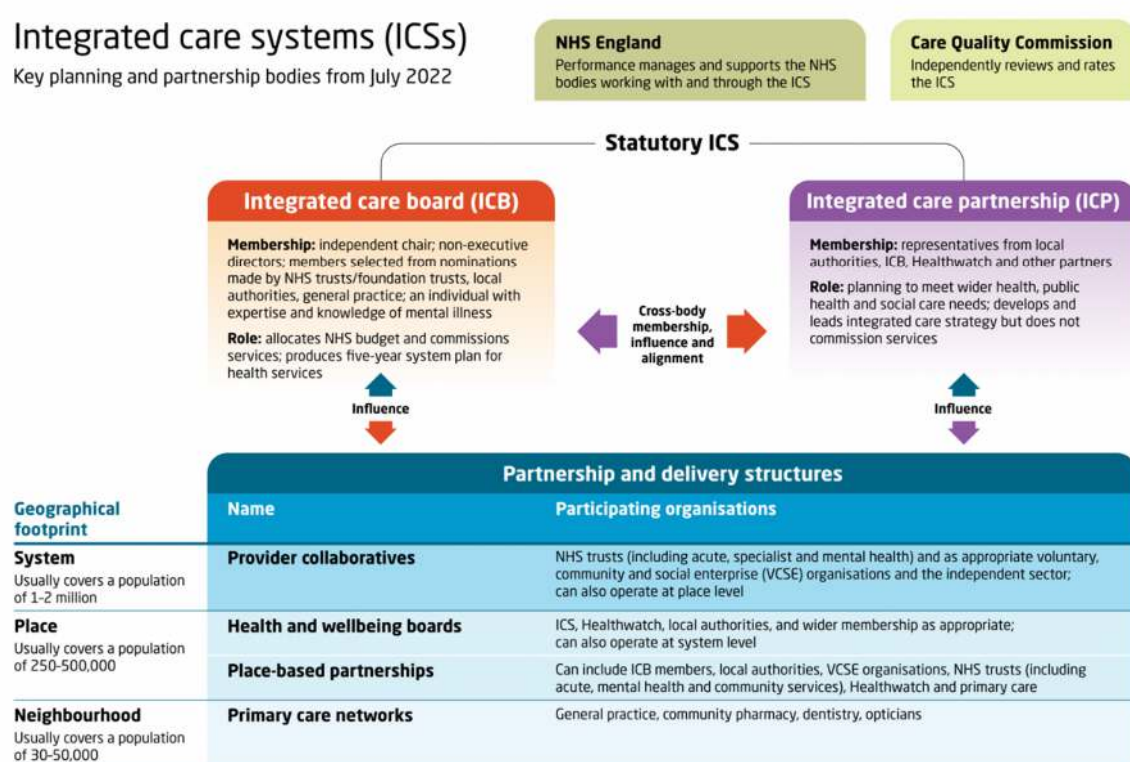
2. That the Joint Strategic Needs Assessment underpins our work and that we have sufficient resource and analytic support across the system.
3. That all our work is underpinned by our agreed principles and new ways of working.

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## Health Inequalities within the Metropolitan Borough of Dudley

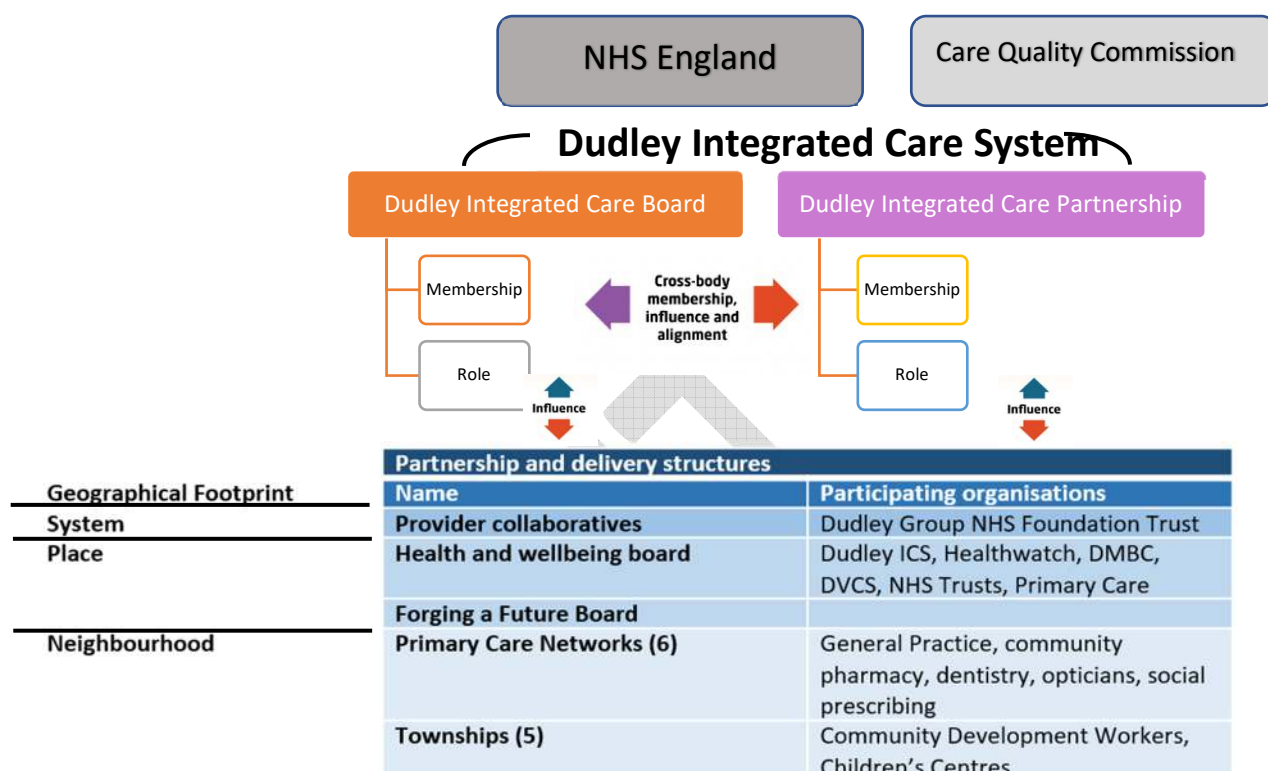
Dudley Metropolitan Borough Council is committed to reducing health inequalities within the Dudley Integrated Care System (ICS) and to remember it is not the priority of one part of the system – health inequalities are everyone's priorities. It is important to understand what the system consists of given the changing landscape. The way in which has been proposed that ICS establish themselves is shown in Figure 1. The Structure for Dudley is shown in Figure 2.

**Fig 1: Integrated care systems (ICSs) from July 2022** ([Kings Fund 2022](#))





**Fig 2: Dudley Integrated Care System and Metropolitan Borough of Dudley Structure**



## Health Inequalities

Health inequalities are defined as systematic, unfair, and avoidable differences in health between different people within society.

## Health Disparities

Health disparities simply means health differences; whereas health inequalities point specifically to health disparities that are unfair and avoidable – that we can do something about

## Inclusion Groups<sup>1</sup>

Inclusion health is a term used to describe people who are socially excluded and experience multiple risk factors for poor health such as poverty, violence, and complex trauma. This can include people who experience homelessness, drug and alcohol dependence, Gypsy, Roma and Traveller communities, sex workers, victims of modern slavery, refugees, asylum-seekers, and undocumented migrants. People

<sup>1</sup> Definition from [Long read: winter vaccination for inclusion health groups - UK Health Security Agency \(blog.gov.uk\)](https://www.blog.gov.uk/2019/01/23/winter-vaccination-for-inclusion-health-groups/)

