

Working Together for a Healthier Post-COVID Future

Exploring the potential for whole-system action on the wider determinants of healthy life expectancy in the shadow of the COVID-19 pandemic



Building Healthier, Happier Communities

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- 1 The Healthier Futures Academy
- 2 Introduction to the WHoLE Programme
- 3 Existing Health and Socio-economic Challenges in the Black Country and West Birmingham
- 4 The Socio-economic Impact of COVID on Health
- 5 Opportunities for Whole-system Action on the Socio-economic Determinants of Health
- 6 Developing Local Priorities – informing recommendations to the Healthier Futures Board



The Healthier Futures Academy

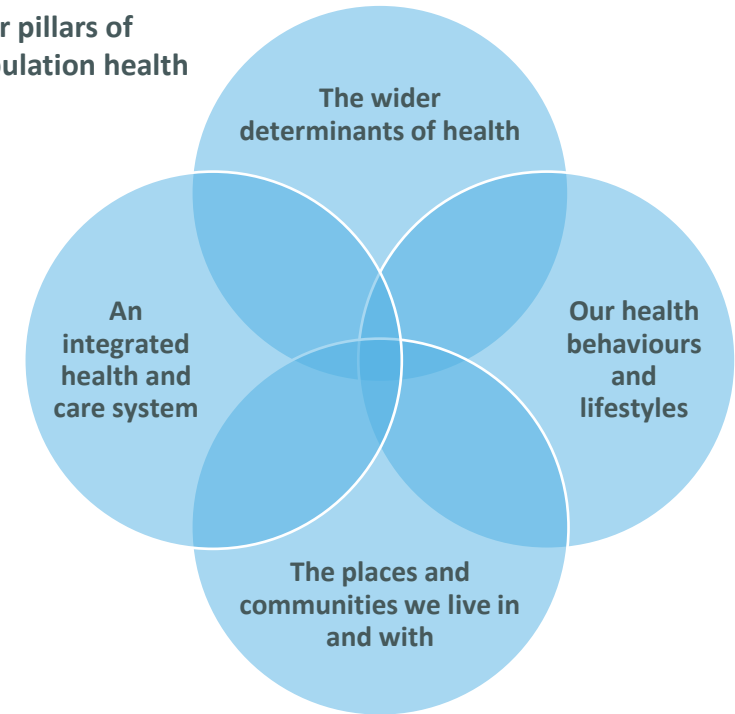
Academy Director, Lucy Heath



The Healthier Futures Academy

- The Black Country and West Birmingham is seeking to become a thriving Integrated Care System:
 - Full **Population Health Management** capacity embedded at neighbourhood, place and system levels, supporting the ongoing design and delivery of proactive care.
 - Implementing priorities in prevention and reducing **health inequalities** as part of the care model design and delivery.
- **Population Health Management** is about....
 - how we use data insights to improve health and wellbeing today and in 20 years time
 - truly understanding who, what, why, when, where and how
 - using this understanding to design better interventions.

Four pillars of population health



- Current efforts in relation to these four pillars are not in balance and there is not enough focus on the interconnections.
- **Population Health Management** will encourage a more balanced approach that distributes effort across all four pillars and, crucially, makes the connections between them.



Introduction to the WHoLE Programme

- The Wider Determinants of Healthy Life Expectancy (WHoLE) Programme is one of the first programmes of work led by the Healthier Futures Academy.
- The purpose of the programme is to help local partner organisations:
 - better understand their local populations in terms of the interactions between the wider context of their lives and their health
 - develop a set of priorities for action
 - engage relevant stakeholder and community groups
 - co-design, and collaboratively implement and evaluate, projects relating to the social, economic and environmental circumstances in which people live to facilitate improved population health.
- The programme's Phase 1 report - *Working Together for a Healthier Post-COVID Future* - is an independent overview of local experience, international evidence and bespoke, high-level analysis to generate debate and decision around collaborative whole-system action to improve population health and wellbeing in the Black Country and West Birmingham.
- This presentation is part of an initial engagement process with system partners.



