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**Meeting of the Health and Adult Social Care Scrutiny Committee - 25<sup>th</sup> January 2023**

**Report of the Joint Acting Director of Public Health and Wellbeing and Dudley Managing Director, Black Country Integrated Care**

**Update on the Health Inequalities Strategy**

**Purpose of report**

1. To seek support from the committee on adopting a system wide approach to addressing the inequality gap in Dudley
2. To explore ways to increase the input of the wider system on this approach

**Recommendations**

3. It is recommended that Scrutiny:
  - Make a commitment to working together as a system to reduce the inequality gap and ensure that our vision and objectives are made real for the people of Dudley.
  - Agree that the Joint Strategic Needs Assessment underpins the way we determine our priorities and actions. Furthermore, we ensure we have sufficient resource and analytic support across the system.
  - Support that all our work is underpinned by our agreed principles and new ways of working.
  - Agree to commit to working with our local communities and ensuring their voices are incorporated into the planning and implementation of our joint vision and objectives to achieve our priorities and reduce the inequality gap



## Background

4. Dudley Integrated Care System (ICS) 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+ (lesbian, gay, bisexual and trans), ethnic and disabled communities and different communities of experience such as veterans, carers, sex workers.
5. 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.
6. Fig 1: Integrated care systems (ICSs) from July 2022 ([Kings Fund 2022](#))

