Meeting date:	Tue 02 Mar 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
Exempt by virtue of paragraph:	Select an Exemption paragraph from the Quick Parts drop-down list

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 any recession and the impact on public expenditure; but also on what we do locally as part of our on-going COVID response and approach to recovery.

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
- Step 2: Establish where Solihull wants to be: a collective understanding, leading to priority setting
- Step 3: Plan how we will get there: a shared action plan

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 provisional priorities and action plans agreed.

4.6 We will now continue into a further cycle of engagement to refine, flesh-out and build awareness of our proposed action areas across the broader Council and wider partners including with BSOL STP and emerging ICS.

4.7 The West Midlands Combined Authority are also actively looking at how they can add value to the health inequalities work at a sub-regional level and we are engaged in this work to ensure that there are clear links between the two, and the additional value at regional level.

4.8 A key immediate systems priority has also been local work to ensure an equitable roll out of COVID-vaccine to eligible groups. This includes proactively engaging residents known to have low uptake of the COVID-19 vaccine, through for example, community champions, faith leader forums and other local networks. And this is driven by vaccine uptake data directly, or where that is not available, from uptake of vaccines in the past. We have also completed an equity impact assessment for the vaccine roll out to aide our thinking of the different groups that might have vaccine hesitancy.

4.9 Since the last update two significant reports have been published: The Department of Health and Social Care's legislative proposals for a Health and Care Bill; Integration and Innovation: working together to improve health and social care for all and Build Back Fairer: The COVID-19 Marmot Review

5. Department for Health and Social Care White Paper

5.1 Most relevant to the development of the health inequalities strategy was the continued emphasis on collaborative working between the NHS and local authorities through Integrated Care Systems (ICSs) and place-based working. This aligns well to our developing strategy priority on place-based activity and will be a key enabler of this work.

5.2 A key responsibility for these systems will be to ensure that they support place-based joint working between the NHS, local government, community health services, and other partners such as the voluntary and community sector.

5.3 The White Paper also sets an expectation that ICSs will work closely with local Health and Wellbeing Boards (HWB) as they have the experience as 'place-based' planners, and the ICS NHS Body will be required to have regard to the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies that are being produced at HWB level (and vice-versa).

5.4 As this work progresses, a key priority will be for use to ensure a strong place based focus for Solihull that allows for a bottom-up approach, building on our local locality structure and primary care networks to reduce health inequalities and that this is embedded in ICS arrangements as they develop.

6. Building Back Fairer

6.1 The Build Back Fairer Report recommends short, medium and long term actions needed to tackle health inequalities across England. This was produced by the Health Foundation (a charity) and Institute of Health Equity at University College London. It is not Government policy but is seen as the leading evidence on Health Inequalities.

6.2 Many of the recommendations require national action (See below for Reference). But the focus on early years, and integrating health and economic considerations, is incorporated into our emerging priorities, wider Health and Wellbeing Strategy, and our Inclusive Growth orientated Council Plan.

6.3 **Short-term key recommendations** to reduce inequalities exposed and amplified by the pandemic:

6.4 Early Years: Increase early years funding to prevent closures & improve access to parenting programmes

6.5 Education: Provide laptops & urgently roll out catch-up tuition in full for students in more deprived areas

6.6 Children & Young People: Remove ‘two child’ benefit cap & fund additional training for young people

6.7 Working & Living: Enforce minimum wages; increase furlough to 100%; end five-week wait for UC

6.8 Sustainability: Increase local government COVID-19 grants & housing allowance; remove council tax cap

6.9 Prevention: Public health core to tackling new health crisis; Increase funding to 0.5% of GDP from current 0.15% level (2.5% of NHS budget)

6.10 **Medium-term key recommendations** to overcome deterioration in socioeconomic conditions caused by the pandemic and associated societal response (lockdown & decreased economic activity):

6.11 Early Years: Improve availability & quality of early years’ services; increase spending to OECD average

6.12 Children & Young People: Reduce child poverty to 10%; increase apprenticeships & in-work training

6.13 Working & Living: Ensure living wage for healthy living; make UC £1000/year increase permanent

6.14 Prevention: Health interventions to improve health behaviours must focus on living and working conditions

6.15 **Long-term key recommendations** to create a cohesive society prioritising a well-being economy through a national inequalities strategy, led by the Prime Minister, to tackle inequality and climate crisis:

