

DUDLEY HEALTH AND WELLBEING BOARD

Agenda Item no. 5

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| DATE | 9 th March 2023 |
| TITLE OF REPORT | Joint Health and Wellbeing Strategy 2023-28: assessment of potential goals and inclusion of health inequalities |
| Organisation and Author | Dudley Metropolitan Borough Council Dr Mayada Abu Affan, Acting Director of Public Health mayada.abuaffan@dudley.gov.uk |
| Purpose | To agree the proposed goals for Dudley's Health and Wellbeing Strategy 2023-28 and inclusion of health inequalities |
| Background | Following consideration of the Joint Strategic Needs Assessment (JSNA), Dudley's Health and Wellbeing Board (H&WBB) proposed four potential goals for its new strategy. Further information is provided on these potential goals for the H&WBB to prioritise goals for inclusion in the 2023-28 strategy and to consider explicit inclusion of health inequalities. |
| Key Points | <p>The following goals have been considered:</p> <ul style="list-style-type: none"> • Reducing deaths from circulatory disease • Increasing breast cancer screening coverage • Improving school readiness • Improving health outcomes in the most deprived areas <p>Evidence is provided on population health needs and inequalities, current interventions, and an assessment of the opportunities for the H&WBB adopting the goal in its new strategy.</p> |
| Emerging issues for discussion | <ul style="list-style-type: none"> • Expanding the strategy to explicitly include inequalities |

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| | <ul style="list-style-type: none"> • How many goals do the H&WBB want in the strategy? • Within the prioritised goal(s) are there particular things that the H&WBB wants to see included in scope and in the 2023-24 work programme as it is developed? |
| Key asks of the Board/wider system | The Board is asked to (i) prioritise the new goals for 2023-28 and (ii) to agree that it will be the Joint Health, Wellbeing and Inequalities Strategy (JHWIS). |
| Contribution to H&WBB key goals: <ul style="list-style-type: none"> • Healthy weight • Reducing loneliness & isolation • Reducing impact of poverty | Not applicable as this is a proposal for the new goal(s). Note, however, that depending on new goals selected they may have a continuing impact on these H&WBB goals. |
| Contribution to Dudley Vision 2030 | Directly contribute to Dudley being a place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future and the 2030 goal of Improved health outcomes and higher wellbeing. |

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Background

Dudley needs a new Joint Health and Wellbeing Strategy for 2023-28. The strategy provides an opportunity for the partners around the Health and Wellbeing Board (H&WBB) to commit to working together to improve specific health and wellbeing goals for the those who live and work in Dudley.

Following a presentation on the key findings from Dudley's Joint Strategic Needs Assessment (JSNA) at a H&WBB development session on Friday 27th January, board members were asked to propose a small number of goals. These were:

- Reducing deaths from circulatory disease
- Increasing breast cancer screening coverage
- Improving school readiness
- Improving health outcomes in the most deprived areas

H&WBB members also highlighted the importance of mental health and Dudley's ageing population and particularly the impact on health and care services across the borough.

Selecting a goal

The H&WBB identified several aspirations for goals and criteria for selecting them based on their experiences and learning from other H&WBBs:

- A small number of goals or a goal to focus on to make a real and demonstrable impact on health and wellbeing outcomes for those who live and work in Dudley. Appreciating that some actions will result in long term improvements in health, being able to see progress in the short term was important to build and sustain momentum.
- Goal(s) needs to be distinct from the priorities of other boards to avoid duplication.
- Goal(s) needs to capitalise on the H&WBB's unique ability to shape and influence policy and interventions across communities, health and care services, the local authority, and other statutory partners such as the police, using individual organisational levers and influence in other partnerships (e.g., Forging A Future, Dudley Health and Care Partnership Board).

This paper provides further information for the H&WBB to prioritise these goals and identify the one(s) they want to take forward for the strategy in 2023-38.

In terms of next steps, further work would then be undertaken on the agreed goals including a scoping exercise across all partners, resident and

community engagement, potential outcomes and progress indicators, and proposed work programme.

Expanding the strategy to include health inequalities

There are health inequalities within all of the proposed goals for the HW&BB, and to make progress on outcomes the H&WBB will need to address these health inequalities.

It is proposed therefore, that rather than having a separate health inequalities strategy for Dudley that this strategy becomes the Joint Health, Wellbeing and Inequalities Strategy (JHWIS). An asset-based approach to tackling health inequalities will be developed and embedded across all selected H&WBB goals and for implementation by all partners, building on previous work in the borough and learning from Covid-19. This will be further developed through ongoing community engagement — focusing on those communities with the greatest health needs, over the lifetime of the strategy.