Existing Health and Socio-economic Challenges in the Black Country and West Birmingham



Pre-COVID health challenges

- Average BCWB **life expectancy** is up to 3 years shorter than the England average. Those in contact with mental health services live 18.4 and 15.2 years fewer years, respectively (2012-15).
- **Healthy life expectancy** - average number of years an individual is expected to live in a state of self-assessed good/very good health - is lower than the national average across BCWB.
- High mortality from preventable conditions and high prevalence of **long-term conditions** (hypertension, diabetes, chronic kidney disease, chronic heart disease, depression, dementia).
- High **infant mortality** rates plus high smoking rates in pregnancy and low breast-feeding rates.
- High **obesity** rates in children and adults, relatively low physical activity levels and easy access to unhealthy fast foods.
- High rates of hospital admission relating to **alcohol** consumption or as a result of **violence**.
- Many users of **adult social care** say they feel socially isolated and experience poor health-related quality of life.
- High rates of **falls and hip fractures** in older people.



Pre-COVID socio-economic challenges

- Low average **income** levels (£4k below national level) and high numbers of **children in poverty** challenges (17.7% in workless households, 28% in relative low income families)
- High rates of **unemployment** (c.3% above England average) especially amongst
 - Mixed ethnic groups (19.3% BCWB compared to 6.2% nationally) and the Pakistani/Bangladeshi population (12.9% BCWB compared to 8.9% nationally)
 - 16-24 year olds (males 15.6% compared to England 13.7%; females 13.0% compared to England 9.6%)
- Low **skills** levels, especially in the White population
- Large proportion of **0-15 year olds** (21.5% BCWB, compared to 19.2% nationally) especially males - an age-group that will be seeking to enter the jobs market for the first time in the economic and social shadow of the COVID-19 pandemic
- High proportion of the population **economically inactive** (i.e. neither in work nor seeking work), especially females aged 16-49 and across all ethnic groups (except Indian).
- Poor **air quality** - 254 out of 804 neighbourhoods (32%) in worst category nationally

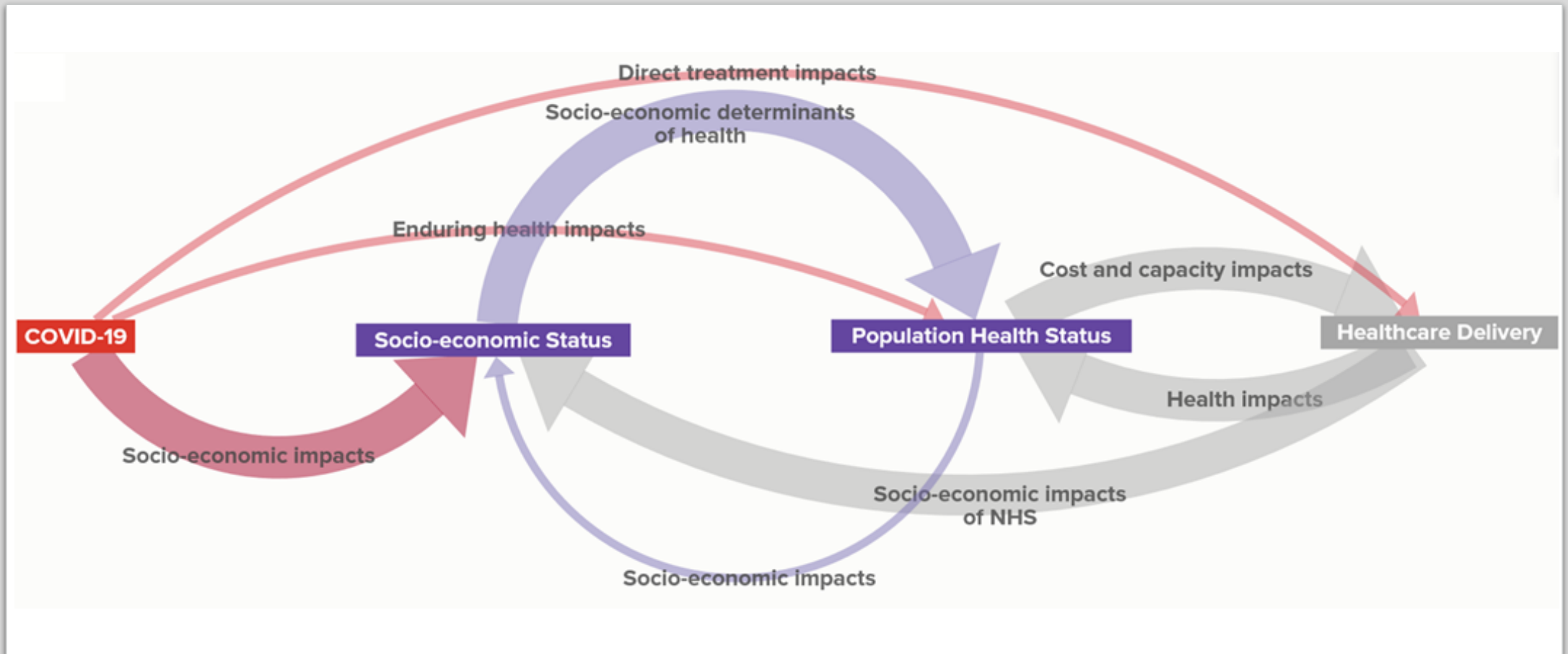


The Socio-economic Impact of COVID on Health

In the context of COVID-19 it is important to remember that it is often the effects of social determinants of health that have made people more vulnerable to the virus. Conversely the social effects of the virus on employment and the economy will have an additional impact on health.

