

Meeting date: Tue 19 Jan 2021
Report to: Solihull Health & Wellbeing Board
Subject/report title: Health Inequalities Strategy Update
Report from: Ruth Tennant, Director of Public Health
Report author/lead contact officers: Rob Davies, Consultant in Public Health



Wards affected:

All Wards | Bickenhill | Blythe | Castle Bromwich | Chelmsley Wood |
 Dorridge/Hockley Heath | Elmdon | Kingshurst/Fordbridge | Knowle |
 Lyndon | Meriden | Olton | Shirley East | Shirley South |
 Shirley West | Silhill | Smith's Wood | St Alphege

Public/private report: Public

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1. Purpose of Report

1.1 To outline progress on drafting a Health Inequalities Strategy and Action Plan 2021-24.

2. Recommendations

2.1 To note progress on developing the Strategy and Action plan.

3. Matters for Consideration

3.1 Health inequalities are defined as unfair and avoidable differences in health across the population and different groups in society.

3.2 Before the COVID-19 pandemic, health inequalities in the UK had widened over the last 10 years, as had many of the social determinants of health, such as education, income and access to good quality jobs and housing. The current pandemic will likely reinforce and worsen those trends.

3.3 The extent to which this will happen, will depend in part, on conditions nationally, such as the depth and duration of a recession and the impact on public expenditure; but also on what we do locally.

- 3.4 How the Council, the NHS, voluntary sector and others respond, can and does make a significant impact on health inequalities, and this will continue to be the case, irrespective of the prevailing challenges.

4. Progress to date

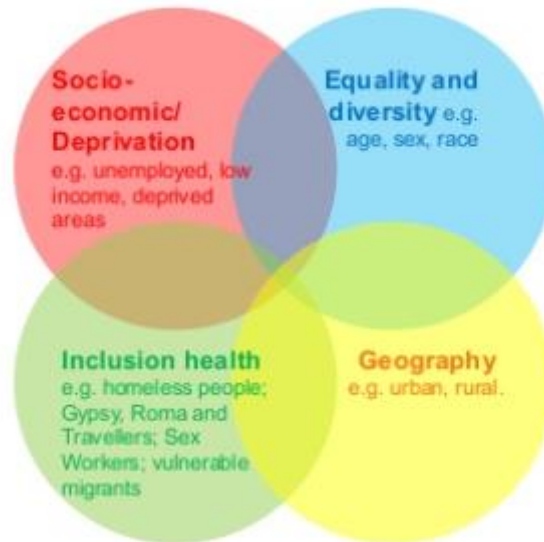
- 4.1 In developing the Strategy and Action Plan, we have adopted a three-step-process:
- Step 1: Understand where we are now: our strengths, weaknesses, threats and opportunities (November 2020).
 - Step 2: Establish where Solihull wants to be: a collective understanding, leading to priority setting (December 2020)
 - Step 3: Plan how we will get there: a shared action plan (December/January 2020/21)
- 4.2 Step 1 was an evidence gathering process to establish what we know about health inequalities in our area today. This drew on relevant national, regional and local data, before and during COVID-19. For example, our JSNA, local impact of COVID-19 on inequalities report and relevant service data. This also included insights from what communities are telling us is important, for example, through our existing community champion networks, regional engagement activities around the differential impact of COVID on BAME groups, from service users, and in collaboration with organisations such as Health Watch.
- 4.3 Step 2. Having reviewed the available evidence, we produced a long list of 9 potential action areas and brought partners together to prioritise a smaller number.
- 4.4 Step 3. Once broad priorities were agreed we sought pledges for action against each of the priority areas, forming a shared action plan.
- 4.5 We are currently at step 3 with broad priorities agreed and provisional action plans in development.