Summary: options for goals for Dudley's 2023-28 strategy

| Proposed Goal | Population health needs and inequalities | Distinct role for the H&WBB and opportunities for improvement | Other considerations |
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| Reducing deaths from circulatory disease | <p>In 2022, 959 people died with an underlying cause of death of circulatory disease in Dudley, of which 244 (25.4%) were under 75 (an early death).</p> <p>Dudley has had a higher early death rate compared to national and regional averages for many years.</p> <p>Major contributor to life expectancy gap between richest and poorest areas of Dudley.</p> | <p>Reducing circulatory disease deaths requires action by the NHS (short term impact), adoption of a healthy lifestyle (medium term impact) and action on the wider determinants of health (long term impact). There is a role for all H&WBB partners.</p> <p>In addition to universal approach, can look at whether all services, interventions and policies need to be targeted to reduce circulatory disease deaths – to result in cumulative impact for groups with disproportionately high death rates.</p> | <p>Programme of work needs to be scoped out as could include a lot of things. Is big enough that it could be the only goal of the H&WBB. Within it, does give H&WBB option of focussing on short term actions that require partnership working to make improvements, and then moving on to another issue once it no longer requires partnership response. Governance and ownership between different boards would need to be established.</p> <p>Action on healthy lifestyles and wider determinants will also reduce ill health and deaths from other causes (e.g., cancer). Improving lifestyles and wider environments will have a positive future impact on children and young people's health.</p> |
| Increasing breast cancer | <p>In 2022, 38% (13,782) of women aged 50-70 years have not been screened for breast cancer in</p> | <p>The NHS commissions and delivers screening and has most of the levers for improvement. Some primary care networks</p> | <p>Cancer screening coverage has fallen because of Covid. Previously Dudley had 75% coverage: similar to national and regional averages. Need to consider</p> |

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| <p>screening coverage</p> | <p>Dudley. This is below the national and regional averages.</p> <p>Women from more deprived communities have lower screening rates, and poorer outcomes.</p> <p>New cases of breast cancer and deaths in Dudley are similar to England averages.</p> | <p>(PCNs) could do more to support uptake, although they are not financially incentivised (unlike other cancer screening programmes).</p> <p>The local authority could help with sites for the mobile unit. All partners could amplify health promotion messages in support of breast cancer screening.</p> <p>H&WBB could support the development of a methodology for improving uptake, building on Covid-19 vaccination, to apply to other programmes.</p> | <p>whether ongoing recovery of these services by the NHS following Covid will result in sufficient improvement.</p> <p>Dudley's Health Protection Board is overseeing screening and immunisations so it may be better remaining as their priority, with the H&WBB receiving regular updates on progress and specific asks for support by the DPH.</p> <p>If selecting, it is recommended that the Board widens the goal to also look at other screening programmes (but not all) and particularly bowel cancer because of low uptake and inequalities associated with it.</p> |
| <p>Improving school readiness</p> | <p>While it has been improving, Dudley has consistently had a lower percentage (62% in 21/22) of children that are achieving a good level of development at 5 years compared to regionally (64%) and nationally (65%).</p> | <p>There is an opportunity for the H&WBB to take a whole systems approach for Dudley. It would include the existing work on 1,001 Days (from conception to 2) and Family Hubs Start for Life but would include children and families up to age 5.</p> <p>All partners have a role to play. For example, NHS services for</p> | <p>Like circulatory disease, specific programme of work needs to be scoped out as could include a lot of things. This is a big enough area that it could be the only goal of the H&WBB. Within it, it does give the H&WBB options of focussing on short term actions that require partnership working to make improvements, and then moving on to another issue once it no longer requires partnership response or is on the right trajectory. Governance and</p> |