Local Government Association





The links between COVID, the economy, and health

The WHoLE Logic

- Population health is determined by a wide range of factors including healthcare interventions and lifestyle choices. But we know that there are wider, socio-economic determinants of health that have a greater impact on the health of the population and the resulting demand for healthcare services. BCWB has existing challenges in relation to these determinants.
- There is evidence that COVID-19 is affecting the wider determinants of health and the consequent demand for services in an adverse manner and to a significant degree. This is in addition to the direct treatment and enduring health impacts of the disease.
- The NHS impacts population health status both directly through the care, treatment and medication it provides and indirectly through the way in which healthcare services are organised and healthcare resources invested.
- There are opportunities for the NHS, with local partners, to increase its impact as an anchor institution on the determinants of health, bringing greater benefits to local communities and limiting the adverse impacts of COVID-19.



Feedback from the Citizen's Panel

- Pre-COVID, my physical health was affected a lot by:
 - low income (22%)
 - lack of work (16%)
 - poor or no housing (15%).
- Pre-COVID, my mental health was affected a lot by:
 - low income (28%)
 - lack of work (21%)
 - crime or experience of the justice system (17%)
 - poor or no housing (12%).
- During COVID, the aspects of my life significantly affected were:
 - my mental health (40%)
 - my close relationships (23%)
 - education (20%)
 - income (20%).
- Looking to the future my main concerns are:
 - not being able to meet people because of COVID (26%)
 - losing and/or not being able to find work (18%)
 - coping with low pay (14%).
- The things that would most benefit my health are:
 - income (23%)
 - employment (23%)
 - skills/qualifications (8%).

