

# **Proposed approach to reducing health inequalities in Dudley**

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With thanks to the Intelligence team

## Purpose



- To have a shared understanding of health inequalities in Dudley
- Sets out proposed approach to reducing health inequalities based on evidence of "what works"
- Provides some practical suggestions for taking this forward in Dudley

### **Reminder – Dudley's new Health & Wellbeing Board goals:**

- Improving school readiness
- Reducing circulatory disease deaths
- Improving breast cancer screening coverage

# Health inequalities



## Inequalities of what?

- Health inequalities are ultimately about differences in the status of people's health.
- The term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives – both of which can contribute to their health status.
- Health inequalities can therefore involve differences in:
  - health status, (e.g. life expectancy)
  - access to care (e.g. availability of services)
  - quality and experience of care (e.g. patient satisfaction)
  - behavioural risks to health (e.g. smoking)
  - wider determinants of health (e.g. quality of housing)

## Inequalities between who?

- Differences in health status and the things that determine it can be experienced by people grouped by a range of factors.
- Often analysed and addressed by policy across four types of factors:
  - socio-economic factors
  - geography
  - specific characteristics including those protected in law
  - socially excluded groups
- The way these factors combine and interact with each other also influences the health inequalities people experience – called "intersectionality"

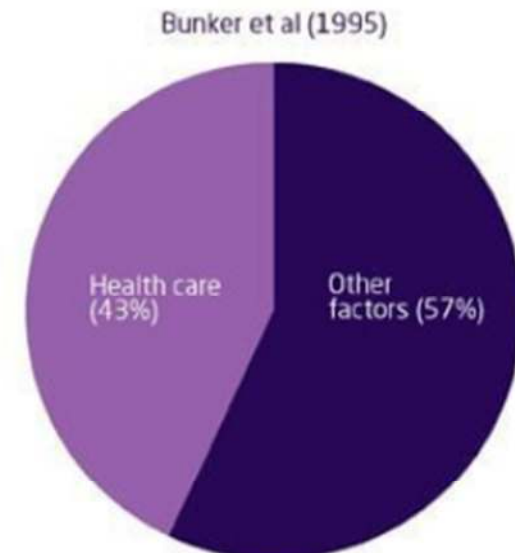
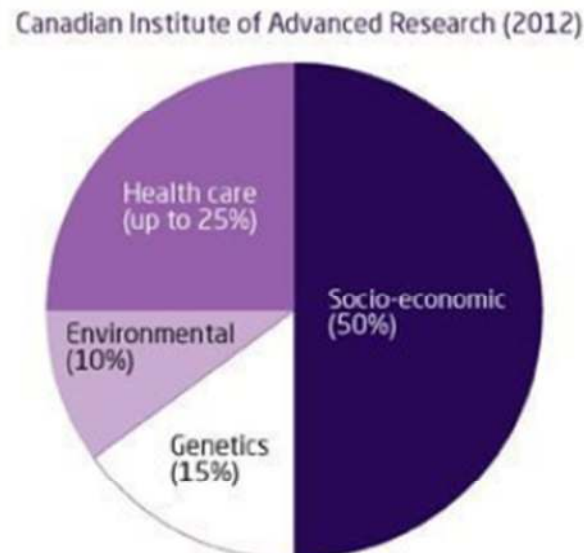
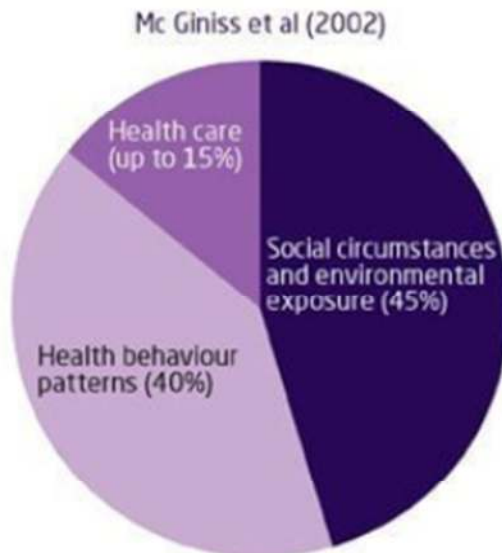
Taken from: <https://www.kingsfund.org.uk/publications/what-are-health-inequalities>

# Impact of broader determinants on health

Social circumstances are the major contributor to poor health.

Socio-economic inequalities are associated with unequal exposure to social, economic and environmental risk factors, which in turn contribute to health inequalities.