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| | <p>The gap is greatest for boys, children on free school meals, those with special educational needs, and those from Asian and Other ethnicities.</p> <p>School readiness has a strong impact on future educational attainment and life chances.</p> | <p>maternity, health visiting, mental health (parents and children), speech and language therapy; local authority for physical activity (including accessible green space), early years provision and education, social care in addressing neglect, and housing. Community based approaches and groups are also particularly important.</p> | <p>ownership between different boards would need to be established.</p> <p>Could embed the focus on most deprived areas within this as part of a targeted approach – these areas have lowest rates of school readiness.</p> <p>Will have biggest future impact on health and wellbeing in the boroughs.</p> |
| Improving health outcomes in the most deprived areas | <p>There is a life expectancy gap of 6.4 years for men and 5.0 years for women between the least and most deprived wards in Dudley.</p> <p>Those living within the three most deprived wards – <i>St Thomas's, Netherton, Woodside and St Andrews</i>; and <i>Brockmoor and Pensnett</i> – have on average, worse outcomes for</p> | <p>The H&WBB could help to ensure a whole systems approach to improving health and wellbeing in areas of most need in Dudley fastest.</p> <p>It would need to address the wider determinants of health and could build upon Dudley's shift towards an asset-based approach and support an increase in community resilience.</p> <p>Could look at equity of access to services for these communities</p> | <p>It is important to take an asset-based approach to any place-based work with leadership from the community. To be successful, focus on understanding and promoting resilience in these communities rather than deficits.</p> <p>The appropriate geography of the area needs to be thought through as a ward is an administrative boundary and not usually a natural neighbourhood/community. Some of the most deprived neighbourhoods in Dudley are not in the three most deprived wards.</p> |

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| | <p>children driven by the higher rates of poverty, and also higher early death rates from nearly all causes.</p> | <p>relative to needs compared to other parts of Dudley and consider the balance of resourcing.</p> | <p>Rather than being its own goal, the most deprived areas would naturally be included within other goals if there is a focus to reduce health inequalities. Circulatory disease deaths are highest in these areas and school readiness and cancer screening uptake are lowest.</p> |
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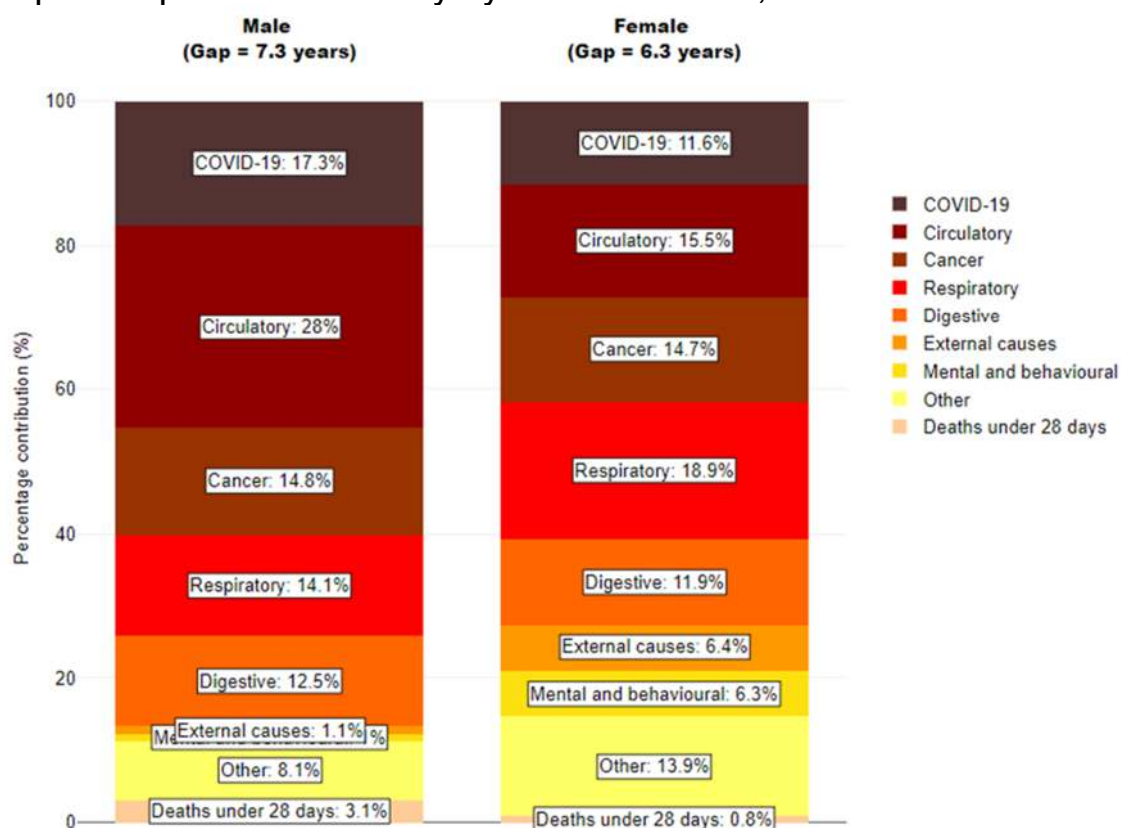
Options for goals for Dudley's Health & Wellbeing Board Strategy 2023-28

1. Reducing deaths from circulatory disease

Circulatory disease is a general term for conditions affecting the heart, blood vessels or the blood. It can often largely be prevented by having a healthy lifestyle, which can be enabled by the wider determinants of health. Once somebody has circulatory disease it can be managed clinically if detected and adopting a healthier lifestyle can prevent further deterioration.