British Red Cross COVID Vulnerability Index

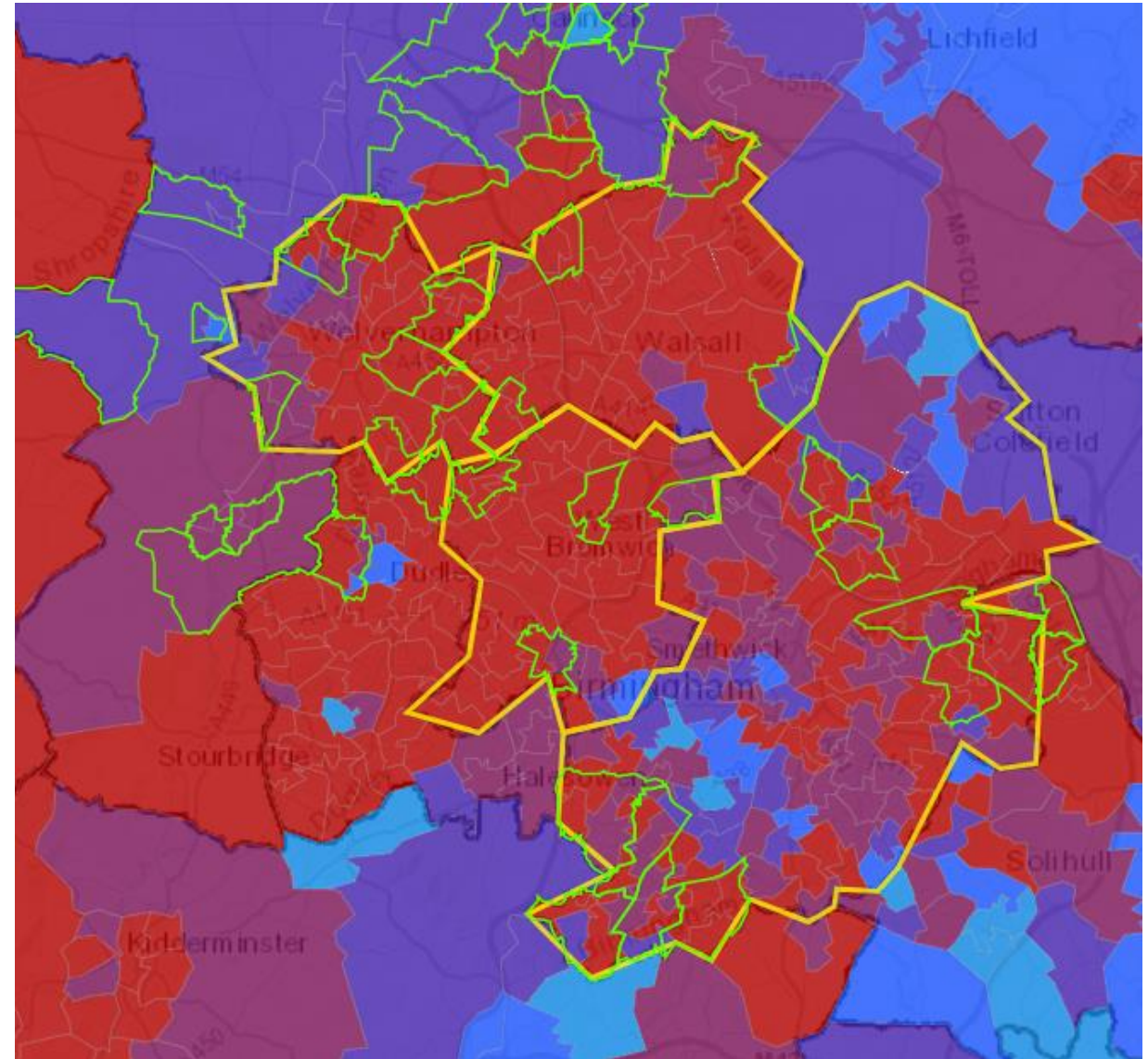
Legend

Local Authorities where more than one in five people are from BAME backgrounds

No

 Yes

Vulnerability Index for MSOAs in Wales



Modelling approach

- We took the 3 economic scenarios developed by the Office for Budget Responsibility, uplifting them to reflect the 2019 differential between BCWB and England rates.
- We then linked changes in unemployment to changes in health condition prevalence based on research into the 2008 recession by the Institute for Fiscal Studies.
- Finally, we modelled the potential demand pressures resulting from the changes in prevalence in cardiovascular, musculoskeletal, respiratory and mental health conditions for the working-age population.

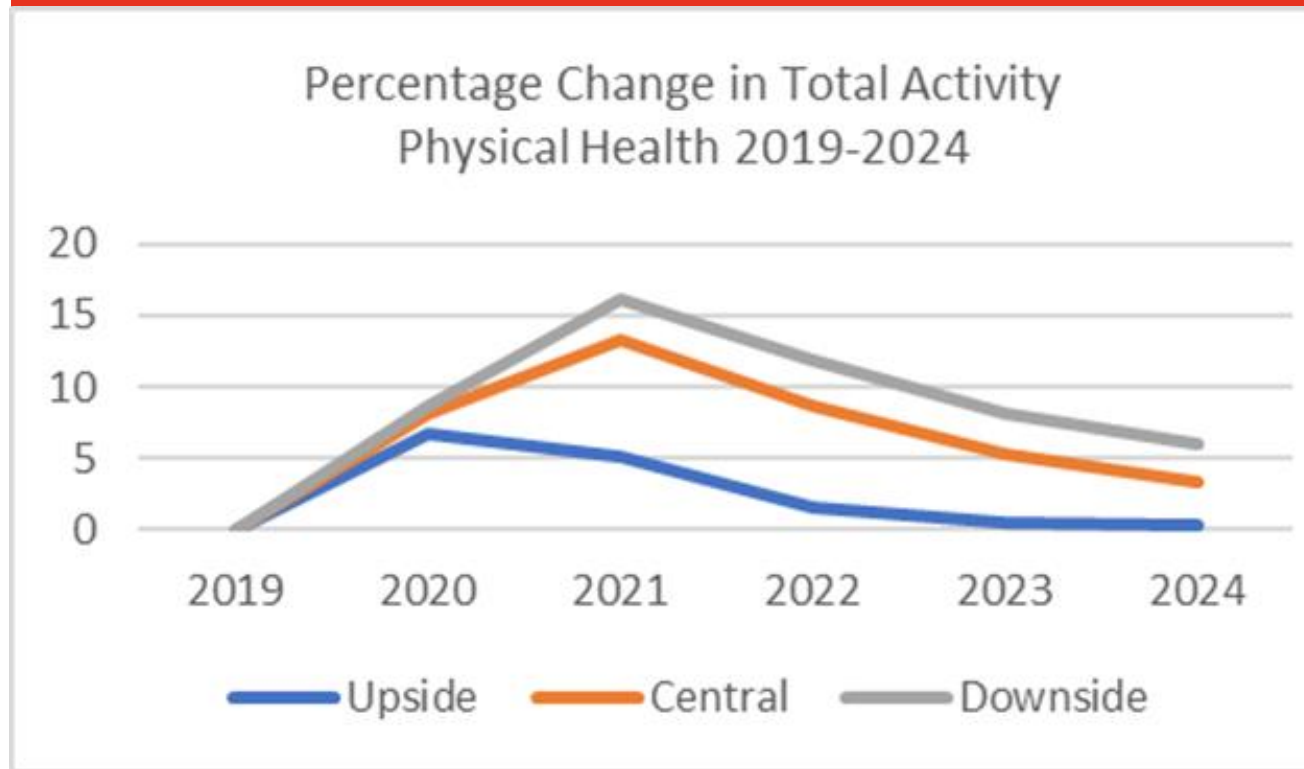
BCWB Unemployment	2020	2021	2022	2023	2024
Upside scenario	10.8%	8.5%	6.9%	6.9%	7.0%
Central scenario	11.7%	13.0%	9.8%	8.8%	8.2%
Downside scenario	12.0%	14.5%	11.0%	9.8%	9.2%