5. Provisional goal, principles for action and pledges

- 5.1 **End goal:** improve the lives of those with the worst health outcomes, fastest.
- 5.2 **Guiding principles for action:**
- explicitly assessing and responding to health inequalities by refining action, both in response to, and recovery from, COVID-19
 - reprioritising resources towards prevention and early intervention
 - ensuring resourcing and delivery of universal services are at a scale and intensity proportionate to the degree of need (proportionate universalism)
 - considering all four dimensions of health inequalities, including where they

overlap to create multiple disadvantage (intersectionality)

Dimensions of health inequalities



- NB: The Equality and Diversity dimension includes consideration of all 9 protected characteristics:
 1. age
 2. disability
 3. gender reassignment
 4. marriage and civil partnership
 5. pregnancy and maternity
 6. race
 7. religion or belief
 8. sex
 9. sexual orientation

5.3 Priority 1: Maternity and Early Years

- 5.3.1 Focus: Develop a socially inclusive early years offer (age 0-5) focussed on improving the lives of those with the worst health outcomes, fastest.
- 5.3.2 Rationale: Support here has a lifelong cumulative impact. It is the period when interventions to disrupt inequalities are most effective and most cost-effective, and there is a large national evidence base supporting action in this stage of life.
- 5.3.3 The current health and wellbeing strategy focusses on 0-2s, so there is added value in extending this to 5s with a specific emphasis on providing a universal service that is proportionate to need.
- 5.3.4 Lead partner: SMBC Children's Services. Collaborators: SMBC Public Health, CCG, Integrated Care System

5.4 Priority 2: Adulthood and Work

- 5.4.1 Focus: Support those currently furthest from work into employment. Develop the leadership role of Council as employer for priority under-employed groups e.g. those with a learning disability. Enhanced offer by Employment and Skills to consider 4 dimensions of health inequalities: protected characteristics, inclusion health groups, deprivation, geography.
- 5.4.2 Rationale: health supports work and work supports health. Ensuring the current economy and future economic growth are socially inclusive, and benefit those currently most disadvantaged, will prevent those furthest from work from becoming further marginalised.
- 5.4.3 Lead partner: SMBC PH Inclusive Growth. Collaborators: Council wide, DWP, Solihull College, National Careers Service, NHS anchor institutions. Integrated Care System, VCS
- 5.4.4 Provisional pledges, subject to change:
- (a) Delivery of European Social Fund employment support projects which support residents who are furthest from the labour market, and may have multiple barriers, to progress into work
 - (b) Long term analysis of the data and intelligence available through Employment and Skills projects to analyse trends and identify 'what works'
 - (c) Set up an Employment and Skills implementation group to operationalise the emerging Employment and Skills Strategy, including a focus on the four dimensions of health inclusion
 - (d) Pilot and monitor the impact of increased investment into supporting residents with Learning Disabilities / poor mental health
 - (e) Increasing the number of Solihull businesses who are Disability Confident Employers

5.5 **Priority 3: Ageing Well**

- 5.5.1 Focus: TBC supporting carers.
- 5.5.2 Rationale: People with care and support needs, particularly those in care homes, have been disproportionately affected by COVID-19. Identifying and accelerating priority preventative programmes to support those with care and support needs and carers will ensure a greater proportion of Solihull residents can maintain independent lives for longer.
- 5.5.3 Lead partner: SMBC Adult Social Care. Collaborators: Council wide, NHS anchor institutions. Integrated Care System, VCS.
- 5.5.4 Provisional pledges, subject to change:
- (a) Refresh and implementation of Solihull's Carers' Strategy incorporating explicit health inequalities considerations

- (b) Support care homes across the Borough to implement COVID care home visiting guidance
- (c) Development of integrated discharge and community hubs and Discharge to Assess model to support effective discharge from hospital and promoting independence
- (d) Self-funder transformation programme
- (e) Review of day opportunities

5.6 **Enabler 1: Equality, Diversity and Inclusion**

5.6.1 We aim to ensure we are routinely and systematically assessing equality and diversity dimensions of health inequality across all new and existing work using a simple tool

5.6.2 Provisional actions, subject to change

- (a) Develop an integrated Health and Equity Assessment Tool (HEAT) based on Public Health England's existing tool, adapted for local use.
- (b) Pilot integrated health equity & E&D assessment tool in specific teams
- (c) Identify health inequality leads across 5 Council Directorates
- (d) Roll out HEAT council wide
- (e) Advocate HEAT use (or practical equivalent) for NHS and community partners
- (f) Produce local Action Plan against the 34 recommendations outlined in the West Midlands Enquiry into COVID-19 Fatalities in the BAME Community 2020
- (g) Use any outcomes from the ongoing Fair Treatment Assessment on the equality impact of COVID 19 in Solihull across the 9 protected equality characteristics to inform any new considerations on health inequalities in the borough

5.7 **Enabler 2: Place-based leadership**

5.7.1 We aim to ensure our place-based work routinely and systematically integrates health inequalities assessments into it's work.