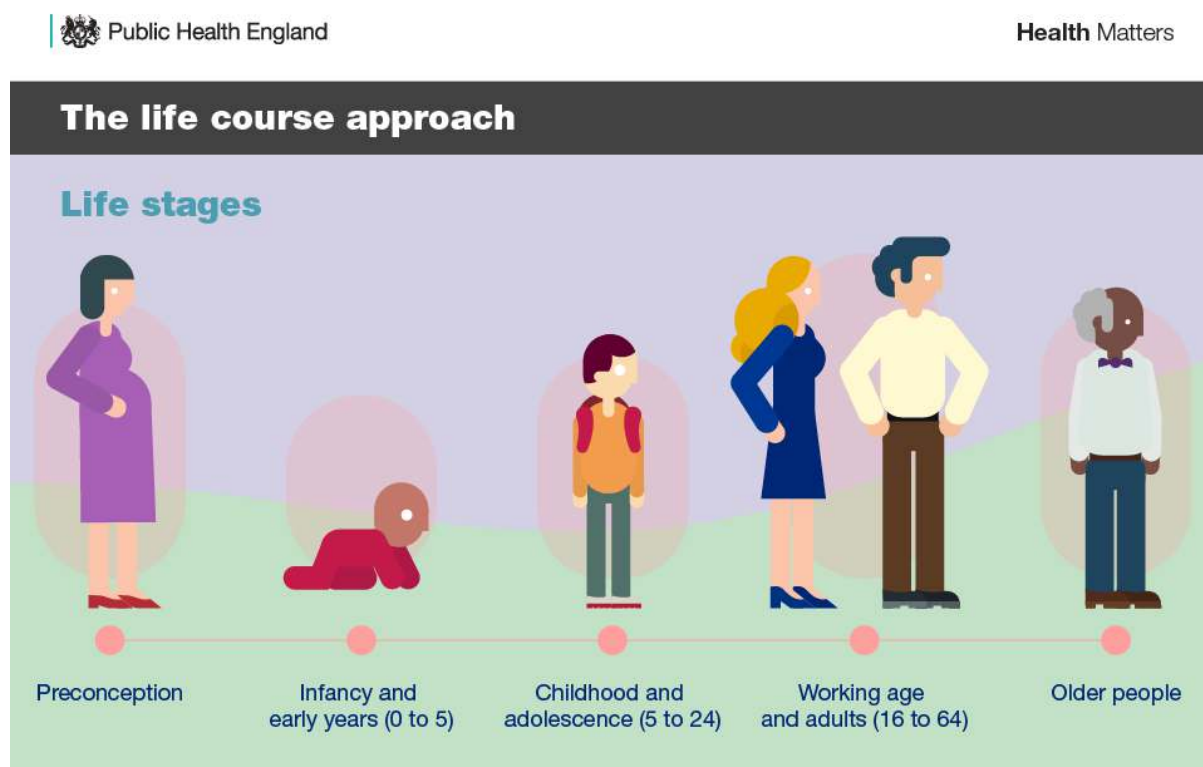
belonging to inclusion health groups may experience stigma and discrimination and are not consistently included in electronic records such as healthcare databases. They frequently suffer from multiple ongoing health problems and face barriers to accessing healthcare. They may not be registered with a GP or have any information recorded about their health problems in health records. This leads to extremely poor health outcomes, often much worse than the general population, and contributes to increasing health inequalities.

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## Life-course<sup>2</sup>

Dudley wants to ensure that there is a consideration of the life-course across the system. A person's physical and mental health and wellbeing are influenced throughout life by the wider determinants of health. These are a diverse range of social, economic, and environmental factors, alongside behavioural risk factors which often cluster in the population, reflecting real lives. All these factors can be categorised as protective factors or risk factors. Unlike a disease-oriented approach, which focuses on interventions for a single condition often at a single life stage, a life course approach considers the critical stages, transitions, and settings where significant differences can be made in promoting or restoring health and wellbeing. A life-course approach values the health and wellbeing of both current and future generations and recognises that protective and risk factors interplay over the lifespan and that maintaining good functional ability is best achieved through actions at every stage of life.

Fig 2: The Life Course Approach ([PHE 2020](#))



## Health Outcomes

<sup>2</sup> Definition from [Health matters: Prevention - a life course approach - GOV.UK \(www.gov.uk\)](#)

Dudley will look to maximise health outcomes in all its work. Health outcomes consist of a change in the health status of an individual, group or population, which is attributable to an intervention. Mortality and morbidity are two examples of outcomes.

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## **Mortality**

Mortality refers to the number of deaths that have occurred due to a specific illness or condition. Mortality is often expressed as a rate; this is the number of deaths due an illness divided by the total population at that time of people who could get the illness.

## **Morbidity**

Morbidity is a term that is used to describe the state of having a specific illness or condition, this can be acute or long term.

Co-morbidity describes when an individual has more than one conditions at the same time e.g., high blood pressure and diabetes.

Morbidity can be presented in two ways:

*Incidence* – the number of new cases of an illness or a condition within a population over a defined period, this can also be a rate or proportion of people within the population with the condition

*Prevalence* – this is the proportion of the population that has a condition or illness, it includes new and existing cases and can be calculated at a specific point in time or over time. It is usually presented as a percentage or a rate.

## **Introduction**

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Our vision, as a partnership, is that the people of Dudley live longer, healthier, and happier lives.

Our structure and approach are based on the principle of subsidiarity: doing things at the right level of the system to be efficient and effective in delivering better outcomes for people and making the most of the partnerships, knowledge, assets, and capability in various parts of our system. This is reflected in the governance structure which seek to bring decisions and design of solutions with and as close to communities as

possible and drive action based on evidence and insight from local people.

The governance structure is currently being developed. Approval to establish a Population Health Management group that will report to the Dudley Partnership Board has been agreed. It is likely that this will be developed in conjunction with the approach to health inequalities. It is crucial that these work in tandem. A technical group that incorporates Power BI usage has also been mooted which reports into this group. However, these arrangements have not been developed in totality. A relationship chart will be confirmed at a later stage and incorporated into this document.

However our ambition can only be achieved working in partnership across boundaries, between organisations and with people. It is essential that all layers of the ICS understand this and model true partnership behaviours.

## Our Partnerships

People rarely care about organisational boundaries; they want to experience high quality service delivered in ways that are culturally safe and intelligent by staff who are valued and care about them.

As a partnership we recognise the broad range of organisations who play a role in the delivery of health and social care in Dudley and the importance of the ICS governance structures working with these organisations as equal partners rather than play upon historical power dynamics based on headcounts or commissioning power. Listening to our population is important and valuing the contribution that our communities make underlies our new ways of working.

In our integrated system the voice of local community pharmacy should be as important to the governance decision making as that of the largest acute trust and it is important that the emerging governance structures value differently from the past.

We want to see people at the centre of our approach, and this means at every layer of the governance of the ICS system there should be clear and transparent approaches to inclusion of people's voices and consideration of representation and marginalisation.

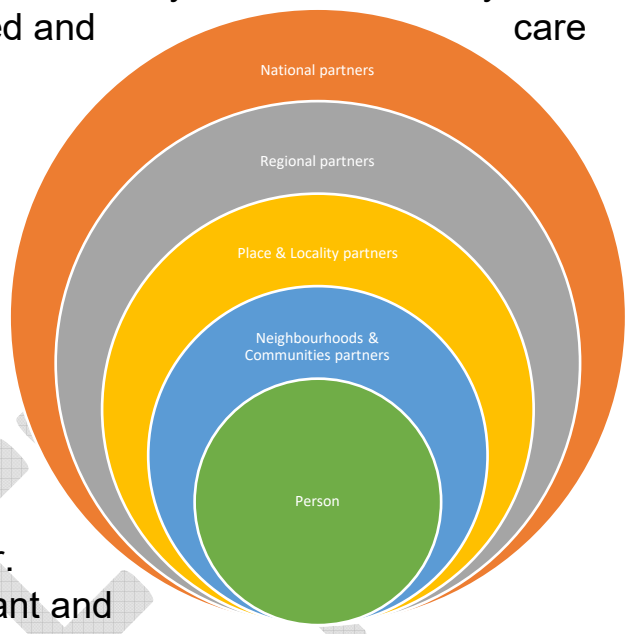
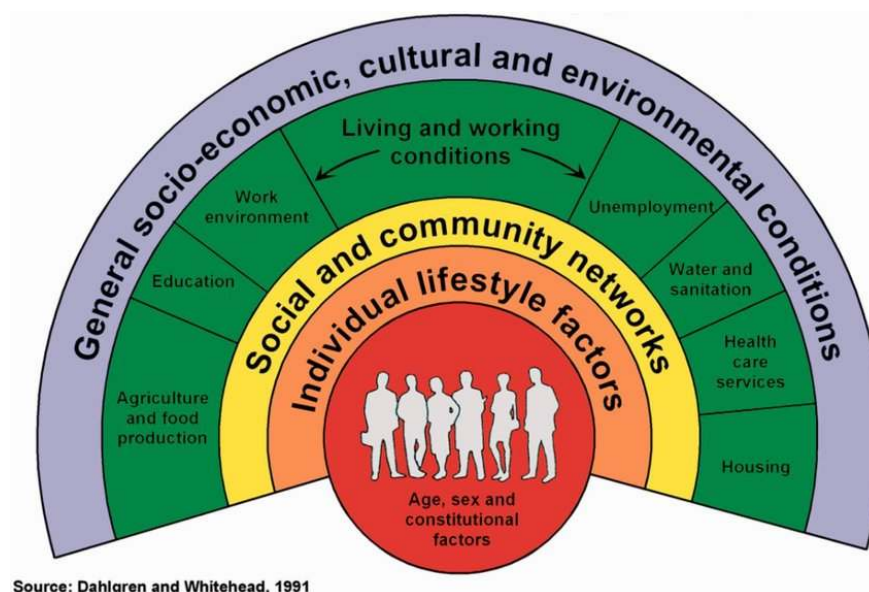


Figure 3: Our Partnerships

**Figure 4: Wider Determinants of Health**



Delivering our ambition for people to live healthier, happier and long lives will require action across treatment and care, prevention and early intervention in every setting for short and medium term gain and upstream action as a partnership to fundamentally rewire the landscape of our places, both physical and social, to enable healthier futures in the long term in line with the drivers of health well recognised by Dahlgren and Whitehead (1991) (See Figure 4) and subsequent reports including the Marmot reviews. This is set against – and will need to respond to – a challenging socio-economic backdrop.

### **Our Legal Duties**

The National Health Service Act 2006 as amended by the Health and Social Care Act 2012

Duties on NHS England and CCGs to have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved

NHS England and CCGs must exercise their functions with a view to securing that health services are provided in an integrated way... where they consider that this would reduce inequalities in access or outcomes

NHS England and CCGs must produce annual plans and reports explaining how they will/have discharged duties.