Tackling circulatory disease was proposed as a priority for Dudley because it is the biggest cause of early deaths (death before age 75). In 2022, 959 people died with an underlying cause of death of circulatory disease in Dudley, of which 244 (25%) were under 75. Dudley has, for many years, had a consistently higher early death rate from circulatory disease compared to the national average. It is the largest contributor to the life expectancy gap between the richest and poorest parts of Dudley, fuelling health inequalities.

Figure 1: Breakdown of the life expectancy gap between the most and least deprived quintiles of Dudley by cause of death, 2020 to 2021



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

Deaths from circulatory disease have been increasing since the Covid pandemic. Higher death rates from circulatory disease are likely to persist because of the reductions in diagnosis and ongoing treatment for circulatory disease during Covid, reductions in physical activity and increases in weight across the population, and current pressures on NHS services. For those struggling with the cost of living, stress and poor mental health will also increase their circulatory disease risks.

In making the case for circulatory disease to be the H&WBB priority, North Karelia in Finland was cited as an example of where a population-based approach to circulatory disease deaths had resulted in significant improvements to health and wellbeing outcomes. This was driven by an improvement in healthy behaviours (e.g., stopping smoking, better nutrition) including community-based interventions and policy changes.

There are a range of interventions to reduce deaths from circulatory disease both in the short and longer terms (see table), many of which are already being delivered by different system partners in Dudley and across the life course. For the NHS, this includes the Core20Plus5 target to improve the detection and management of high blood pressure.

| | High impact interventions |
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| Long term impact: wider determinants of health | <ul style="list-style-type: none"> • First 1,001 days • Tobacco control • Increasing use and quality of green space • Enabling active travel, including through planning • Improving air quality • Supporting residents with the cost of living and mitigating impacts of poverty, including food poverty • 'Good' jobs to improve mental health wellbeing |
| Medium term impact: primary prevention | <ul style="list-style-type: none"> • Smoking cessation • Maintaining a healthy weight – from childhood • Increasing fruit and vegetable intake • Reduction in alcohol consumption • Reduction in salt intake • Good mental health wellbeing <p>Includes opportunities for H&WBB partner organisations, in their role as anchor</p> |

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| | organisations, to embed workplace wellbeing interventions to improve the health of their staff. |
| Short term impact: secondary prevention | <ul style="list-style-type: none"> • Finding people with high blood pressure and high cholesterol, including through delivery of NHS Health Checks • Optimising treatment for those with circulatory disease, including anti-coagulation to prevent atrial fibrillation; cardiac rehabilitation; treatment of heart failure, hypertension, and lipid management • Smoking cessation in hospitals • Weight management services for people with diabetes and/or hypertension • Alcohol care teams |