5.7.2 Provisional actions, subject to change

- (a) Adopt Public Health England's Place-based planning approach for all 3 localities

- (b) Consider early adopter Integrated Care System status in Solihull with strong health inequalities focus to guide priorities for action
- (c) Learn from past attempts at developing success measures e.g. Solihull Narrowing the Gap Report
- (d) Adopt a population health management approach centred around change management (doing things differently) using shared analytics.
- (e) Link to National Public Health England work to develop health inequality success measures.
- (f) Link the eight health inequality urgent actions from the NHS Phase 3 national guidance to local place-based assessment and planning

5.8 **Enabler 3: Facilitating strong, inclusive and resilient communities**

5.8.1 COVID-19 and historical data have shown that health outcomes can vary substantially within the same area of deprivation, meaning there is variation in resilience within similar communities. We will seek to better understand these strengths and resilience-factors and aim to expand their influence. We will ensure we take a strengths based approach to working with communities on the solutions to health inequalities, including identifying what matters most to them.

5.8.2 Provisional actions, subject to change

- (a) VCSE strategic assessment to understand the distribution, resourcing and focus of community based assets in the Borough
- (b) Implementation of My Solihull Maps providing information about community activities, groups and places across the Borough
- (c) Develop and embed a strengths and assets based culture in statutory and voluntary sector workforces
- (d) All-age Early Help/Early Intervention strategies and subsequent locality plans to bring together community development with statutory services, bridging the gap in between and investing in upstream opportunities
- (e) Review and refresh Locality arrangements for East, North and South to provide strong alignment to community development with aligned funding and resources to invest in communities
- (f) Develop and implement a communications approach which identifies and promotes role models and people with lived experience leading and delivering community help, support and other successes

6. **Next steps**

6.1 Finalise priorities (Jan)

- 6.2 Finalise action plan (Jan/Feb)
- 6.3 Produce draft strategy and action plan for March Health and Wellbeing Board
- 6.4 Strategy and Action Plan 2021-24 published March 29 2021 ahead of first year implementation.

7. Implications and Considerations

- 7.1 State how the proposals in this report contribute to the priorities in the [Council Plan](#):
 - 7.1.1 The strategy and action plan will directly support priority 7: Taking action to improve life chances in our most disadvantaged communities. Including component activity: focus on health inequalities in Solihull.
- 7.2 Consultation and Scrutiny:
 - 7.2.1 This report has not been the subject of direct consultation. In parallel, engagement has been taking place with groups most likely to be negatively impacted by Covid-19, led by the CCG and WMCA, and supported by the Council. Both have informed the development of the Health Inequalities Strategy and Action Plan.
- 7.3 Financial implications:
 - 7.3.1 Some proposals to address the issues identified in the strategy will have financial implications which will be considered in future reports.
- 7.4 Legal implications:
 - 7.4.1 This strategy will form part of the Joint Strategic Needs Assessment evidence base, production of which is a statutory requirement. It will also assist in meeting the Public Sector Equality Duty by enabling organisations in Solihull to better understand the impact of Covid-19 on population and community groups most at risk.
- 7.5 Risk implications:
 - 7.5.1 None.
- 7.6 Equality implications:
 - 7.6.1 The strategy seeks to promote consideration of health inequalities across all nine protected characteristics outlined in the Equality Act 2010 in order to inform the development of plans to address any needs identified.

8. List of appendices referred to

- 8.1 N/A

9. Background papers used to compile this report

- 9.1 The Impact of COVID-19 on Inequalities in Solihull Full Report (11 Aug 2020)