*Equality Act 2010*



Public sector equality duty with three arms: i) prevent unlawful discrimination, ii) advance equality of opportunity, and iii) foster good relations between people who share a protected characteristic and those who do not. There are specific equality duties on publishing equality information and setting and publishing equality objectives

### *Health and Care Act 2022*

The Health and Care Act 2022 will introduce a range of obligations on NHS bodies in relation to health inequalities.

Tackling inequalities in outcomes, experience and access is one of the four key purposes of an ICS, supported by specific duties.

### *New ICB obligations on health inequalities*

- a new duty on health inequalities for ICBs: 'Each integrated care board must, in the exercise of its functions, have regard to the need to— (a) reduce inequalities between persons with respect to their **ability to access health services**, and (b) reduce inequalities between patients with respect to the **outcomes achieved for them by the provision of health services.**'
- a new **quality of service** duty on ICBs which includes addressing health inequalities
- a duty to **promote integration** where this would reduce inequalities in access to services or outcomes achieved
- duties on ICBs in relation to several other areas which require consideration of health inequalities – in making wider decisions, **planning, performance reporting**, publishing certain reports and plans, **annual reports, and forward planning**

In addition, each ICB will be subject to an **annual assessment** of its performance by NHS England, which will assess how well the ICB has discharged its functions in relation to a range of matters including reducing health inequalities, improving quality of service, and public involvement and consultation.

### **New requirements to publish inequalities data for ICBs, Trusts and Foundation Trusts**

NHS England must publish a statement about use of information on inequalities in access and outcomes, setting out the powers available to bodies to collect, analyse and publish such information, and views about how the powers should be exercised

NHS bodies should publish annual reports describing the extent to which NHS England steers on inequalities information have been addressed

## Our Priorities in Dudley

In 2018, before Covid-19 struck, Dudley Metropolitan Borough Council published its vision for 2030. This vision and its seven aspirations remain relevant despite what has happened over the course of the pandemic.

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6. **Community:** Home of warm welcomes and close-knit communities with high aspirations and shaping their own futures
7. **Environment:** Home to places of inspiring natural beauty, our green spaces

The fundamental purpose of the ICS is to improve the health of the people it serves and the core challenges for Dudley ICS are reducing loneliness and isolation, childhood obesity and reducing poverty.

Indicators that show where we are

**Fig 5: ICS Level Long Term Metrics – 10yr trajectory of change**

Indicator	Time Period	Dudley	West Midlands	England	Dudley compared to England
Overweight and obese children in Year 6 (%)	2017/18 - 19/20	40.38	37.56	34.57	Worse
Overweight and obese children in Reception class (%)	2017/18 - 19/20	25.47	23.80	22.60	Worse
Overweight and obese adults (%)	2020/21	66.80	66.81	36.77	Similar
Life Expectancy at birth – male (years)	2020	77.84	77.61	78.67	Worse
Life Expectancy at birth – female (years)	2020	81.84	81.81	82.62	Worse
Life Expectancy at 65yrs – male (years)	2020	17.48	17.53	18.11	Worse
Life Expectancy at 65yrs – female (years)	2020	20.37	20.18	20.69	Similar
Inequality in life expectancy at birth - male (years)	2018 - 20	9.20	10.10	9.70	Not compared
Inequality in life expectancy at birth - female (years)	2018 - 20	8.60	7.90	7.90	Not compared
Inequality in life expectancy at 65yrs - male (years)	2018 - 20	5.30	5.40	5.20	Not compared
Inequality in life expectancy at 65yrs - female (years)	2018 - 20	4.70	4.90	4.80	Not compared
Disability free Life Expectancy at birth -male (years)	2018 - 20	60.45	61.64	62.35	Similar
Disability free Life Expectancy at birth -female (years)	2018 - 20	60.07	59.91	60.94	Similar
Disability free life expectancy at 65yrs - male (years)	2018 - 20	9.74	9.36	9.84	Similar
Disability free life expectancy at 65yrs - female (years)	2018 - 20	8.58	9.20	9.87	Similar

**Fig 6: Community Inequality Medium Term Metrics – 5yr or less trajectory of change**

Indicator	Time Period	Dudley	West Midlands	England	Dudley compared to England
Population vaccination coverage – Flu (at risk individuals) (%)	2021/22	51.50	51.90	52.94	Worse
Physically inactive adults (%)	2020/21	29.61	25.63	20.05	Worse
People with type 2 diabetes who are of minority ethnic origin (%)	2019/20	15.00		21.60	Not compared
People aged 65+ receiving winter fuel poverty payments (%)	2019/20	95.59	94.94	94.08	Better
HIV late diagnosis (all CD4 less than 350) (%)	2018 - 20	29.63	44.96	42.40	Similar
Fuel Poverty (low income, low energy efficiency) (%)	2020	17.30	17.83	13.23	Not compared
Excess winter deaths index (Ratio %)	2019 - 2020	20.20	18.00	17.40	Similar
Excess under 75 mortality rate due to cardiovascular disease in adults with severe mental illness (SMI) (rate per 100,000)	2018 - 20	200.60	264.40	306.60	Better
Deaths from drug misuse (rate per 100,000)	2018 - 20	4.19	5.28	5.02	Similar
Adults with a Learning Disability in paid employment (%)	2019/20	3.80	4.20	5.56	Worse
Adults with a Learning Disability having a GP health check (%)	2018/19	3.39	46.10	52.26	Worse
Adults 40-74 years receiving an NHS health check (%)	2018/19 Q1	3.16	1.75	1.85	Better
Admission episodes for alcohol-related conditions (Narrow) (rate per 100,000)	2020/21	489.67	515.00	455.91	Worse
16-17 yrs not in education, employment, or training (NEET) (%)	2020	5.73	5.69	5.48	Similar

**Fig 7: Place and Locality Level Medium Term Metrics – 5yr trajectory of change**

Indicator	Time Period	Dudley	West Midlands	England	Dudley compared to England
Under 75yr mortality rate from cancer considered preventable (rate per 100,000)	2020	62.88	55.41	51.49	Worse
Suicide rate (rate per 100,000)	2019 - 21	10.31	10.72	10.43	Similar
Stroke admissions (all ages) (rate per 100,000)	2020/21	137.07		161.81	Better
Smoking in early pregnancy (%)	2018/19	15.65	14.47	12.76	Worse
Prevalence of smoking in adults (%)	2020/21	16.90	16.32	15.94	Worse
Prevalence of Diabetes (QOF Prevalence) (%)	2020/21	7.99	8.01	7.11	Not compared
Prevalence of Cardiovascular disease (QOF Prevalence) (%)	2020/21	4.03	3.18	3.05	Not compared
Infant Mortality Rate (per 1,000 live births)	2018 - 20	4.29	5.57	3.90	Similar
Emergency hospital admissions for intentional self-harm (rate per 100,000)	2020/21	151.97	166.58	181.22	Better
Emergency admissions for COPD (rate per 100,000)	2019/20	479.22	468.16	415.12	Worse
Early access to maternity care (%)	2018/19	74.81	56.78	57.78	Better
Children achieving a good level of development at 2-2.5yrs (%)	2020/21	72.02	81.58	82.86	Worse
CHD admissions (all ages) (rate per 100,000)	2020/21	369.33		367.59	Similar
Cancer mortality (All causes) (standardised mortality ratio)	2016 - 20	106.29		100.00	Worse
Cancer diagnosed at stage 1 or 2 (%)	2019	58.31	54.31	55.02	Better

## Our Communities and our Challenges

Dudley ICS services approximately 323,500 people [ONS data from the Census 2021]. The following infographic helps give some context to the diversity of our populations, the ICS is privileged to serve a diverse population but also one which has significant health need and inequality

which is masked by the affluence in certain areas Stourbridge and Halesowen.

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## A picture of our population in Dudley



**9.8%** of people have long term health conditions and disabilities that limit their activities of daily living a lot



**5.3%** people with long term health conditions are unemployed in Dudley, compared to 2.8% nationally and



**49.7%** are economically inactive (Apr 21-Mar 22)



**1 in 4 (15,464)** children in Dudley are living in relative low income families (2020/21)



**323,500**

2021 population

**18%**

% Under 15

**62%**

% 15-64

**20%**

% 65 and over

### Ethnic Group\* %

White British	87.5%
Asian	6.8%
Mixed	2.4%
Black	1.5%
White Other	1.0%
Other	0.7%
<b>Total</b>	<b>100.0%</b>

\*from 2011 Census

### Religion\* %

Christian	65.3
No Religion	22.0
Religion Not Stated	6.2
Muslim	4.1
Sikh	1.2
Hindu	0.6
Other Religion	0.3
Buddhist	0.2
Jewish	0.0



**5.7%** of 16-17 year olds are not in education, employment or training (2020)



There were **13,600** workless households across Dudley in December 2020



People in Dudley earn **£18.60** a week less than the national average in full time employment



# A picture of the health of our population in Dudley

data source: 'Office for Health Improvement & Disparities. Public Health Profiles. [29/09/2022] <https://fingertips.nhs.org.uk> © Crown copyright [2022]'

## Under 18s conception rate / 1,000 2020



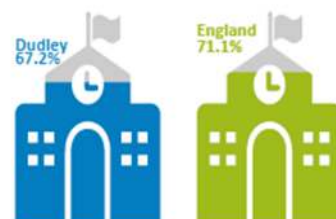
## Infant mortality rate 2018 - 20



## Population vaccination coverage - MMR for one dose (2 years old) 2020/21



## School readiness: children achieving a good level of development at the end of Reception 2018/19



## Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years (rate per 10,000) 2020/21



## Women, aged 25-49, with a record of cervical screening in the last 3.5 yrs 2020/21



## Number of emergency admissions with cancer (Number per 100,000 population) 2020/21

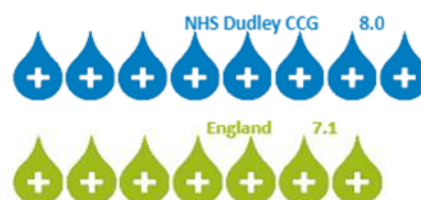


There were **1,770** emergency admissions in 2020/21 (**539** per 100,000). The rate of admissions per 100,000 population varies significantly between practices with the highest rate at **948** admissions per 100,000 population and the lowest at **39** admissions per 100,000.