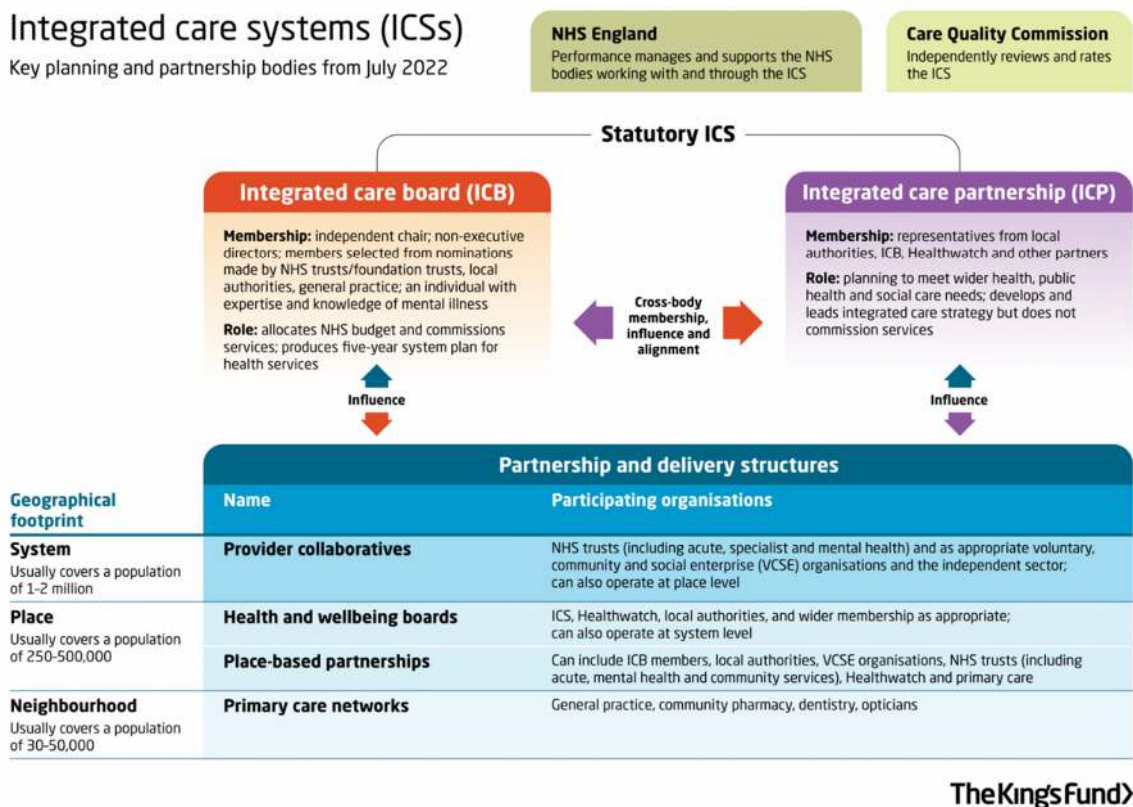
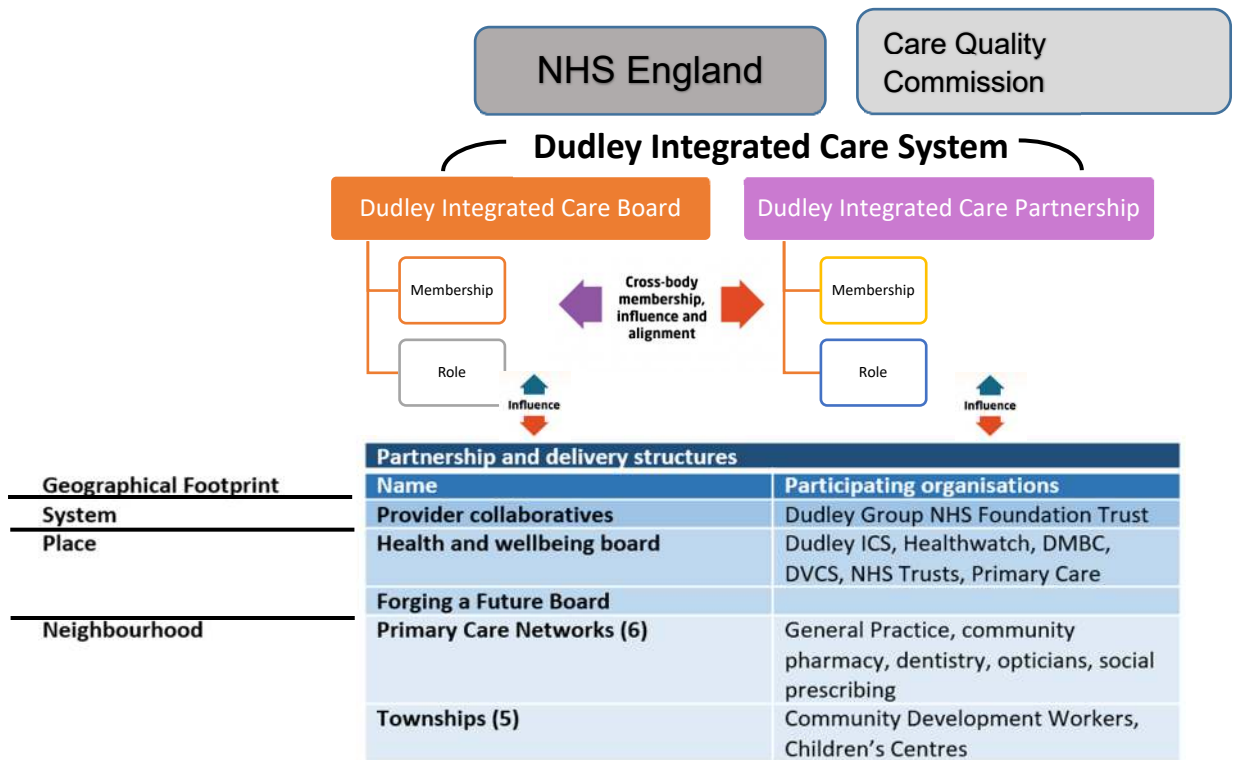


Fig 2: Dudley Integrated Care System and Metropolitan Borough of Dudley Structure



7. Our vision, as a partnership, is that the people of Dudley live longer, healthier, and happier lives.
8. 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 alongside local insight.
9. The governance structure is currently being developed. Approval to establish an Inequality Board that will report to the Dudley Health and Wellbeing Board has been agreed. A technical group analytic group has also been agreed 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.
10. However our ambition can only be achieved working in partnership across boundaries, between organisations and with people. It is essential that Dudley system understand this and model true partnership behaviours. We want to ensure that we address the Wider Determinants of Health which impact on health inequalities through our joint endeavours.