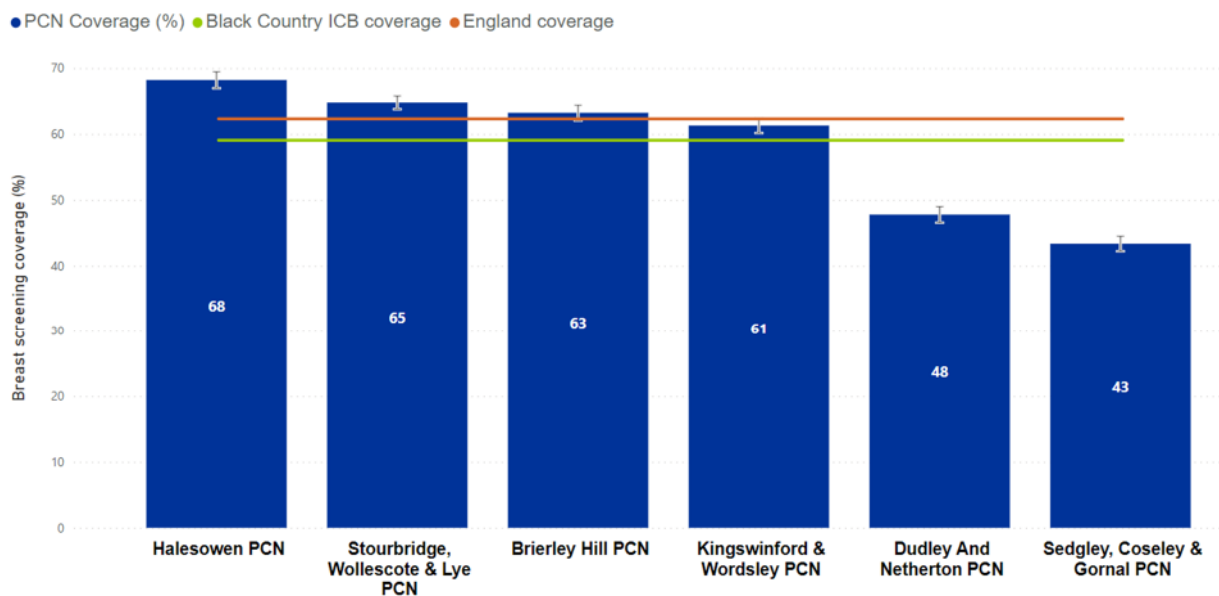
If the H&WBB chooses reducing circulatory disease deaths as a goal for the 2023-28 strategy there would need to be further work to agree the scope of what the Board specifically focuses on within the first year and where the H&WBB could bring the most value. The opportunities for the H&WBB in reducing circulatory disease could include:

- Ensuring that interventions (community, primary care) are being delivered where they are needed the most to reduce circulatory disease deaths and health inequalities – will include most deprived areas and among some ethnic groups where death rates are higher to reduce health inequalities;
- Influence policies, investments, and action on the wider determinants of health, for example, increased investment on green spaces in Dudley to support increased physical activity in areas with poorest circulatory disease outcomes. Residents are keen to see the borough's green space being protected and enhanced recognising the importance of it for their physical, mental, and emotional health;
- Leverage opportunities as anchor organisations and major local employers to promote workforce wellbeing around circulatory disease.

2. Increasing breast cancer screening coverage

Before Covid, Dudley used to have a higher-than-average coverage of breast cancer screening: in 2018 it was 76%. The regional and national averages were 74% and 75%, respectively. By 2022 this had reduced to 62% which was lower than the regional and national averages because of a larger fall in screening during Covid 19 locally. Within Dudley there are quite different rates in uptake by PCN, associated with increased deprivation.

Figure 2: Breast screening coverage: aged 50-70 years old



Source: Office for Health Improvement & Disparities, Public Health Profiles [accessed]08/02/2023] <https://fingertips.phe.org.uk> © Crown copyright [2023]

Women in Dudley have similar rates of new diagnoses of breast cancer and death rates compared to the West Midlands and England averages. There are inequalities in outcomes when looking at national data: while new cases of breast cancer are highest among the more affluent populations, those living in the most deprived areas have higher death rates.

The Dudley, Wolverhampton and South West Staffordshire Breast Screening Service is delivered by The Dudley Group NHS Foundation Trust as part of the National Breast Screening Programme (NHSBSP) which is commissioned by NHS England. It invites local women aged 50 to 70 for screening once every 3 years, working through GP lists. There is a mobile service which offers screening at different sites across the borough in addition to sites at Cannock Chase and Russells Hall hospitals. Those with physical or learning disabilities can be screened at Royal Wolverhampton hospital.

Locally there are initiatives to improve the uptake of breast cancer screening through primary care, cancer awareness campaigns, and

specific community engagement with groups of women or in areas with lower uptake.

Dudley's cancer champion programme was established in 2018, with training for GP receptionists and clinical staff to raise awareness and encourage patients to attend screening. Refresher training was recently provided to new and existing Dudley champions and work is ongoing to increase the numbers of champions and provide all champions with regular support.

The Breast Screening Service works closely with women to develop health promotion materials to encourage uptake. This is through leaflets, social media and videos and includes translation into five different languages and British Sign Language and Braille. The service also works with community groups where there is lower uptake including among Black Caribbean, Black African, and Muslim women.