## Patients with CHD immunised against flu 2020/21



## Diabetes: QOF prevalence (17+) 2020/21

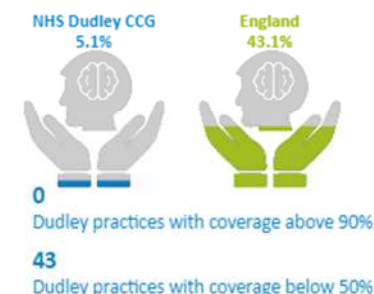


Prevalence of diabetes in adults (aged 17+) varies between practices with the highest prevalence at **12%** and the lowest at **6%**.

## Patients with diabetes who had a foot examination and risk classification 2020/21



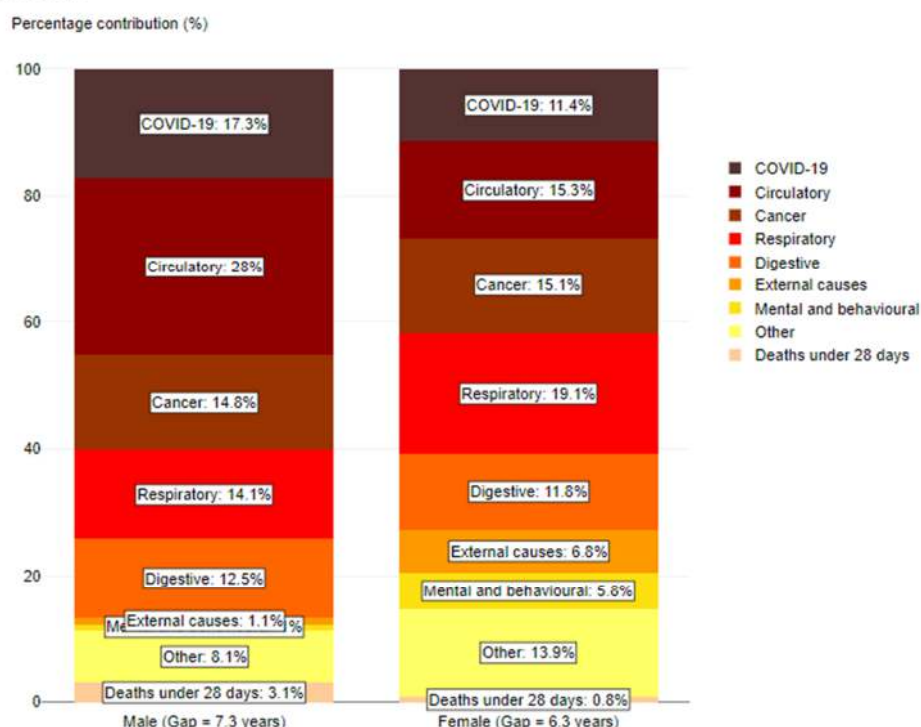
## Patients with severe mental health issues having a comprehensive care plan 2020/21



The gap in life expectancy in the Dudley population links strongly to diseases which are in many ways preventable, or at least adaptable to not be fatal. The main diseases causing inequalities in life expectancy are circulatory, cancer and respiratory disease. It is important we also remember the connection between physical and mental health as mental health issues can also be a cause of potentially preventable death. There are positives too as can be seen from the very low percentage of young people not in education, employment or training.

**Fig 8: Scarf Chart to show main conditions leading to the life expectancy gap in Dudley**

Breakdown of the life expectancy gap between the most and least deprived quintiles of Dudley by cause of death, 2020 to 2021 (Provisional)



Source: Office for Health Improvement and Disparities based on ONS death registration data (provisional for 2021) and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

Footnote: Data are provisional. Circulatory includes heart disease and stroke. Respiratory includes flu, pneumonia, and chronic lower respiratory disease. Digestive includes alcohol-related conditions such as chronic liver disease and cirrhosis. External includes deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer's disease. Percentages may not sum to 100 due to rounding.

As well as how long people live for, as a system we want to work to make sure people live longer lives in good health. Too many people live for too long in poor physical or mental health with significant impacts on their quality of life and ability to work. Listening to the stories of people in Dudley has led us to understand their perspectives. There are common themes arising which include:

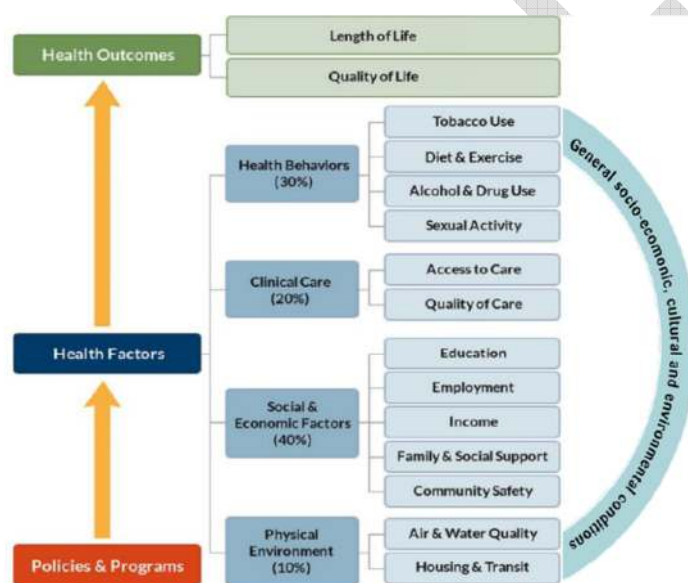
- Green spaces

- Opportunities to connect
- Supporting creativity
- Valuing people's contributions
- Slowing down and giving time for reflection

As an ICS Partnership we want to see the system work together to maximise the impact of health and social care to reduce these potentially preventable deaths and disease through clear and coherent action at pace and scale.

Research has demonstrated that about 20% of health is directly a result of access to care and treatment, 40% to behaviours such as smoking, alcohol, inactivity, and diet, and 40% to the wider determinants of health such as employment, education, and the built environment which contribute to health inequalities.

**Figure 9: Contributory Factors to Length of Life and Quality of Life**



*Source: Adapted from the County Health Ranking Model. Note: % figures are estimates and averages, the relative contribution for an individual's life will be unique to them. For illustrative purposes only.*

Across the first 60% there is significant evidence and practice that can be brought to bear to reduce the inequalities in life expectancy through the work of health and social care organisations and professionals alongside others in the public and community sector. Whilst other key partners including local Health and Wellbeing Boards, the West Midlands Combined Authority and Police and Crime Commissioner – as well as national government – are key to action to address the 40% driven by the wider determinants of health, there are also important



contributions the ICS partners can make as anchor organisations in this space as well.

The Health and Wellbeing Board oversees the Joint Strategic Needs Assessments and has also committed to systematically assess health inequalities to understand what action can be taken to minimise the health inequalities impacts of what they do.