There are cumulative impacts throughout people's lives and across generations.



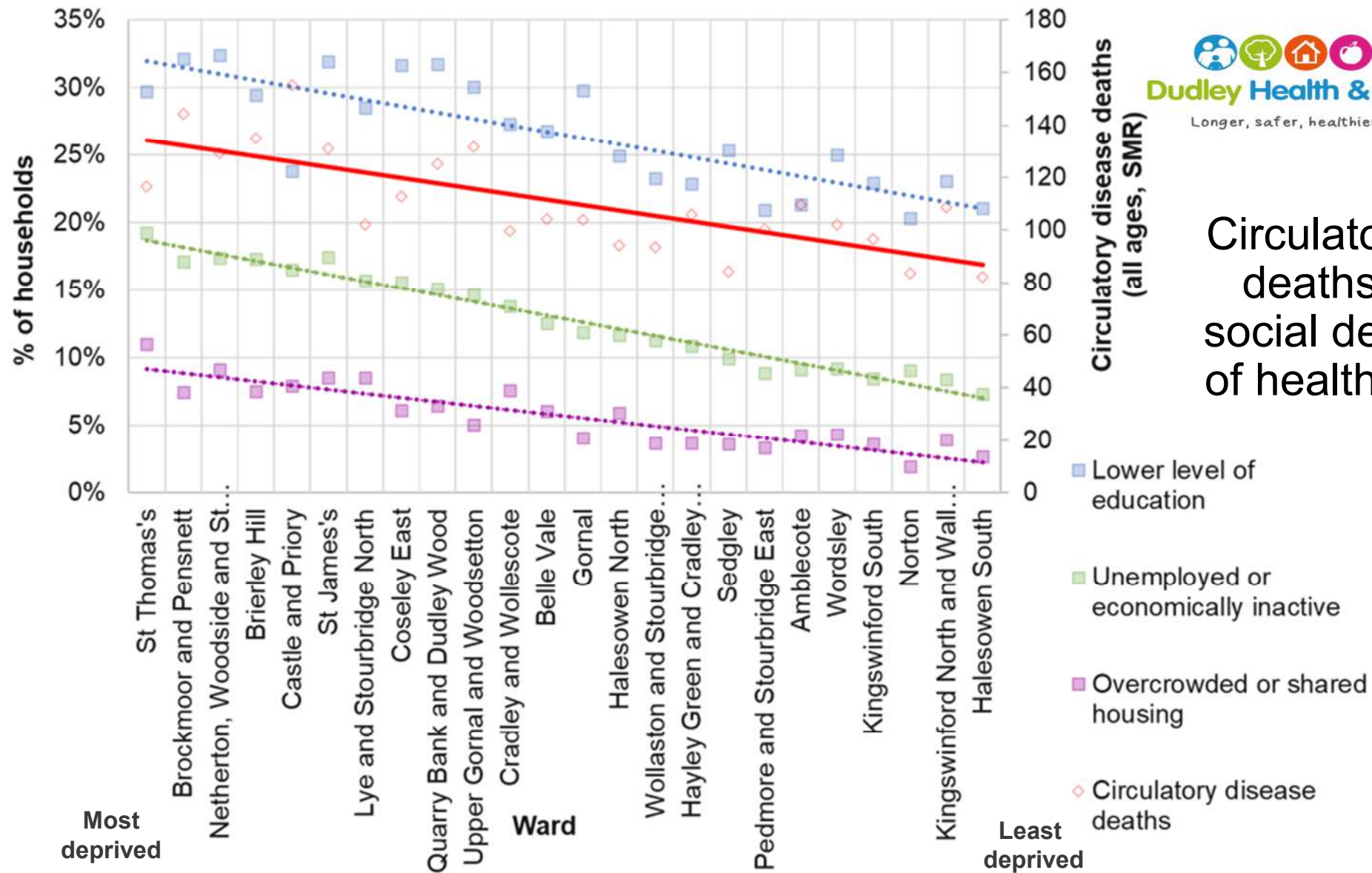
Taken from: <https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health>

# Equality vs. equity



*Equality* means each individual or group of people is given the same resources or opportunities.