Screening (and immunisations) coverage is overseen by Dudley's Health Protection Board and is chaired by the Director of Public Health who has a statutory duty to challenge

In comparison to other proposed goals, where there is a bigger role for all system partners, the NHS has most of the levers to improve breast screening uptake and has been working to do so after the service disruption caused by Covid 19. If selected as a goal, Dudley's H&WBB could provide further support for this by:

- Encouraging all primary care networks or GP practices to follow up with women who do not attend screening during their screening round to increase uptake, and particularly in Dudley & Netherton and Sedgley, Coseley & Gornal PCNs.
- Develop a methodology to increase uptake, building on learning from Covid vaccination, which could be replicated in other screening and immunisation programmes in Dudley.
- All partners to proactively promote health promotion materials on breast screening and to take a 'Make Every Contact Count' approach
- For the local authority to help the screening service to identify suitable sites for the mobile unit, particularly in areas where women are more reliant on public transport and there is lower uptake.

3. Improving school readiness

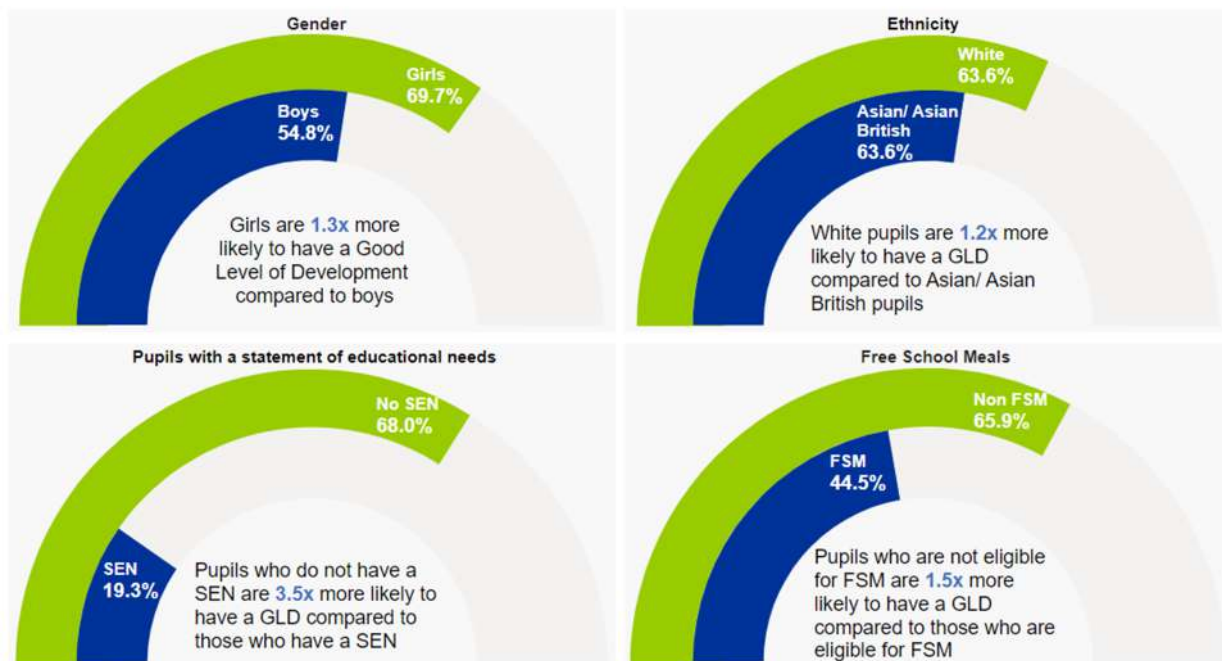
School readiness is a measure of how prepared a child is to succeed in school cognitively, socially, and emotionally. The good level of development (GLD) is used to assess school readiness. Children are defined as having reached a good level of development at the end of

reception if they achieved at least the expected level in the early learning goals in the prime areas of learning (personal, social, and emotional development, physical development and communication and language) and in the specific areas of mathematics and literacy.

School readiness starts at birth with the support of parents and caregivers, when young children acquire the social and emotional skills, knowledge, and attitudes necessary for success in school and life. School readiness at age five has a strong impact on future educational attainment and life chances, including life expectancy.

While levels were improving across the country before Covid, Dudley has had a consistently lower percentage of children reaching a good level of development than national and regional averages. In 2021/22, 38% (1,415) of Dudley's children had not reached a good level of development at the end of reception. Compared to its 16 statistical neighbours (authorities with similar populations and levels of deprivation), Dudley has the fifth lowest levels of attainment in school readiness. There are stark inequalities in achievement. Boys, children of Asian ethnicity, those receiving free school meals, and those with special educational needs (SEN) all have a lower levels of school readiness. Compared to regional and national averages, Dudley has a bigger gap in school readiness for those on free school meals.