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**Summary of Health & Wellbeing Board Strategy Priorities for Dudley and areas of shared priority**  
**Public Health Priorities and the interlinkages with Forging a Future and the Council Plan**

Forging a Future for All aspiration	A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future
Council Plan priority	Dudley the borough of opportunity

**Children and young people benefit from the best possible start in life in our Child Friendly borough.**

Spectrum reference	Key supporting actions / initiatives	Activity (Frontline / BAU / Major Project)	Timescales		Linkages to other plans	Lead Officer
			Start	Finish		
A 4149	Working with partners to develop the aspirations of the child friendly borough	BAU	01/04/22	31/03/24	❖ Health and wellbeing board	HOS Children's and Young People
A 4150	Working with partners to promote childhood vaccines, by raising public awareness and understanding of immunisation programmes	BAU	01/04/22	31/03/24	❖ Health and wellbeing board	Head of Health Protection

Forging a Future for All aspiration	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
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Council Plan priority	Dudley the borough of opportunity					
Those with special educational needs and disabilities and care leavers achieve the best possible outcomes.						
Spectrum reference	Key supporting actions / initiatives	Activity (Frontline / BAU / Major Project)	Timescales		Linkages to other plans	Lead Officer
A 4151	Working in partnership with Children's Services to complete a SEND needs assessment and strategy, focusing on prevention	Project	01/04/2022	31/3/2023	❖	Head of Service for Childrens and Young People

Forging a Future for All aspiration	A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future				
Council Plan priority	Dudley the borough of opportunity				
All residents benefit from access to a high quality, integrated health and social care.					
	Key supporting actions / initiatives	Activity	Timescales		Lead Officer

Spectrum reference		(Frontline / BAU / Major Project)	Start	Finish	Linkages to other plans	
A 4152	Working with communities, anchor organisations and partners to take forward asset-based approaches.	BAU	01/04/22	31/03/25	❖ Health and wellbeing board	HOS Communities, Places and workforce
A 4153	Creating a health protection model and emergency planning structures and processes to ensure appropriate response to new covid variants of concerns or other communicable diseases or civil contingencies	BAU	01/04/22	01/03/23	❖ Health and wellbeing board	Head of Health Protection
A 4154	Working with NHS, social care commissioners and providers develop a programme to improve quality and minimise disruption to services from infectious disease.	BAU	01/04/22	31/03/25	❖ Health and wellbeing board	Head of Health Protection
A 4155	Development of integrated family hubs, providing health, education and social care for all Dudley's families	Project	01/04/2022	31/3/2023	❖	Head of Service for Childrens and Young People

Forging a Future for All aspiration	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				
Council Plan priority	Dudley the safe and healthy borough				
Our climate commitment is creating a sustainable borough on its way to net zero carbon emissions, improved air quality, reduced fuel poverty and outstanding waste and recycling services					
Spectrum reference	Key performance indicator	2021-22 result or forecast	Targets	Reporting frequency	Lead/reporting officer

## Dudley Metropolitan Borough Council Children and Young Peoples inequality priorities and system challenges

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Infant mortality	Giving every child the best start in life Life expectancy	Understanding the impact of COVID-19 on early years	<ul style="list-style-type: none"> <li>Infant Mortality – healthy pregnancy support service (tobacco dependence specialist midwife).</li> </ul>	Improved breastfeeding rates, reduction in smoking in pregnancy, early booking, improved maternal mental health, reduction in obesity. Success- reduction in infant mortality.	PHE Fingertips ONS Death registrations
Thrive	Giving every child the best start in life	Understanding of the long-term impact of lockdown on first time Mum's and CYP development	<ul style="list-style-type: none"> <li>Healthy Child Programme,</li> </ul>	Resilient and responsive parenting/children, nurturing education settings, trauma informed practitioners, children able to develop to their full potential. Success – thriving and resilient communities	PHE Fingertips Local data (i.e. Health visitors data, schools data, children's social care data, etc.)
Inclusion	Giving every child the best start in life  Enable all children, young people and adults to maximise their capabilities and have control over their lives	Disproportionate impact on the most deprived families	<ul style="list-style-type: none"> <li>First 1001 days partnership implementation plan.</li> </ul>	Create culture change for an inclusive borough, keeping children at the heart of everything we do. Success - communities feel they belong and can contribute Reducing number of exclusion	As above
Child poverty	Giving every child the best start in life Ensure a healthy standard of living for all	The proportion of children living in poverty  Children in absolute low income families	<ul style="list-style-type: none"> <li>Child Friendly Borough Programme</li> </ul>		Department for Work and Pensions / HM Revenue and Customs PHE Fingertips, IMD 2019

## Dudley Integrated Healthcare (DIHC) PCN inequality priorities and system challenges

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities	Outcomes/Aspirations	Baseline intelligence and data sources
Child obesity	Giving every child the best start in life Life expectancy	<ul style="list-style-type: none"> <li>Childhood obesity</li> <li>Increased physical activity in CYP</li> <li>School readiness</li> </ul>	Outcomes based contract DOOF First 1001 days	System wide approach to obesity	Obesity Profile PHE Fingertips
Children and Young peoples health and well being	Giving every child the best start in life Enable all children, young people and adults to maximise their capabilities and have control over their lives	<ul style="list-style-type: none"> <li>Reduction in CAMHS Tier 4 bed referrals / occupancy</li> <li>Reduction in self harm attendance at ED in adolescence</li> </ul>		Ensuring better data completeness on ethnicity / protected characteristics / disaggregating data to demonstrate local inequalities	HES data
Educational attainment	Enable all children, young people and adults to maximise their capabilities and have control over their lives Best start in life	<ul style="list-style-type: none"> <li>-</li> <li>Reduction in exclusion from school</li> <li>Increased placement of CYP with SEND in main stream schools</li> </ul>		TBC	PHE Fingertips Educational data Department for Education (DfE), EYFS Profile:
Hypertension case finding management and detection	Life expectancy	<ul style="list-style-type: none"> <li>Primary care access</li> <li>Hypertension management</li> <li>Increased levels of diabetes</li> <li>Increased prevalence of mental health</li> </ul>	Commencing work on plan targeting Core20PLUS5 PCN workstream on hypertension agreed and in place (Duncan Jenkins)	Interventions in place across PCN to optimise blood pressure and minimise the risk of myocardial infarction and stroke across at risk populations	Local Insights PCN Profiles PHE Fingertips

## The Dudley Group NHS Foundation Trust inequality priorities and system challenges

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Workforce – increase the proportion of jobs occupied by local people	Create fair employment and good work for all	<ul style="list-style-type: none"> <li>Inequalities in health outcomes – and lack of data to really understand this and the drivers.</li> </ul>	<p>Dudley group / place based partnership internal group recently established to drive forward this agenda as part of recently published trust strategy.</p> <p>Includes focus on role as an anchor institution in promoting economic growth and environmental sustainability, as well as work to improve access to health services and outcomes for all.</p>	TBC	NOMIS data; ONS data; DWP data
Cancer – access and outcomes in the lung cancer pathway	Life Expectancy	<ul style="list-style-type: none"> <li>Early detection</li> <li>Improved treatment</li> </ul>	Dudley Place Based Partnership and system	TBC	HES data GP Practice registers (QoF data)
Breast screening – access for more deprived groups / people from vulnerable groups / black and ethnic communities	Life Expectancy		work as part of Dudley Place Based Partnership and system to address restoration and recovery (elective, cancer, diagnostics) in ways which reduce health inequalities.	TBC	HES data GP Practice registers (QoF data)



## Dudley Metropolitan Borough Council Adult Social Care key inequality priorities and system challenges

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Reduce loneliness and isolation.	Ensure a healthy standard of living for all Create and develop healthy and sustainable places and communities	<ul style="list-style-type: none"> <li>Increasing demand and commissioned capacity to support people across the system, accessing Social Care.</li> </ul>	DMBC	TBC	Adult Social Care Outcomes Framework (ASCOF).
Reducing digital exclusion.	Ensure a healthy standard of living for all		Developing digital skills programme with people and providers across the system.	Reduce social isolation, and increase uptake of digital technology and develop digital skills	ONS data/national surveys
Long COVID	Life expectancy Ensure a healthy standard of living for all	<ul style="list-style-type: none"> <li>Supporting people who have recovered, having had the virus, but who are living with the effects of long Covid</li> </ul>	TBC	Gain understanding of the impact of Long COVID	HES data
Mental health and wellbeing	Ensure a healthy standard of living for all Life expectancy	<ul style="list-style-type: none"> <li>Supporting ASC clients with mental health who have been significantly impacted because of the COVID-19 pandemic.</li> <li>Supporting health and wellbeing (especially for people who live alone) in order to help people get used to being around people again.</li> </ul>	TBC	TBC	CAMHS data IAPT data GP Practice registers

## Violence Reduction inequality priorities and system challenges

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Violence reduction within public health framework	Creating and developing sustainable places and communities	<ul style="list-style-type: none"><li>• Violence and inequalities</li></ul>	Detailed needs assessment with clear programmes of intervention	TBC	Police Crime and Violence data PHE Fingerlips

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## Forging A Future inequality priorities and system challenges 1. TBC – to be agreed by partners