## Our Legal Duties

11. The National Health Service Act 2006 as amended by the Health and Social Care Act 2012. Duties on NHS England and clinical commissioning groups (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.
12. 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
13. 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.
14. New Integrated Care Board (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
15. 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.

16. 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
17. 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.
  - Tourism: Home of rich heritage and a unique visitor attraction
  - Towns: Home to diverse towns and a world class retail offer
  - Transport: Home to world-leading transport and connections
  - Business: Home to hard graft, enterprise and innovation
  - Education: Hone the skilled workforce of tomorrow
  - Community: Home of warm welcomes and close-knit communities with high aspirations and shaping their own futures
  - Environment: Home to places of inspiring natural beauty, our green spaces
18. 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.

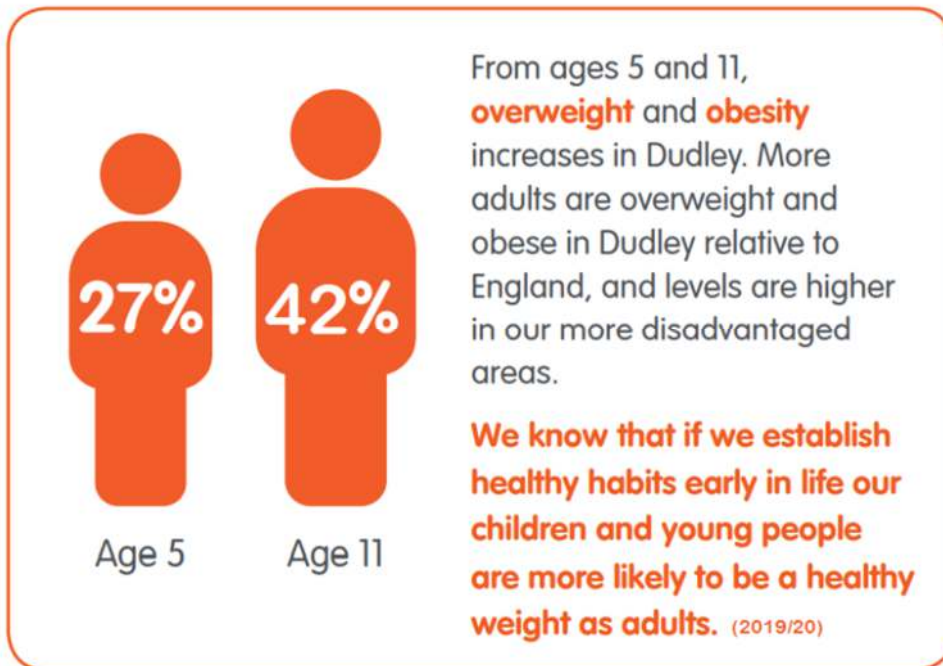
### Health and Wellbeing Challenges

19. Life expectancy: In some parts of the borough, people are living shorter lives and more of their lives in poor health. People living in these areas can expect to live to 55 in good health, while in other parts of the borough people can expect to live to 71 in good health. This gap is bigger for men than women.