Figure 3: Inequalities in school readiness in Dudley, 2021/22



source: <https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results/2021-22>

Things that help to improve school readiness include:

- good maternal mental health
- learning activities, including parents speaking to their baby and reading with their child
- enhancing physical activity
- parenting support programmes
- high-quality early education

Addressing wider issues including neglect, domestic violence and substance misuse is also crucial for those children who experience this, and the impacts of poverty.

As a goal, the H&WBB could help to improve school readiness by:

- Take a whole system's view and asset-based approach to school readiness by bringing together the wider determinants of health, voluntary and community groups, NHS services, children's services (including social care and education) and early years provision, as well as public health action on lifestyles and substance misuse. It would include work on the first 1,001 days and the Family Hubs Start for Life.
- Ensuring that interventions (community, early years, NHS services) are being delivered and are joined up where they are needed the most to improve school readiness and reduce health inequalities – will include most deprived areas, among children with SEN, and children and families of Asian ethnicity;
- Influence local policies, investments, and action on the wider determinants of health, for example, increased investment on green spaces in Dudley to support the children's development.

4. Improving health outcomes in the most deprived areas

Focussing on improving health outcomes in the most deprived areas is an example of a place-based approach. If adopting this as a goal, it is strongly recommended that the H&WBB considers focussing on neighbourhoods rather than wards.

To illustrate the population health needs in a local area, the evidence focuses on the three most deprived wards: *St Thomas's; Netherton, Woodside and St Andrews*; and *Brockmoor and Pensnett*. It shows the cumulative impact of poor health and wellbeing across the life course. This is underpinned by the wider determinants of health: the environment in which people are born, grow, live, and age.

In Dudley, there is a life expectancy gap of 6.4 years for men and 5 years for women in the most deprived ward compared to the least deprived. People in the most deprived areas experience early deaths (under 75) from almost all causes, including circulatory disease, many of which will be preventable through healthier lifestyles and/or better treatment and management. For example, the rate of early deaths from circulatory disease in Netherton, Woodside and St. Andrews is 1.7 times higher than for England and more than 2.5 times higher than that of the least deprived ward, Halesowen South.

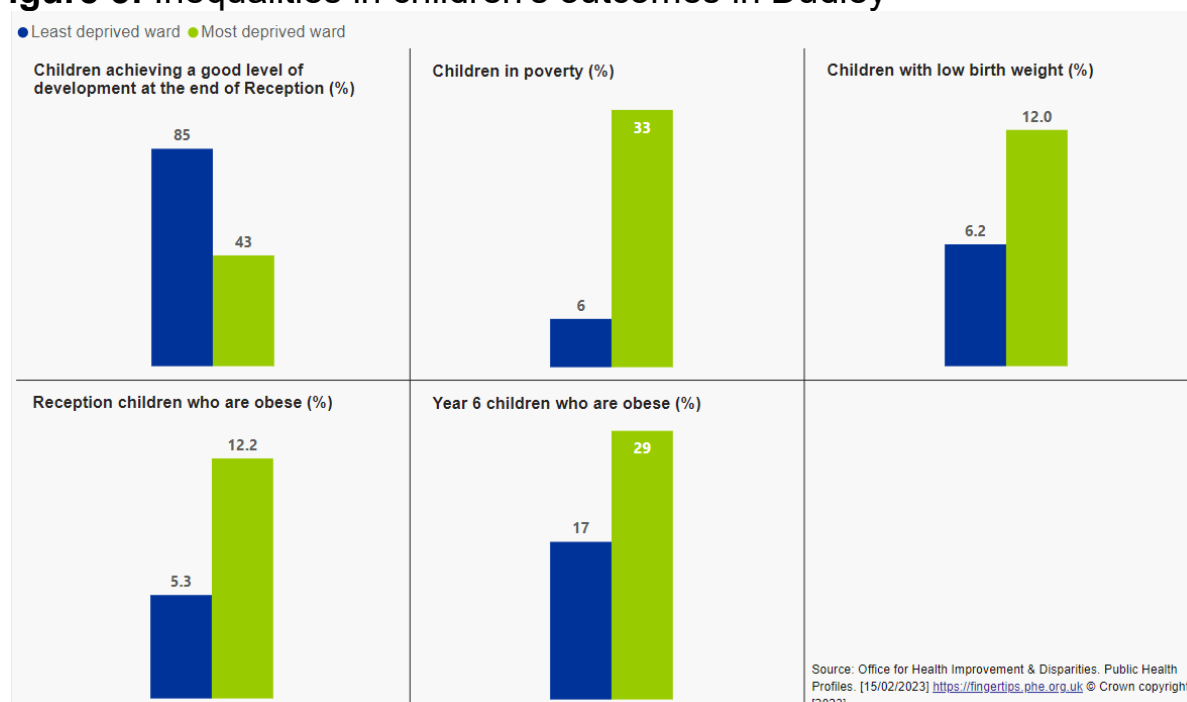
Figure 4: Inequalities in Life Expectancy at Birth in Dudley, 2016-20