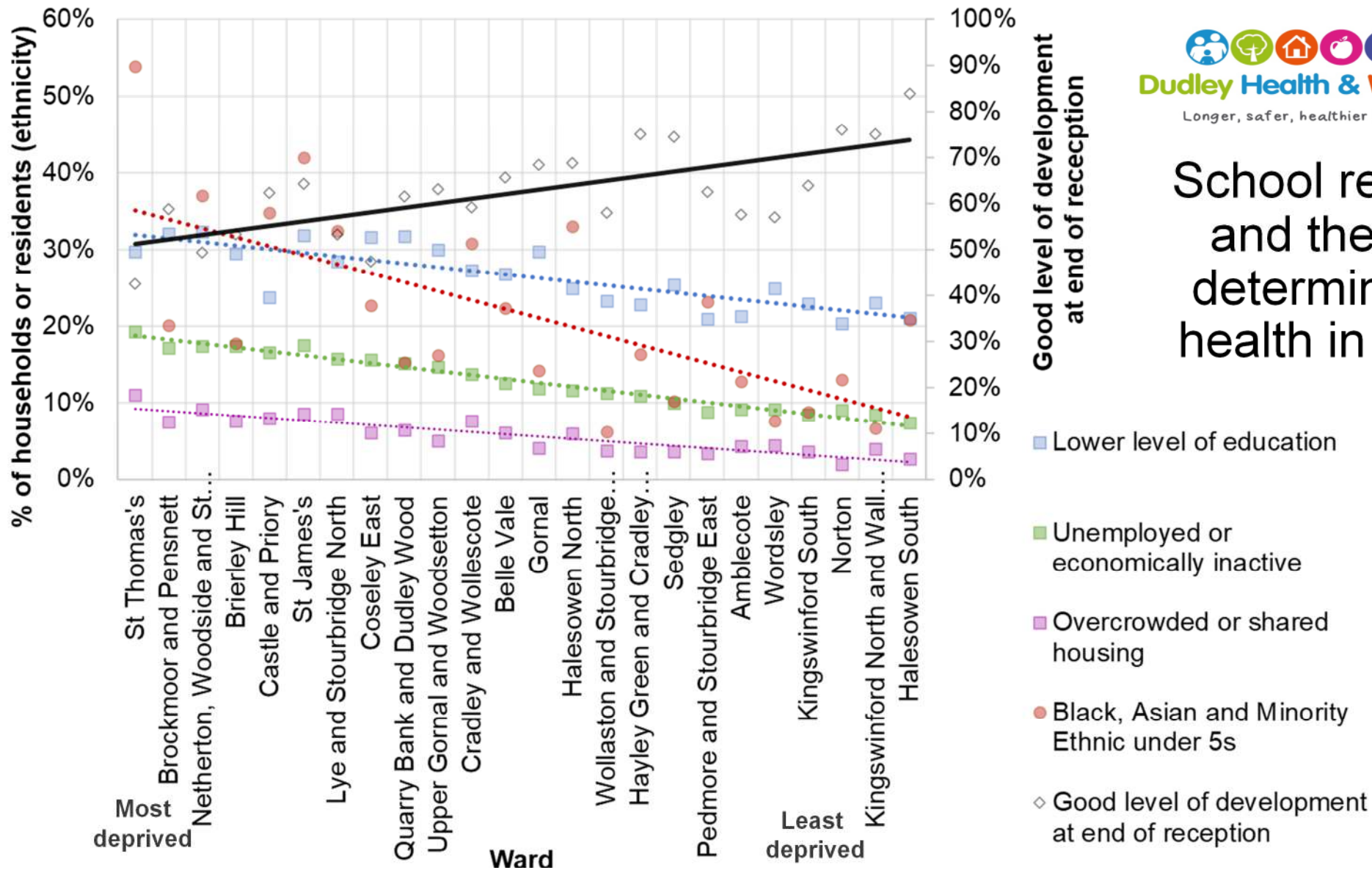
*Equity* recognises that each person has different circumstances, and allocates the exact resources and opportunities needed to reach an equal outcome.



# Circulatory disease deaths and the social determinants of health in Dudley

**Sources:** Census 2021, OHID, 1997-2021, MHCLG, 2019)

# School readiness and the social determinants of health in Dudley



**Source:** Census 2021, DfE 2022, MHCLG, 2019

# What keeps people well and matters most to them?



Dudley – A story of stories (2018)	Looking Back, Moving Forwards – Stories from Covid times (2022)	Theme / priority
Having strong relationships and connections with others	Connections with family and friends in person and online	Relationships and connections
Having something to do, a place to be, a purpose	Work and routine	Sense of purpose
Being able to contribute and give back	Supporting people and being supported	Ability to contribute and give back
Loving where we live - green spaces	The importance of green spaces and connecting with nature	Environment
Having autonomy and being in control		Sense of autonomy and control
Being of Dudley and belonging		Sense of identity
Being active	Being creative	
Learning new things, new ideas	Time to slow down and reflect	