20. Dudley Health and Wellbeing Board goals: the current Dudley Health and Wellbeing strategy says that the biggest impact on reducing the effects of disadvantage and increasing the strength of our communities can be achieved by focusing our energies on our 3 goals:

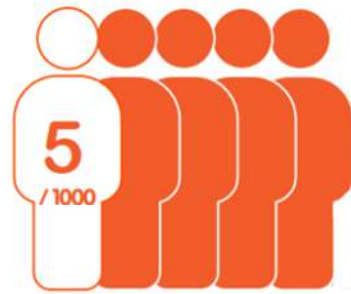
## 21. Promoting healthy weight



## 22. Reducing the impact of poverty



Dudley has **higher unemployment** than England and people stay unemployed for longer. Dudley is also less economically productive.



people in Dudley (16-64) claim long term job seekers allowance **compared to 2/1000 in England overall.**

**We know that rewarding work is good for people's health and wellbeing, keeps them connected with others and out of poverty. It underpins our 3 goals.**

(2021/22)

### 23. Reducing loneliness and isolation.



of older people in Dudley say they feel **lonely** often or some of the time **compared to 34% in England overall.**<sup>(2013)</sup>

**Feeling lonely and isolated is one of the main reasons people access health and social care services. We need to tackle this to improve people's wellbeing and reduce demand on services.**

The emotional wellbeing and education of children underpins all 3 of these goals



# 1 in 10

children aged 9 - 11  
never or rarely feel good  
about themselves.



**We know that emotional wellbeing underpins people's chances of doing well at school, getting a rewarding job, making healthy choices and making friends. It impacts on our 3 goals.**



of pupils eligible for  
free schools achieve  
grades 5 or above in  
English & Maths GCSEs  
**compared to**

**40%** of pupils not

**eligible for free school meals.** This gap in educational attainment is seen from age 5 through to GCSE.

**We know that if people do well at school they're more likely to get a rewarding job, be healthy, have enough money and feel connected. It underpins all 3 of our goals. (2018/19)**

24. The following tables (Table 1 – 3) set out where Dudley currently sits in terms of its health inequality indicators. Some of these indicators will take a considerable amount of time to see a change; the first table shows the long-term indicators - Table 1 indicates metrics that will require a 10-year period for change to occur. The final column sets out how Dudley compares to England. Table 2 sets out the community medium-term metrics which will take 5 years or less to foresee a change. The final column indicates where Dudley sits in comparison to England. Finally, table 3 indicates the place and locality medium-term metrics which will take 5 years or less to see a change. The final column indicates where Dudley sits in comparison to England.

25. Table 1 - ICS Level Long Term Metrics – 10yr trajectory of change

Indicator	Time Period	Dudley	England	Dudley compared to England
Overweight and obese children in Year 6 (%)	2017/18 - 19/20	40.4	34.6	Worse
Overweight and obese children in Reception class (%)	2017/18 - 19/20	25.5	22.6	Worse
Overweight and obese adults (%)	2020/21	66.8	36.8	Similar
Life Expectancy at birth – male (years)	2020	77.8	78.7	Worse
Life Expectancy at birth – female (years)	2020	81.8	82.6	Worse
Life Expectancy at 65yrs – male (years)	2020	17.5	18.1	Worse
Life Expectancy at 65yrs – female (years)	2020	20.4	20.7	Similar
Inequality in life expectancy at birth - male (years)	2018 - 20	9.2	9.7	Not compared
Inequality in life expectancy at birth - female (years)	2018 - 20	8.6	7.9	Not compared
Inequality in life expectancy at 65yrs - male (years)	2018 - 20	5.3	5.2	Not compared
Inequality in life expectancy at 65yrs - female (years)	2018 - 20	4.7	4.8	Not compared
Disability free Life Expectancy at birth -male (years)	2018 - 20	60.5	62.4	Similar
Disability free Life Expectancy at birth -female (years)	2018 - 20	60.1	60.9	Similar
Disability free life expectancy at 65yrs - male (years)	2018 - 20	9.7	9.8	Similar
Disability free life expectancy at 65yrs - female (years)	2018 - 20	8.6	9.9	Similar