Source: Office for Health Improvement & Disparities. Public Health Profiles. [15/02/2023] <https://fingertips.phe.org.uk> © Crown copyright [2023]

Those living and growing up in these wards do not have the same opportunities to be healthy: more than 30% of children are living in poverty (compared to only 6% in the least deprived Dudley ward) and child development indicators are worse than in other areas of the borough. In 2016-20, 12% of babies in St. Thomas's had a low birthweight (under 2,500 grams), compared to 6% in the least deprived ward. Low birthweight is associated with an increased risk of infant mortality, developmental problems in childhood and poorer health in later life. In Brockmoor and Pensnett, 13% of children were classified as obese in Reception and 29% in Year 6, compared to 5.3% and 17% respectively in Halesowen South, the least deprived ward.

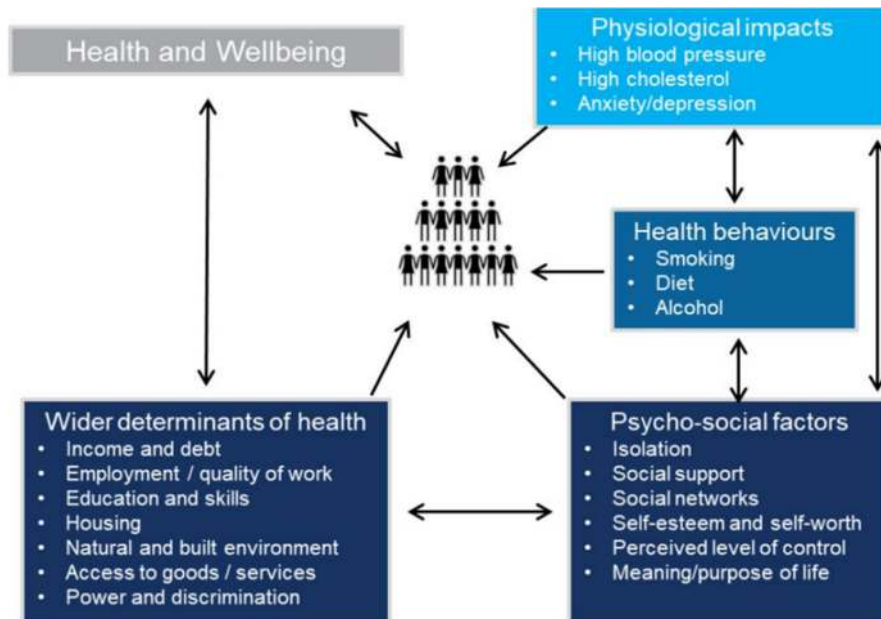
Figure 5: Inequalities in children's outcomes in Dudley



It is the range of causes of poor health outcomes (figure 6), that makes this

type of joined-up, placed-based approach necessary in tackling the complex causal pathway of health inequalities. While action on behaviours and conditions is a necessary part of solution to reduce health inequalities, these need to be addressed within the context of their root causes in the wider determinants of health, helping communities to have the capabilities, opportunities, and motivation to change. As Dudley is already doing, approaches need to take an asset-based approach and build upon community resilience. Finally, Sir Michael Marmot strongly advocates that to achieve equitable outcomes for all, resources also need to be allocated proportionately to address the levels of need for specific communities or populations.

Figure 6: Adapted Labonte model (from place-based approaches to health inequalities)



As a goal, the H&WBB could improve health outcomes in the most deprived areas of Dudley and reduce health inequalities by:

- Take a whole system's view and asset-based approach to improving health outcomes and support the community to identify how the H&WBB could support them and help build on existing resilience.
- Action would need to include a focus on the social determinants of health but for shorter term gains, work could be done to ensure work of statutory and commissioned services are joined up.
- Influence local decisions about distribution of resource in Dudley, and whether more needs to be done to ensure that this is proportionate to need.

If not choosing this as a specific goal, the H&WBB could explicitly embed this approach to reducing health inequalities into its chosen goal(s) which would be important to make progress: the most deprived areas of Dudley all have poorer outcomes for circulatory disease, breast cancer screening and school readiness.