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Housing	Ensure a healthy standard of living for all	<ul style="list-style-type: none"> <li>House prices 6.23x the average wage</li> <li>shortage of good quality affordable rented housing.</li> <li>Need a mixed housing offer to meet needs of ageing population, graduates and higher income household. Almost 4,000 privately rented homes contain at least 1 Category 1 hazard</li> <li>Est 300 of 2,208 HMOs fall under the mandatory licensing scheme</li> </ul>	<b>FAF Objective</b> <ul style="list-style-type: none"> <li>Deliver high quality new homes that people can afford to live in (AA OB1)</li> <li>See delivery plan activities</li> </ul>	<ul style="list-style-type: none"> <li>O: Increased and improved housing stock with an appropriate mix of affordable housing across all tenures</li> <li>A: 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</li> </ul>	TBC – Paul Griffiths DMBC
Open spaces, green corridors, connectivity, and links to active travel	Ensure a healthy standard of living for all	<ul style="list-style-type: none"> <li>Extensive green space, natural assets and nature reserves across the borough – to ensure are safe and accessible to all</li> <li>Concerns about under-investment in parks and open spaces</li> <li>Opportunities to link to Health and Wellbeing (causality dilemma in disadvantaged areas)</li> </ul>	<b>FAF Objective</b> <ul style="list-style-type: none"> <li>Increase community involvement in the use of green space (AA OB2)</li> <li>See delivery plan activities</li> </ul>	<ul style="list-style-type: none"> <li>O: Connected well maintained green spaces linking parks, nature reserves and waterways to high quality local spaces - accessible to all and enjoyed by all</li> <li>O: A positive impact of people actually using the places and investment in appropriate facilities</li> <li>A: 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</li> </ul>	TBC – Tim Johnson DMBC
Waste management and personal responsibility	Ensure a healthy standard of living for all	<ul style="list-style-type: none"> <li>Waste is everyone's responsibility, and the LA can only go so far alone to tackle the issue</li> <li>Lower recycling rates and responsible waste disposal in disadvantaged communities</li> <li>*These challenges may not be a direct concern to most people who are subject to inequality – more of an indicator re Maslow's hierarchy of needs</li> </ul>	<b>FAF Objective</b> <ul style="list-style-type: none"> <li>Apply the concept of the waste hierarchy to reduce waste production and increase recycling and re-use. (AA OB3)</li> <li>See delivery plan activities</li> </ul>	<ul style="list-style-type: none"> <li>O: Aspirational targets in the new Waste Strategy would be met, using waste as a resource, moving towards zero waste beyond 2030</li> <li>A: 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</li> </ul>	TBC – Heidi Marsh-Geyton / Jennie Webb DMBC
Pupil Attainment and School Improvement	Ensure a healthy standard of living for all	<ul style="list-style-type: none"> <li>Data shows that there is a gap in educational attainment between advantaged and disadvantaged children and young people</li> <li>Exclusions are high nationally and very high in Dudley</li> </ul>	<b>FAF Objective</b> <ul style="list-style-type: none"> <li>Deliver school improvement in the borough (ES OB1)</li> <li>See delivery plan activities</li> </ul>	<ul style="list-style-type: none"> <li>O: Young people have high aspirations and prospects of a fulfilling career with opportunity to continually develop new skills</li> <li>O: Have an effective collaborative approach to school improvement across the Borough</li> <li>A: 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</li> </ul>	TBC-Andy Kinsella DMBC

## Forging A Future inequality priorities and system challenges TBC 2. – to be agreed by partners

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Local people increasing skills and qualifications to benefit from well paid local employment opportunities and careers	Ensure a healthy standard of living for all	<ul style="list-style-type: none"> <li>A high proportion of people with low skills and not involved in upskilling</li> <li>There is a growing level of child poverty in families where the parent(s) is in employment, on low incomes with reducing disposable income</li> <li>People living in Dudley Borough are less likely to go on to University.</li> </ul>	<b>FAF Objective</b> <ul style="list-style-type: none"> <li>Increase participation in learning related to priority sectors of the economy (ES OB2)</li> <li>Increase provision of level 4* and 5** education in the Borough</li> <li>See delivery plan activities</li> </ul>	<ul style="list-style-type: none"> <li>O: Businesses invest in the skills levels of their staff and adults upskill throughout their careers</li> <li>O: Increased participation in Further Adult Education and Higher Education provision, linked to regional priority sectors</li> <li>O: Increased numbers of leavers from Further Education securing employment in priority sectors in the region</li> <li>O: Ultimate impact on productivity of the region</li> <li>A: 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</li> </ul>	NOMIS Kev Nicholls – left DMBC Viv Webb DMBC
Support to Businesses, up-skilling and procurement	Ensure a healthy standard of living for all	<p>Challenges which are compounded in areas of disadvantage, and impact on people living in those areas:</p> <ul style="list-style-type: none"> <li>Start-ups create new markets and opportunities which create more jobs and improve people's lives.</li> <li>Across the Black Country, there are a high number of start ups but low survival rates.</li> <li>Post-recession / pandemic, the job market is smaller and there are a higher number of redundancies. People look at alternatives to employment, such as starting a new business, possibly using redundancy payments</li> <li>Especially post-pandemic, business require support and research in the areas of innovation, new markets and diversifying</li> <li>Most employers are committed to doing business in Dudley Borough but without action we risk losing them as some commercial property and development sites are not fit for growing businesses</li> </ul>	<b>FAF Objectives</b> <ul style="list-style-type: none"> <li>Integrated support for businesses, particularly start ups (BP OB1)</li> <li>Support research and development for local businesses (BP OB2)</li> <li>Support increased land availability for business expansion (BP OB3)</li> <li>See delivery plan activities</li> </ul>	<ul style="list-style-type: none"> <li>O: A business support ecosystem that fosters innovation and provides access to a diverse range of funding for new and existing businesses.</li> <li>O: A portfolio of Quality industrial, retail, and commercial premises across the borough as well as a range of appropriately located new sites for mixed use developments</li> <li>A: 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</li> </ul>	TBC – Paul Mountford
Develop a strategic approach to create and / or develop vibrant, resilient, and cohesive communities	Ensure a healthy standard of living for all	<ul style="list-style-type: none"> <li>There is a lack of lack of inclusiveness and racial justice as the Pandemic exacerbated distrust between communities</li> <li>Need to significantly improve, on a sustainable basis, citizens and communities wellbeing, (focusing on those disadvantaged areas of the Borough where social mobility and quality of life is lowest)</li> </ul>	<b>FAF Objective</b> <ul style="list-style-type: none"> <li>Enable people and communities to be more resilient, building on local strengths with asset-based community development (CO OB1)</li> <li>See delivery plan activities</li> </ul>	<ul style="list-style-type: none"> <li>O: People feel that they have greater control over their life and are able to make decisions to shape their future in the borough</li> <li>A: A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future</li> </ul>	TBC – Tim Johnson



### Forging A Future inequality priorities and system challenges TBC 3. – to be agreed by partners

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Violence and perceptions of safety	Ensure a healthy standard of living for all	<ul style="list-style-type: none"> <li>Need to compare data of crime, violence and safety perceptions between the less and more affluent areas of the borough.</li> <li>2020 Crime data shows Brierley Hill and Dudley town centres are less safe than in previous years, whilst other town centres are safer.</li> </ul>	<b>FAF Objective</b> <ul style="list-style-type: none"> <li>Discover why some people or groups are left feeling Dudley is not a safe place to live and improve the lived experience or negative perceptions accordingly. (CO OB2)</li> <li>See delivery plan activities</li> </ul>	<ul style="list-style-type: none"> <li>O: Continuing low levels of crime and disorder</li> <li>O: Connected, empowered people making things happen in their communities</li> <li>A: A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future</li> </ul>	<ul style="list-style-type: none"> <li>TBC</li> <li>National Crime Data Statistics</li> </ul>
Town Centres	Ensure a healthy standard of living for all	Town Centres and local centres exhibit concentrated inequality issues as identified above: <ul style="list-style-type: none"> <li>Need for a balanced mix of quality, type of and affordable housing to prevent / dissipate ghettoisation.</li> <li>Problematic management of private and social housing and absent private landlord issues – dealing with problem tenants.</li> <li>A lack of aspirational residential accommodation</li> <li>Need for investment in Dudley borough's town centres.</li> <li>A lack of affordable residential accommodation</li> </ul>	<b>FAF Objectives</b> <ul style="list-style-type: none"> <li>Promote Dudley Borough Town Centres for investment (TC OB1)</li> <li>Attract communities to Dudley borough's town centres (TC O2)</li> <li>Provide support to businesses in town centres to innovate and adapt to changing retail behaviour (TC O3)</li> <li>See delivery plan activities</li> </ul>	<ul style="list-style-type: none"> <li>O: Re-generated town centres where people and different communities feel they belong and are proud to live, work, shop and spend leisure time</li> <li>O: Town centres have a diverse cultural offer where people are supporting each other to bring about social transformation</li> <li>O: Masterplans and Area Development plans for each town centre</li> <li>A: Full of vibrant towns and local centres offering a new mix of leisure, faith, cultural, residential, and shopping uses</li> </ul>	<ul style="list-style-type: none"> <li>Mark Mather DMBC</li> <li>Town Centre / Shopping Centre Managers</li> </ul>
Transport and Connectivity	Ensure a healthy standard of living for all	<ul style="list-style-type: none"> <li>Delivering and operating the metro extension could present many opportunities for local people to benefit through direct and indirect employment and training due to the proximity to employment and connections at a regional and national level</li> <li>Congestion on main roads and limited connectivity within the borough</li> </ul>	<b>FAF Objectives</b> <ul style="list-style-type: none"> <li>Deliver the Metro extension so it benefits local communities (TR O1)</li> <li>Develop integrated transport to enable people to travel seamlessly across the borough and the wider west midlands, including excluded/vulnerable groups (TR O3)</li> <li>See delivery plan activities</li> </ul>	<ul style="list-style-type: none"> <li>O: The Borough's communities have excellent connectivity to the region and beyond, for employment and social activity, and locally owned and developed businesses prosper by the inward investment created by the metro extension.</li> <li>O: Dramatically improved, affordable public transport system linking Dudley borough to the other Black Country Strategic Centres, the wider West Midlands and the national rail network</li> <li>O: Improved access to the national motorway network to support the growth of key employment sites across the borough</li> <li>A: Better connected with high quality and affordable transport, combining road, Metro, rail, and new cycling and walking infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>TWM</li> <li>TBC</li> </ul>