# The complex causes of health inequalities

- **people do not have the same opportunities to be healthy**

- health inequalities stem from variations in the wider determinants of health and the presence of, or access, to psycho-social mediating and protective factors (e.g. social networks, confidence)

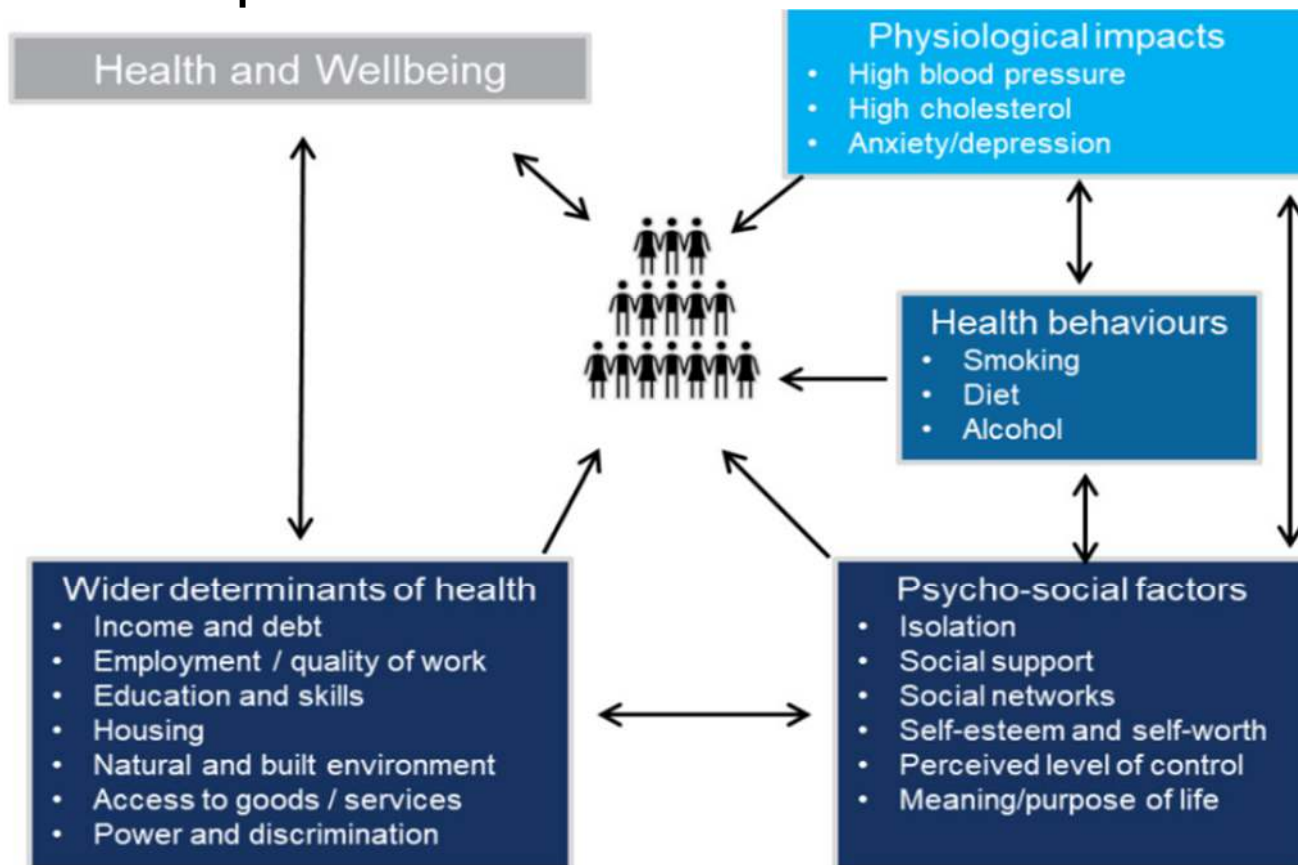
- **behaviour change interventions and condition management alone will likely widen health inequalities**

- people need capability, opportunity and motivation to change and root causes – the wider determinants of health – also need to be addressed

- **resources should be allocated proportionately**

- to address the levels of need for specific communities or populations to achieve equitable outcomes for all

## System map of the causes of health inequalities



Adapted from the Labonte models, from [PHE's Place-based approach for reducing health inequalities, 2021](#)