6.16 Early Years: Government should prioritise reducing inequalities in early years’ development

6.17 Education: Attainment to match best in Europe & put equity at heart of education policy & funding

6.18 Children & Young People: Reverse mental health declines; all u21s in education, employment or training

6.19 Working & Living: Health equity & wellbeing heart of economic planning; consider four-day week

6.20 Sustainability: Ensure 100% of housing is carbon neutral & aim for net zero GHG emissions by 2030

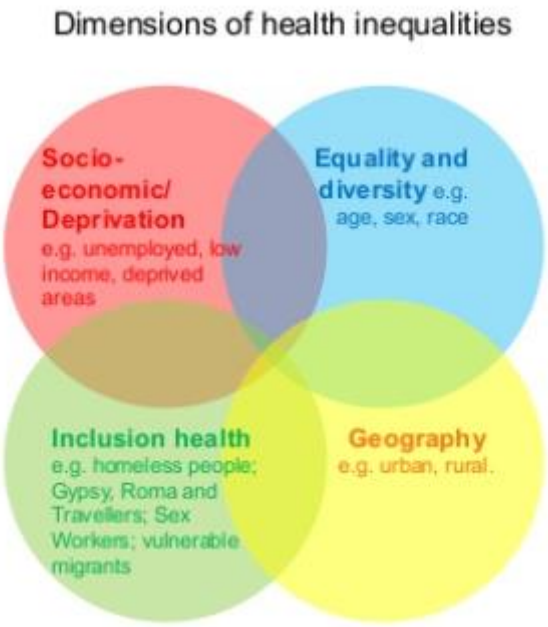
6.21 Prevention: Public health system prioritising deteriorating living & working conditions to improve health

7. Provisional goal, principles for action and pledges

7.1 **End goal:** improve the lives of those with the worst health outcomes, fastest.

7.2 **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)



- 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

7.3 **Life-course 1: Maternity and Early Years**

7.3.1 Focus: Develop a socially inclusive early years offer (age 0-5) focussed on improving the lives of those with the worst health outcomes, fastest.

7.3.2 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.

7.3.3 Lead partner: SMBC Children's Services. Collaborators: SMBC Public Health, CCG, Integrated Care System

7.3.4 Provisional pledges, subject to change:

(a) Establish Educational Psychologist provision for early years' settings

(b) Implement graduated approach for children with additional needs, prioritising resources towards prevention and early intervention where possible

(c) Develop an inclusion strategy to build capacity and parental confidence in mainstream provision to support children with a broad range of additional needs

(d) Develop early years' strategy to improve school readiness

(e) Establish a Joint Additional Needs board (0-25) to lead and direct improvement journey for SEND

(f) Recruit extra school advisors to increase the proportion of children in good or outstanding settings.

7.4 **Life-course 2: Adulthood and Work**

7.4.1 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.

7.4.2 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.

7.4.3 Lead partner: SMBC Public Health Inclusive Growth. Collaborators: Council wide, DWP, Solihull College, National Careers Service, NHS anchor institutions. Integrated Care System, VCS

7.4.4 Provisional pledges, subject to change:

(g) 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

(h) Long term analysis of the data and intelligence available through Employment and Skills projects to analyse trends and identify ‘what works’

(i) 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

(j) Pilot and monitor the impact of increased investment into supporting residents with Learning Disabilities / poor mental health

(k) Increasing the number of Solihull businesses who are Disability Confident Employers

7.5 Life-course 3: Ageing Well

7.5.1 Focus: Supporting carers.

7.5.2 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.

7.5.3 Lead partner: SMBC Adult Social Care. Collaborators: Council wide, NHS anchor institutions. Integrated Care System, VCS.

7.5.4 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

7.6 All age 1: Equality, Diversity and Inclusion

7.6.1 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

7.6.2 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

7.7 **All age 2: Place-based leadership**

7.7.1 We aim to ensure our place-based work routinely and systematically integrates health inequalities assessments into its work.

7.7.2 Provisional actions, subject to change

(a) Adopt Public Health England's Place-based planning approach for all 3 localities, working with local primary care networks, school collaboratives and other key local partners.

(b) As ICS arrangements develop, create a strong local approach to place-based leadership within Solihull, through the leadership of the Health and Well-being Board.

(c) Adopt a population health management approach centred around change management (doing things differently) using shared analytics.

(d) Link to national Public Health England work to develop health inequality success measures.

(e) Link the eight health inequality urgent actions from the NHS Phase 3 national guidance to local place-based assessment and planning

7.8 **All age 3: Facilitating strong, inclusive and resilient communities**

7.8.1 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.

7.8.2 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, working with local primary care networks 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

8. Next steps

8.1 More engagement is planned to shape these priorities further, including with key HWBB partners including education and schools, local primary care networks and with the emerging ICS inequalities programme, prior to sign off by the Health and Well-being Board.

9. Implications and Considerations

9.1 State how the proposals in this report contribute to the priorities in the Council Plan:

9.1.1 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.

9.2 Consultation and Scrutiny:

9.2.1 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.

9.3 Financial implications:

9.3.1 Some proposals to address the issues identified in the strategy will have financial implications, which will be considered in future reports.

9.4 Legal implications:

9.4.1 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.

9.5 Risk implications:

9.5.1 None.

9.6 Equality implications:

9.6.1 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.

10. List of appendices referred to

10.1 N/A

11. Background papers used to compile this report

11.1 The Department of Health and Social Care's legislative proposals for a Health and Care Bill; Integration and Innovation: working together to improve health and social care for all (11 Feb 2021)

11.2 Build Back Fairer: The COVID-19 Marmot Review (15 Dec 2020)

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