26. Table 2 - Community Inequality Medium Term Metrics – 5yr or less trajectory of change

Indicator	Time Period	Dudley	England	Dudley compared to England
Overweight and obese children in Year 6 (%)	2017/18 - 19/20	40.4	34.6	Worse
Overweight and obese children in Reception class (%)	2017/18 - 19/20	25.5	22.6	Worse
Overweight and obese adults (%)	2020/21	66.8	36.8	Similar
Life Expectancy at birth – male (years)	2020	77.8	78.7	Worse
Life Expectancy at birth – female (years)	2020	81.8	82.6	Worse
Life Expectancy at 65yrs – male (years)	2020	17.5	18.1	Worse
Life Expectancy at 65yrs – female (years)	2020	20.4	20.7	Similar
Inequality in life expectancy at birth - male (years)	2018 - 20	9.2	9.7	Not compared
Inequality in life expectancy at birth - female (years)	2018 - 20	8.6	7.9	Not compared
Inequality in life expectancy at 65yrs - male (years)	2018 - 20	5.3	5.2	Not compared
Inequality in life expectancy at 65yrs - female (years)	2018 - 20	4.7	4.8	Not compared
Disability free Life Expectancy at birth -male (years)	2018 - 20	60.5	62.4	Similar
Disability free Life Expectancy at birth -female (years)	2018 - 20	60.1	60.9	Similar
Disability free life expectancy at 65yrs - male (years)	2018 - 20	9.7	9.8	Similar
Disability free life expectancy at 65yrs - female (years)	2018 - 20	8.6	9.9	Similar

27. Table 3 - Place and Locality Level Medium Term Metrics – 5 year trajectory of change

Indicator	Time Period	Dudley	England	Dudley compared to England
Under 75yr mortality rate from cancer considered preventable (rate per 100,000)	2020	62.9	51.5	Worse
Suicide rate (rate per 100,000)	2019 - 21	10.3	10.4	Similar
Stroke admissions (all ages) (rate per 100,000)	2020/21	137.1	161.8	Better
Smoking in early pregnancy (%)	2018/19	15.7	12.8	Worse
Prevalence of smoking in adults (%)	2020/21	16.9	15.9	Worse
Prevalence of Diabetes (QOF Prevalence) (%)	2020/21	8.0	7.1	Not compared
Prevalence of Cardiovascular disease (QOF Prevalence) (%)	2020/21	4.0	3.0	Not compared
Infant Mortality Rate (per 1,000 live births)	2018 - 20	4.3	3.9	Similar
Emergency hospital admissions for intentional self-harm (rate per 100,000)	2020/21	152.0	181.2	Better
Emergency admissions for COPD (rate per 100,000)	2019/20	479.2	415.1	Worse
Early access to maternity care (%)	2018/19	74.8	57.8	Better
Children achieving a good level of development at 2-2.5yrs (%)	2020/21	72.0	82.9	Worse
CHD admissions (all ages) (rate per 100,000)	2020/21	369.3	367.6	Similar
Cancer mortality (All causes) (standardised mortality ratio)	2016 - 20	106.3	100.0	Worse
Cancer diagnosed at stage 1 or 2 (%)	2019	58.3	55.0	Better

**System Key Performance Indicators (KPIs)**

28. 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.
29. 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.

30. **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

*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

### Governance arrangements

31. 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 Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.
  - 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.
32. 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 and its implementation plan with appropriate contributions from the Health and Care Partnership Board and the Forging a Future Executive. See further detail in Annex 1 of the full draft Health Inequalities Strategy.

### Co-production and Engagement approach to finalising the inequality strategy

33. 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.
34. The engagement plan will include ways to co-design elements of the Health Inequalities Strategy with residents of Dudley