# Making an impact on inequalities

Whole system leadership and planning



## Take action on the wider determinants of health

- local authorities are a critical driving force, with opportunities through policies and regulation
- requires a wider partnership, including all public sector services and businesses



## Unleash the potential within communities

- all partners, including communities themselves, need to understand and value this potential
- start with assets within communities, such as the skills and knowledge, social networks, local groups and community organisations, as building blocks for good health



## Deliver services with system, scale and sustainably

- calibrated to deliver further and faster to the most disadvantaged communities
- resources (£ and people) need to be proportionately allocated
- build on and strengthen existing services rather than lots of smaller, fragmented projects

focus on joint working across the interfaces to enable the whole to become more than the sum of its parts

# Proposals for practical steps



## Board level

- Hear resident stories
- Understand inequalities gaps
- Influence trade-offs in resourcing decisions
- Champion empowering community engagement
- Developing community development focused primary care
- Ensure sufficient focus on the social determinants – work with FAFE
- Champion taking approach at scale and sustainably across policies and interventions

## Across all DHWB goals

- Measure health inequalities by small area / population group
- Community of practice to support learning and delivery of community centred approaches
- Work with FAFE on social determinants of health
- Work to embed a reducing inequalities approach in relevant policies, underpinned by high quality equalities impact assessments

## Within individual goals

- Embed community-centred approaches to support community resilience
- Equity audits on services to inform resource alignment against need
- Assess location and co-location of services vs. need
- Identifying and addressing social needs by connecting to appropriate services
- Reduce fragmentation of services and scale-up
- Identify areas for action on social determinants of health

# Summary



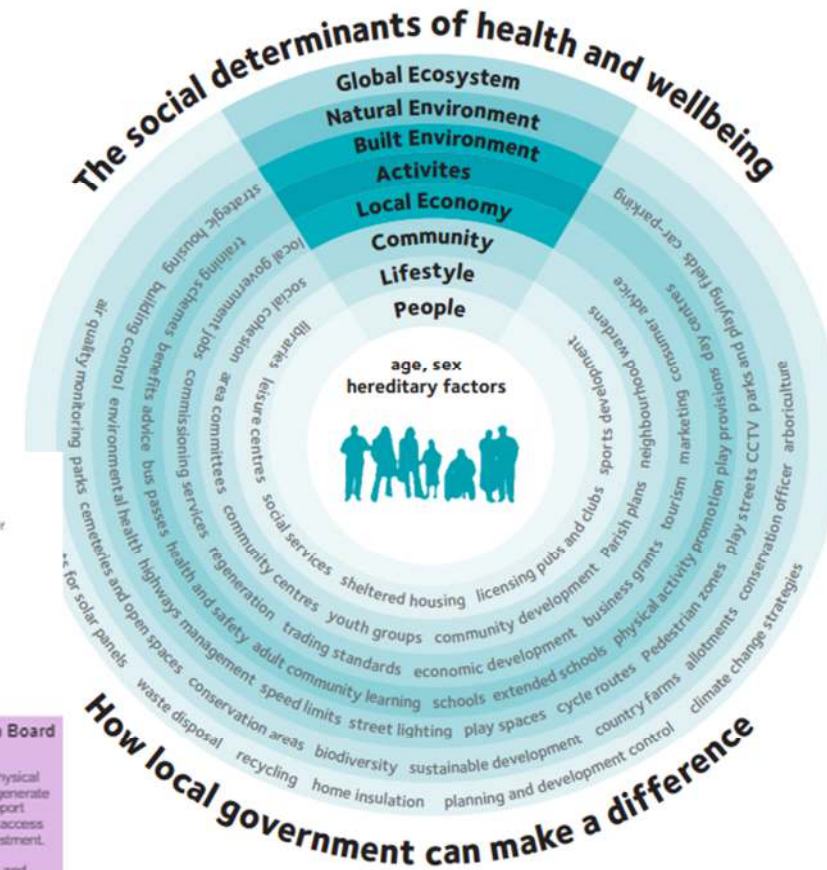
- To achieve Dudley's new Health & Wellbeing goals we will need to reduce health inequalities
- Working together this will require us to:
  - Take action on the social determinants of health
  - Unleash the potential within Dudley's communities
  - Deliver services with system, scale and sustainability
- There needs to be consideration of the distribution of resources (£ and people)
- Needs to use the levers that we have across the whole of Dudley (communities, public sector, businesses) and beyond, and work in partnership to achieve it