## Black Country Healthcare Foundation Trust - inequality priorities and system challenges

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Zero suicide across Black Country	Enable all children, young people and adults to maximise their capabilities and have control over their lives	Improve access to mental health support for all communities	Developed a BAME steering group to enable conversation between communities and stakeholders to identify key challenges around mental health and the wider determinants that also impact wellbeing such as employment/health access/housing/education/	Lead	PHE Fingerprints NHS Digital Quality and Outcomes Framework (QOF)
Reduction of hospital/crisis admission	Enable all children, young people and adults to maximise their capabilities and have control over their lives	Reduce stigma around mental health	<ul style="list-style-type: none"> <li>Recovery College - Black Country Healthcare Foundation Trust</li> </ul>		BLACK COUNTRY HEALTHCARE NHS FOUNDATION TRUST) <a href="mailto:nuzima.essopari1@nhs.net">nuzima.essopari1@nhs.net</a>
TBC	Enable all children, young people and adults to maximise their capabilities and have control over their lives	Increase awareness and training on mental health			

## **Our Vision and our ambitions**

***Our vision, as a partnership, is that the people of Dudley live longer, healthier, and happier lives.***

*Our ambitions are that*

- *our local economy flourishes through our wider role as employers and anchor institutions*
- *We are at the forefront of innovative ideas*
- *That we deliver excellence for the people of Dudley through setting high standards for services*
- *That we use resources effectively.*

## **Shared Objectives**

As a partnership we share the following objectives in our ambition for healthier, happier, and longer lives:

### ***Reduce inequalities***

We will be intentional in acting to reduce inequalities in everything that we do as a system. We will consider inequalities in the context of place, identity and experience and work to close the gaps in our understanding, working with communities as well as with data and monitoring systems. We will use audit and needs assessments to check on progress and to demonstrate we are making real change and working towards closing the unacceptable gaps in care, treatment, and outcomes for people. We will be a system that tackles variation in clinical practice and outcomes proactively and has visible quality improvement as a core priority for every partner.

### ***Integration for our population***

This is currently being developed but is likely to be through a collaborative approach to care provision. Once confirmed this document will be updated.

### ***Protect people from harm***

We will be a system that actively protects people from harm, from our robust clinical governance framework to our integrated approaches to infection control, immunisation, and screening. We will also be a system that is prepared for emergencies and acts quickly to protect our people

from harm. We take seriously our commitment as corporate parents and guardians of the vulnerable and we want to see this visible at every level of the ICS system.

### *Support our citizens across the life course*

Whilst we recognise the importance of the early years and rightly invest in giving every child in Dudley the best start in life across the first 1001 days, our responsibility does not stop there and we are committed to being there for people as they grow, age, and die. Our role is to ensure that health does not become a barrier to achieving your potential whatever your impairments, and we want to be a system that enables everyone to participate fully.

### *Build a great inclusive workforce*

We want to be a system that at every layer is playing its role anchoring communities and providing great employment to a diverse local workforce that delivers great services.

We want every ICS partner to be intentional in tackling workplace racism, homophobia, transphobia, and discrimination and demonstrate active improvement in the experience of our staff at every level.

### *Contribute to the wider determinants of health*

The ICS is a major employer, purchaser and as a significant physical presence in place and it will play a significant role addressing the wider determinants of health such as employment, education, and environmental sustainability through its intentional actions at every level.

## **Principles**

The Integrated Care System is committed to shared principles that we want to see practiced at every level of our system in every organisation and we want to see these demonstrated in tangible ways.

We want at every level to see visible people ownership, in organisations valuing the voices and views of staff irrespective of hierarchy or professional tribe, in pathways of care we want to see how local people are co-owning and co-creating approaches that work for them and their lives, and in localities and neighbourhoods we want to see how citizens and people's voices are shaping the implementation of the vision and ambition of this strategy and tailoring it to their local context. Throughout the ICS we want to see a strong emphasis on cultural safety and



inclusion and active consideration how our approaches to including people does not inherently exclude through our methods, our language, or our approach.

Our commitment to being led by our communities is at the heart of delivering the ambition, doing the right thing at the right level of the system is key to making the ICS work as a system and letting go of control from the centre. How we achieve the changes required may be different in different areas of Dudley, and we should value this difference and the leadership at place through the local authority, localities and neighbourhoods and share the learning between areas so we can all build on success and learn constructively from failure. We want to see our communities being able to innovate with us rather than accept the services we offer.

We will be policy informed and embed health in all policies and putting the duty to tackle health inequalities as a visible heart of our work. Prevention cannot be achieved in isolation, and we want to be a system where prevention is in every pathway and at every level. We know the evidence is clear that prevention works, and it works best if it is offered and available in different ways and at multiple points from risk reduction, through treatment and care and even into end-of-life support. Drawing on academic partners within the system we want to consolidate and translate the evidence from our world class academics and bringing it into practice faster and more effectively in Dudley but also take into account that local solutions can be more effective.

Values will drive our purpose and delivery at every level. As a system we will be honest and authentic in our exploration and growing understanding of discrimination, diversity and inclusion and work with staff, communities, and partners to be better. We will be intentional in the way we bring our data together in responsible ways that protect people but also open the potential to understand risk and potential interventions and impact faster and in real time. Through our values and as anchors in our local communities we will demonstrate our commitment to Dudley through actively delivering and maximising our social value.

## New Ways of Working

The ICS is a partnership and to deliver the ambitions of this strategy will require different ways of working together as a system.

Key to this will be **subsidiarity**, the principle that things should be done at the level of the system that is most relevant, effective, and efficient, and that by doing this, these actions at every level work together to contribute to the overall ambition of the ICS. In setting out the measures for success the Partnership has considered to some extent where the greatest gain across the breadth of the ICS can be made and where more focused and localised intervention is needed. As the ICS develops, we recognise that this subsidiarity will grow and evolve, and more opportunities will emerge where the scale and efficiency of a whole ICS approach will be most effective compared to a Place based or Locality based approach. There is already clear evidence from some of the Locality based innovation that there is potential to scale at pace to achieve system wide gains and all partners should be humble and open to taking on these learnings quickly to improve outcomes for our populations.

We want to see **joint working** accelerated both in the way we commission and the way we deliver services, from shared funding, collaborative commissioning and localised multi-disciplinary teams designed around people and their lives. The ICS should work across the system to maximise the potential to commission through partnership arrangements such as Section 75 agreements and enable commissioners to work together to align commissioning across organisational borders where it is appropriate. Joint working will also be fundamental at a delivery level, and we expect to see integrated services especially support families both in early years and in later life and end of life provision, these services across health and social care should feel connected and seamless for those using them and whilst we recognise there is much to do to achieve this it is a core aim of the ICS partnership to achieve this for our people.

We know that building systems and pathways needs us to also work with people to empower and enable them to navigate them when they need help. Across the ICS we will need every organisation to actively consider **access, inclusion, cultural safety, and health literacy**.

**Innovation, evidence, and research** should be at the heart of our evolving approach to the challenges we face and the opportunities to deliver our ambition at scale and pace. We want to see the ICS be confident in its use of data and we expect the ICS to be brave in exploring in depth the inequalities in outcomes and the variation in practice across the system.

We expect to see these ways of working combine to **achieve efficiencies and outcomes** for patients and for the public investment being made so that we continue to achieve impact within the economic boundaries set by government, whilst delivering high quality care and better outcomes for people. The ICS Board will be expected to have a clear approach to performance management and a rapid response to evidence of significant variations in practice linked to poor outcomes, it is not acceptable that these variations that deny excellent quality care are permitted to continue, and we expect the ICS Board to be bold in its approach to tackle them.

### **Measuring Success**

It is essential that we have a clear metric dashboard for measuring the progress against this strategy. This will need to sit in cooperation with the national ICS outcomes frameworks and local Health and Wellbeing Board Strategy performance data. It is hoped that in time this will be provided in real-time through Power BI dashboards to show the picture that the ICS serves and highlight the key challenges for each place. These will be enhanced by a suite of more specific analytics products which have yet to be decided but will be able produce more specific recommendations and opportunities for action.

In setting out measuring success approach we are modelling the subsidiarity model in our approach, so as the ICS Partnership we are defining the metrics against which we want to see progress and the expected direction of travel, but we expect the ICS Board and to define outcomes and the trajectory to achieving meaningful change by 2033.

In setting out our long- and medium-term metrics we recognise the challenges of the continually changing landscape of the public sector, the major impact of socio-economic factors and the changing demographics of our communities and we aim to revisit every two years to ensure these remain relevant and appropriate to achieving our vision and ambition as a system.

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## **ICS Level Long Term Metrics – 10yr trajectory of change**

- ↑ Life Expectancy at birth and at 65yrs
- ↑ Disability Free Life Expectancy at birth and at 65yrs
- ↓ Inequalities in Life Expectancy within Place and between communities of identity
- ↓ Prevalence of excess weight in adults and children

## **Place and Locality Level Medium Term Metrics – 5yr trajectory of change**

- ↓ Prevalence of Cardiovascular disease
- ↓ Emergency admissions for cardiovascular disease, especially for stroke and heart attack
- ↓ Prevalence of Diabetes
- ↓ Emergency admissions for Chronic Obstructive Pulmonary Disease (COPD)
- ↓ Infant Mortality
- ↑ Uptake of antenatal screening
- ↑ Children achieving proficient level of development at the end of Reception
- ↓ Cancer Mortality (All Causes)
- ↑ Increase the proportion of cancer cases diagnosed at stage 1 or 2
- ↓ Prevalence of smoking
- ↓ Suicide and Self-Harm rates

## **Community Inequality Medium Term Metrics – 5yr or less trajectory of change**

### *Ethnic Inequalities*

- ↑ Ensuring continuity of maternity care of women from ethnic communities and from the most deprived groups.