### 35. System workstreams towards reducing the inequality gap:

<b>Workstream</b>	<b>Priorities and work programmes</b>
<ul style="list-style-type: none"> <li>• Give every child the best start in life</li> </ul>	<ul style="list-style-type: none"> <li>• Childhood vaccination and screening</li> <li>• First 1001 days (breast feeding, maternity care)</li> <li>• Child Friendly Borough Programme</li> <li>• Childhood obesity</li> <li>• Increased physical activity in CYP</li> <li>• Improvement in school readiness</li> </ul>
<ul style="list-style-type: none"> <li>• Enable all children, young people, and adults to maximise their capabilities and have control over their lives</li> </ul>	<ul style="list-style-type: none"> <li>• Children and young people's mental health and wellbeing</li> <li>• Reduction in CAMHS Tier 4 bed referrals / occupancy</li> <li>• Reduction in self-harm attendance at accident and emergency in adolescence</li> <li>• Increased physical activity in CYP</li> <li>• Improvement in educational attainment</li> <li>• Childhood obesity</li> </ul>
<ul style="list-style-type: none"> <li>• Poverty action plan , needs assessment and strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Work has started across reducing poverty, providing emergency support and prevention of poverty</li> </ul>
<ul style="list-style-type: none"> <li>• Healthy ageing</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce loneliness and isolation</li> <li>• Falls prevention</li> <li>• Health and wellbeing in care homes</li> <li>• Reducing digital exclusion</li> <li>•</li> </ul>
<ul style="list-style-type: none"> <li>• Create and develop healthy and sustainable places and communities</li> </ul>	<ul style="list-style-type: none"> <li>• Violence strategy</li> <li>• Community conversations to inform action plans to address inequalities and health and wellbeing strategy</li> </ul>
<ul style="list-style-type: none"> <li>• Prevention and management of Long Terms Conditions ( LTC)</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiovascular disease prevention improving hypertension case finding.</li> <li>• Weight management programmes</li> <li>• Breast screening – access for more deprived groups / people from vulnerable groups / black and ethnic communities. (Dudley Group Hospitals NHS Trust)</li> <li>• Cancer – access and outcomes in the lung cancer pathway. Early detection and improved treatment (Dudley Group Hospitals NHS Trust)</li> </ul>

### Finance

36. No immediate implications.

### Law

37. Health and Social Care Act 2022 outlines the legislative Framework that supports collaboration and partnership working to integrate services for patients and allows the NHS to work alongside long authorities to work together on the wider determinants and to reduce health inequalities.

## **Risk Management**

38. No risks have been identified from this report.

## **Equality Impact**

39. The Health and Wellbeing Board's inequalities approach will have a positive impact on equality.
40. The Council's Equality, Diversity and Inclusion Strategy 2022-25 which is outlines the commitment for progressing Equality, Diversity, and Inclusion in our Borough and workforce and this will be adhered to throughout the Health Inequalities Strategy.
41. Equality Impact Assessments will be completed as required for any work undertaken to support the development of the Strategy.
42. The Strategy includes a focus on children and in Dudley continues to focus on being a Child Friendly Borough; programs of work include giving every child in Dudley the Best Start in Life including First 1001 days and work on reducing Child Poverty.

## **Human Resources/Organisational Development**

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

## **Commercial/Procurement**

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

## **Environment/Climate Change**

45. This Strategy is supportive of the environment/Climate Change agenda of the Council.

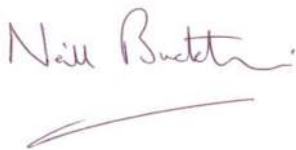
## **Council Priorities and Projects**

46. The Health Inequalities Strategy will address all the Council priorities:
- Dudley the borough of opportunity
  - Dudley the safe and healthy borough
  - Dudley the borough of ambition and enterprise
  - Dudley borough the destination of choice.
47. The Health Inequalities Strategy will support aspirations of Forging a Future.

48. At present no assessments have been carried out and will be considered as the Strategy is developed impact it has on:
- Digital and Information Technology (including Data Protection)
  - GP, health provisions and public health/health and wellbeing
  - Public transport connectivity
  - Local housing needs
  - Local deprivation and cost of living
  - Green spaces and the safety of the community
  - Corporate Parenting
  - Asset and Property Management
  - Impact on our customer base



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## **Appendices**

Appendix 1 – Draft Health Inequalities Strategy – this includes Annex 1 - Governance arrangements and Annex 2 - Approach to Engagement