# Appendix

# Socio-economic interventions



- Opportunities through Dudley’s Forging a Future to impact on socio-economic inequalities which will in turn, reduce health inequalities
- Largest opportunities to make a difference quickly role as anchor institutions and through the delivery of social value
  - supporting their staff on wider determinants of health (e.g. active travel, living wage, debt, domestic abuse, freight consolidation for air quality)
  - through supply chain, opportunities to proactively get people into work (e.g. people with severe mental health)



## Dudley Borough Vision 2030 Forging A Future Executive

Communications Sub-Group TBC      Inequalities Sub-Group TBC      Performance Sub-Group TBC

**Dudley Health & Wellbeing Board**  
**Remit:** Joint Strategic Needs Assessment, Health and Wellbeing Strategy, Reducing Health Inequalities  
**Priorities:** to be confirmed

**Dudley Health and Care Partnership Board**  
**Remit:** Support and ensure the delivery of an integrated health and care system to make sure that everyone gets the right care in the right place at the right time, to achieve better health and care outcomes  
**Priorities:** first 1001 days, mental health, children, care coordination, clinical hub, primary care, sustainable communities, recovery and reablement, clinical pathways development, anchor institutions, workforce, engagement.

**safe & sound**  
 Dudley's Community Safety Partnership  
**Remit:** Local authorities, police and other agencies to develop crime and disorder assessments and implement reduction strategies to tackle the identified problems.  
**Priorities:** Domestic Abuse, Violence and Harm Prevention, Prevent, Exploitation, Anti-social behaviour and Community Cohesion, Reduce Reoffending.

**Dudley Employment and Skills Board**  
**Remit:** Develop and deliver a collective approach to address education, employment and skills needs and opportunities  
**Priorities:** Future Workforce, Current Workforce, Support for the Unemployed, Skills Capital

**Dudley Economic Growth Board**  
**Remit:** Direct and lead vital physical regeneration developments, regenerate town and local centres, support businesses and collaborate to access funding and attract inward investment.  
**Priorities:** Business growth and development, economic regeneration, place-making and connectivity.

Diagrams are for illustration only

# Case studies

## Socio-economic interventions



### Black Country Impact

#### Helping young people gain employment

Added depth of service to help young people who are NEET (not in employment, education or training) access training, gain qualifications and employment, through individualised programmes that can even tackle personal barriers... single parents with child care, ex-offenders, the homeless, equipment and travel, disabilities, plus personal skills that are creating barriers.

*“When I was unemployed I felt like I lacked purpose and prospects. When I tried to change my circumstance it felt like a vicious cycle where I could not get the opportunities I needed to do the job that suits me.....”*

### Substance Misuse Service

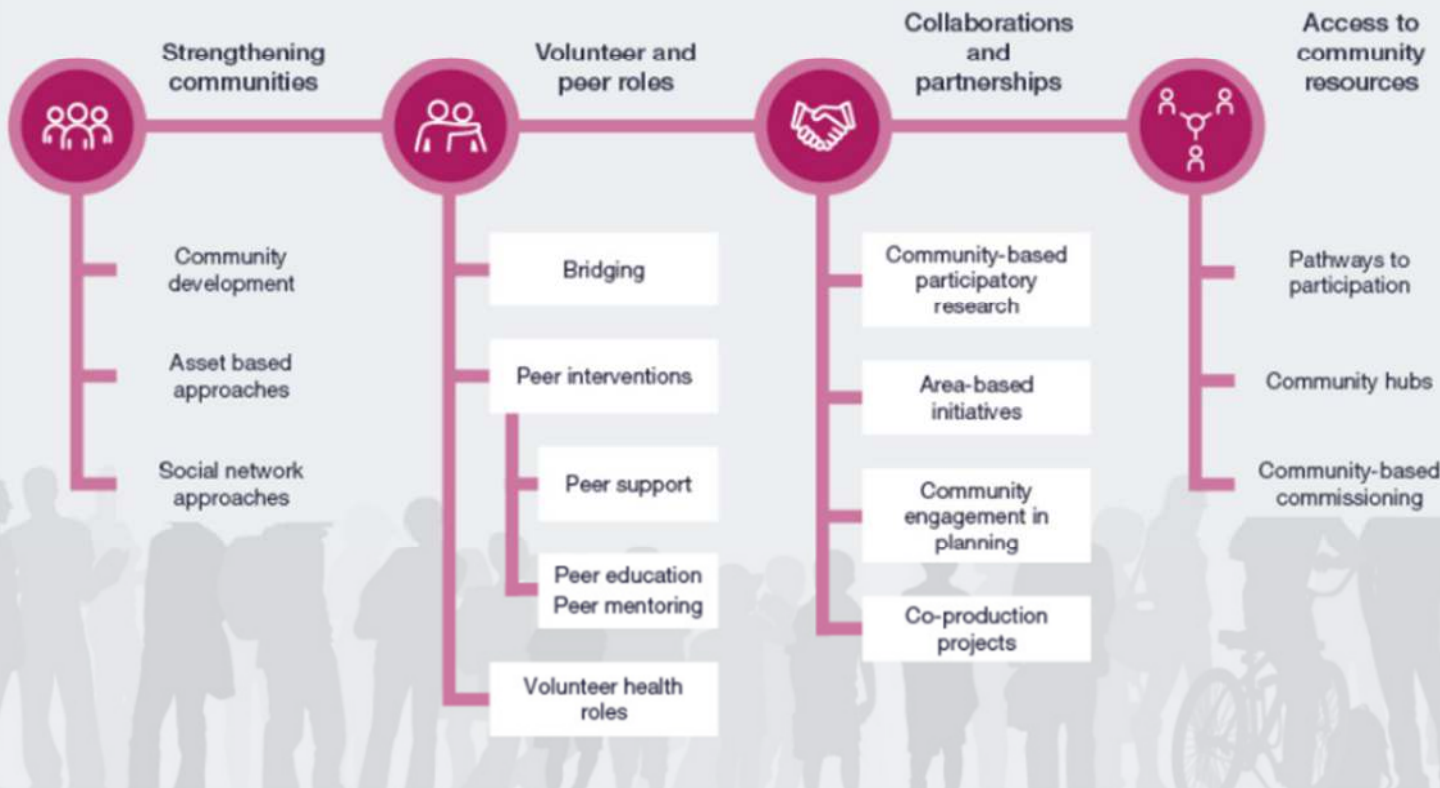
#### Employment through volunteering:

Dudley’s Integrated Substance Misuse Service, provided by Change Grow Live, run a successful volunteer programme that supports their workforce development strategy. Current figures show that 32% of Dudley staff started as volunteers.

Employability skills and experience are also provided for service users, which includes volunteer opportunities within the service. In addition, the service offers apprenticeship roles and student placements to further support workforce development.

# Community-centred approaches

## The family of community-centred approaches



From [PHE's Place-based approach for reducing health inequalities, 2021](#)

•**Strengthening communities** - build community capacity to take action. People come together to identify local issues, devise solutions and build sustainable social action.

•**Volunteer and peer roles** - enhance individuals' capabilities to provide advice, information and support or organise activities in their or other communities. Community members use their life experience and social connections to reach out to others.

•**Collaborations and partnerships** - communities and local services working together at any stage of planning cycle. Involving people leads to more appropriate, equitable and effective services.

•**Access to community resources** - connect individuals and families to community resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation. The link between primary health care and community organisations is critical.



# Case studies

## Communities



### 'Make it Happen!'

#### **An asset-based community development approach:**

Make it Happen! supports local people/ grassroots community groups with great ideas to deliver community-led projects.

Make it Happen! events help to identify and connect community assets and provide small amounts of investment to fill any gaps. A total of 51 projects have been supported to date.

### **Park Active volunteers**

#### **A volunteer and peer role:**

Park Active volunteers deliver free outdoor circuit-based workouts in parks and provide encouragement and support to get people moving.

The role also provide volunteers with the opportunity to meet new people and make new friends, give something back to the community, gain experience, confidence and new skills and in some cases find a pathway into employment.

# Actions on community

Informed by insight from *Dudley, A Story of Stories (2018)* and feedback from the HWB development session in January 2022



Recommendation	What we will do differently	The difference this will make
Keep listening and discovering	Introduce a story/ case study at the beginning of every HWB meeting. Use insight and stories combined with quantitative data to inform priorities/ decision making/ service delivery.	Greater understanding, empathy and reflection. Better person-centred care and improved services. Influences change at individual practice and organisational level.
Keep building a shared future, keep learning together	Support cross sector learning, communities of practice and other opportunities for people to come together and learn. Share resources/ links to inspiration and support on HWB website.	Increased innovation, sharing of learning and good practice and reduced duplication. Increased awareness of grass roots activity and local assets to build on/ support. Embedding community-centred approaches = increased social connectedness and resilience, improved health and wellbeing.
Keep collaborating	Make it easier for people to get involved in the work of the HWB.	Increased number and diversity of people engaged in and influencing HWB in the borough.