↓ Inactivity in people from ethnic communities compared to the national average

↓ Inequality gap in type 2 diabetes between different ethnic communities

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### *Disability Inequalities*

- ↑ Ensure people with Learning Disabilities and those living with Severe mental illness (SMI) receive annual health checks
- ↑ Ensure carers receive an annual health check
- ↓ Inactivity in people with long term conditions and disabilities

### *Economic Inequalities*

- ↓ Fuel Poverty
- ↓ Young people not in education, employment, or training
- ↓ Food Banks

### *Inclusion Health Populations Inequalities*

- ↓ Drug and alcohol admissions and related deaths
- ↓ Immunisation and vaccination coverage in inclusion health populations
- ↑ Early identification of blood borne viruses e.g., HIV, Hepatitis



## **Our Expectations as a Partnership**

The ICS Partnership expects that the ICS Board will respond to this strategy through the ICS Operating Framework and its underpinning strategies.

Through the monitoring of the dashboard of indicators the ICS Partnership will assess impact of this operating framework on outcomes alongside the ICS Board reporting on delivery of financial and performance improvements in line with national and regional NHS expectations and the national NHS mandate.

The Partnership will be looking for explicit progress on integration and quality improvement within the first 24 months of the ICB activity, especially to address variation in clinical outcomes in both primary and secondary care and be able to demonstrate progress in enabling and empowering people, patients, and citizens to shape these improvements.

The ICS research and innovation approach should reference the ICS Partnership strategy and have a clear focus on addressing some of the data insufficiencies, especially around granular data on ethnicity, sexual orientation, and faith in performance data sets, this sits alongside a programme of deep dive explorations of inequalities in outcomes and service uptake in different communities.

We plan to refresh this strategy in 2025/26 once the ICS is more fully established and we have addressed some of the data and intelligence gaps to better understand need across our communities, however the Partnership will review the strategy each time a new JSNA is published by our partner local authorities.

As a Partnership we are committed to supporting the ICS through our leadership and oversight to ensure that the people of Dudley are supported to live healthy, happy, and longer lives through the combined efforts of our system.

## **Our Recommendations**

1. That we make a commitment to working together across the system to ensure that our vision and objectives are made real for the people of Dudley.

2. That the Joint Strategic Needs Assessment underpins our work and that we have sufficient resource and analytic support across the system.
3. That all our work is underpinned by our agreed principles and new ways of working.
4. That we commit to working with our local communities and ensuring their voices are incorporated into the planning and implementation of our joint vision and objectives.

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## **Glossary<sup>3</sup>**

### **ICS – Integrated Care Systems**

An ICS brings NHS providers, Clinical Commissioning Group (CCGs), local authorities and voluntary sector partners together to collaboratively plan and organise how health and care services are delivered in their area. There are currently 42 ICSs across England, and each covers a population size of 1 to 3 million. The goal is that ICSs will remove barriers between organisations to deliver better, more joined up care for local communities. Dudley ICS is our local ICS.

### **ICP - ICS Health and Care Partnership**

The second part of the statutory ICS will be the ICS Health and Care Partnership. With a wider membership than the ICS NHS Body, the Partnership will bring together health, social care, public health, and wider partners to develop a broader strategic health, public health, and social care plan for the ICS. The ICS NHS Body will need to take this plan into account when making decisions about health care provision.

### **Provider Collaborative**

Provider collaboratives work across a range of programmes and represent one way that providers collaborate to plan, deliver, and transform services. Dudley is developing a collaborative approach. Collaboratives may support the work of other collaborations including clinical networks, Cancer alliances and clinical support service networks.

### **Place**

Most health and care services need to be planned, designed, and delivered on a smaller geographic footprint and population size than the ICS. This means that within each ICS there are several smaller planning footprints – termed “places” – where health and care organisations come together to improve patient pathways and deliver more joined up care.

### **Townships**

The townships in Dudley are based around the main towns in Dudley. The DMBC provides its services based on these localities. They are not co-terminous with the way primary care networks have been established.

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<sup>3</sup> Adapted from <https://nhsproviders.org/media/691164/system-working-glossary-for-governors.pdf>

## **Primary Care Networks**

In Dudley locality there are six primary care networks - these focus on delivering change at a smaller geographic footprint than the Dudley Place Board. A PCN brings together a group of local GP practices with other primary and community care organisations to join up health and care services at neighbourhood level. They were established in July 2020 to help stabilise general practice by using economies of scale, overcome barriers between primary and community services, and develop population health approaches. PCNs are still in development, but more mature networks are now able to deliver more joined up care for patients by developing multidisciplinary teams and recruiting additional roles to ease workload pressures.

## **Neighbourhood**

Within each neighbourhood 'locality' there is a place governance structures, there are several neighbourhoods, which cover a smaller population size of 30,000 to 50,000 people. They often focus on integrating primary, community and social care through multidisciplinary teams and joint working arrangements. Neighbourhoods are therefore key to the NHS's commitment to deliver services close to the people.

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## **Annex 1: Governance Structure**

### **DUDLEY HEALTH INEQUALITIES STRATEGY – DEVELOPMENT AND OVERSIGHT**

#### **1.0 PURPOSE OF REPORT**

To consider appropriate arrangements for the development and oversight of a health inequalities strategy for Dudley, in the context of evolving partnership arrangements.

#### **2.0 BACKGROUND**

Organisations such as the former CCG and its successor body the ICB, have held statutory duties to reduce inequalities in terms of access to services and the achievement of outcomes for some time. In addition Health and Wellbeing Boards also have a statutory duty, in conjunction with ICBs, to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) for the local population.

The development of Integrated Care Systems (ICSs) with the purposes of:-

- improving outcomes in population health and healthcare;
- tackling inequalities in outcomes, experience and access

alongside the need to address those inequalities thrown into sharper relief by the impact of COVID-19, creates a renewed impetus to develop a health inequalities strategy for Dudley.

This paper is intended to describe how this might be developed and overseen within our local partnership arrangements.

#### **3.0 EXISTING PARTNERSHIP ARRANGEMENTS**

There are 3 local partnership bodies with a particular interest in health inequalities and broader issues of inequality:-

- Health and Wellbeing Board – with its responsibilities for the JSNA and the JHWS.
- Health and Care Partnership Board – with its interest in the integration of health and care services as a means of promoting access, managing complex demand and delivering better outcomes.

- The Forging a Future Partnership – with an interest in those factors that contribute to the wider determinants of health inequality – education, jobs, enterprise, skills, poverty, housing, economic regeneration.

It is suggested that the Health and Wellbeing Board should be the prime body responsible for the development and oversight of Dudley's Health Inequalities strategy with appropriate contributions from the Health and Care Partnership Board and the Forging a Future Executive.

#### **4.0 WORKING GROUP**

There are a number of constituent elements that need to be brought together to create an effective strategy:-

- The JSNA
- The JHWS
- The agreed health and care outcomes framework
- An agreed approach to Population Health Management

To achieve this it is proposed to establish a single, Dudley wide group with responsibility for strategy development. Recognising the wider aspects of its role and the need to address broader issues of inequality, it is proposed that this should be termed the "Population Health Management and Inequalities Group", consisting of representatives of all Partners:-

- Black Country ICB
- Dudley MBC
- Dudley Group NHS FT
- Dudley Integrated Health and Care NHS Trust
- Dudley Primary Care Collaborative
- Dudley CVS

The Group would report primarily to the Health and Wellbeing Board as well as advising the other partnership bodies as appropriate. The role of this Group will be to:-

- Oversee the production of the JSNA and make key links between health needs and assets.
- Make recommendations in relation to the JHWS.



- Maintain the Dudley Health Outcomes Framework and oversee the development of user dashboards.
- Develop an approach to measuring health inequalities within population health metrics.
- Undertake population health surveillance to produce reports highlighting both improvement and deterioration on key metrics.
- Maintain a dialogue with clinical communities to ensure population health management priorities and metrics are aligned with clinical priorities and support quality improvement.
- Maintain a dialogue with neighbourhood communities to ensure public health management priorities and metrics are aligned with their priorities and support quality improvement.
- Make recommendations in relation to the Inequalities Strategy.

Much of this work requires an appropriate level of data analysis and reporting. To support this, it is proposed to establish an Analytical and Technical Sub-Group consisting of the relevant data analysis expertise from across the partners.

## **5.0 RECOMMENDATION**

It is recommended that these arrangements be established with a view, in the first instance, to producing an Inequalities Strategy by February 2023.

## **Annex 2: Methodology for engagement in developing the Strategy**

Engagement leads from across the Integrated Care System for Dudley Place will come together to focus on a coordinated engagement plan to shape the Health Inequalities Strategy.

The engagement plan will include ways to co-design elements of the Health Inequalities Strategy with residents of Dudley

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