# Measuring health inequalities



Working with analysts to look at routinely measuring and reporting outcomes and process indicators by township or PCN in Dudley, and where possible for different population groups.

This will enable the DHWB to understand where the gaps are relative to the borough average and to direct action.

## Outcomes

Indicator Name	Latest Time period	Dudley Recent Trend	Dudley Count	Dudley Value	WM Value	England Value	Township				
							Dudley Central	Dudley North	Brierley Hill	Halesowen	Stourbridge
Deaths from circulatory disease, all ages,...	2016 - 20	Cannot be ...	4,156	108.7		100.00	131.48	108.19	117.33	97.37	97.94
Deaths from circulatory disease, under 7...	2016 - 20	Cannot be ...	1,115	107.2		100.00	141.88	119.14	112.39	92.77	80.23

## Behavioural & Risk Factors

Indicator Name	Latest Time period	Dudley Recent Trend	Dudley Count	Dudley Value	WM Value	England Value	Township				
							Dudley Central	Dudley North	Brierley Hill	Halesowen	Stourbridge
Year 6: Prevalence of overweight (includi...	2019/20 - 21/22	Cannot be ...	42,630	424.1	38.92	35.79	12.77	14.14	9.43	7.68	10.67
Year 6: Prevalence of obesity (including s...	2019/20 - 21/22	Cannot be ...	26,205	260.6	24.41	21.61	26.49	30.34	22.97	22.41	23.47
Reception: Prevalence of overweight (inc...	2019/20 - 21/22	Cannot be ...	29,095	276.3	23.94	22.56	30.09	28.21	24.54	23.05	21.44
Reception: Prevalence of obesity (includi...	2019/20 - 21/22	Cannot be ...	12,775	121.3	11.02	9.88	45.59	44.49	38.54	38.46	37.47

# Equalities impact assessments and equity audits



## Equalities impact assessments

- High quality, collaborative equalities impact assessments that also look at:
  - deprivation
  - intersectionality
  - cumulative impacts (and across different policies/initiatives)

## Equity audits

- To look at equity in service delivery where services are already running
- Analyse across sex and age, ethnicity and deprivation whether those receiving the service are representative of the people who may need the service
- E.g. those accessing IAPT for mental health support should be representative of people with depression and anxiety

Equalities impact assessments (for policies / service change) and equity audits (to monitor ongoing service delivery) can be used to identify whether resources will be / are being appropriately distributed based on differing levels of need or use of services based on local demographic or socio-economic factors and/or if further weighting of resources (funding and/or workforce) is needed to tackle inequalities.

# Case studies

## Services



### School nursing

#### **Allocating resource to areas of greatest need:**

The school nurse workforce is allocated to support all schools in the borough, including primary, special (MLD), secondary, short stay (alternate provision) and Electively Home Educated (ELE) children.

Nurses were originally allocated equally to the 5 key localities in borough (Dudley North, Dudley Central, Brierley Hill, Stourbridge and Halesowen), each having a named number of schools and caseload to support. Due to the differing needs and demands in the borough, this was not the most equitable use of workforce. There is however, flexibility within the service to move staff around the localities to support where the greatest need is, ensuring each school has a named nurse and support but provision is allocated where the workload is heaviest.

During the course of the contract, some areas of the borough experience higher demand for service, examples of this are below:

- Post Covid, the number of EHE children escalated, meaning the allocated staffing support was no longer able to meet demand. The service has now redirected resource and is implementing a team to support EHE and alternate provision.
- Looked after children health assessments are higher in some areas of the borough than others, therefore, a small number of staff were constantly completing these with little time for other work. This is now addressed corporately as a team, with a whole school nursing team rota to ensure this provision and capacity is shared amongst the whole team rather than rest on one locality team. This ensures the assessments are completed on time, all staff are keeping these skills up to date, fairness of workload is achieved and prevents staff burn out.

# Whole system: resource allocation to reduce health inequalities



- While the public sector is under financial pressure it is still a significant economic force, as are other local employers.
- To reduce health inequalities need to proactively exploring doing things differently within current levels of resource – includes deploying the workforce differently, as well as the money.
- Need to understand the trade-offs:
  - equity versus efficiency
  - investing for future versus short term gains in efficiency
  - “response” versus “prevention or early intervention” E.g. domestic abuse, preventing a child from experiencing violence, and the negative impact on their health and wellbeing, could result in long term savings for the public sector. There is a role for all agencies to tackle these kinds of complex social issues through a public health approach
  - prioritising investment based on community priorities vs. professionals