We find strong and robust counter-cyclical relationships for overall chronic health.... Chronic health conditions therefore increase in poor economic times..... The estimated effects are largest in areas with a more traditional industrial composition, older populations and populations with poorer long-term health....

Janke et al. (2020)



COVID unemployment impact on physical health

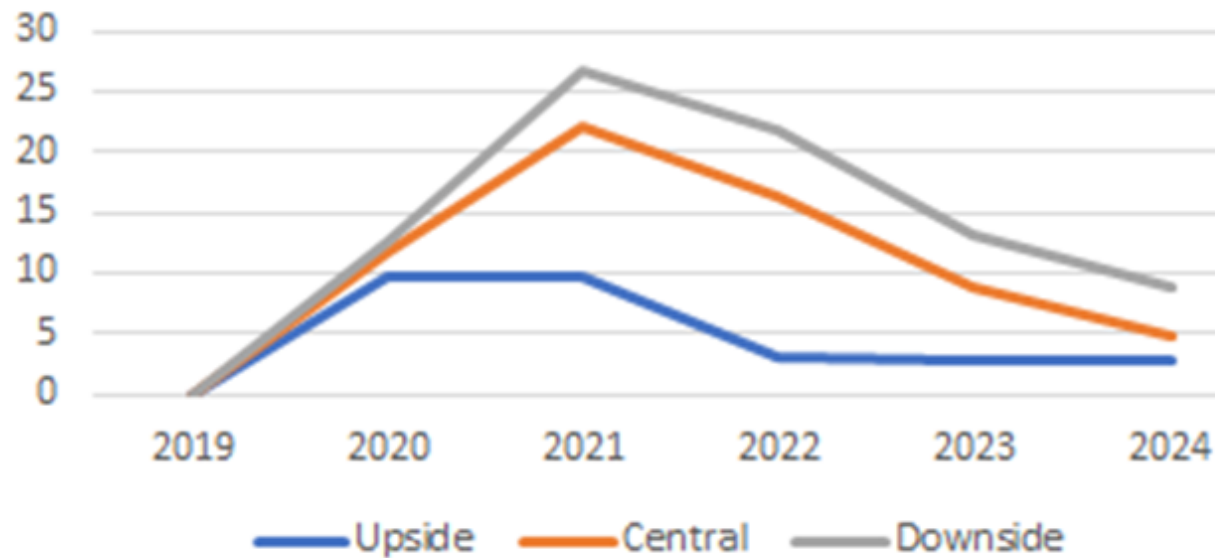


- Prevalence and activity levels for cardiovascular, musculoskeletal and respiratory conditions are projected to remain above the 2019 baseline for the whole period.
- In the upside scenario, activity increases by 7% in 2020 before reducing to 5% then close to 2019 levels. In central and downside scenarios, the peak is in 2021 with 13% and 16% increases, respectively.
- Equity of access by ethnicity is hard to assess because of weaknesses in recording ethnicity in the activity data; there are some variations in activity level by place; and there are elevated activity levels amongst those in the lowest deprivation deciles (c.3% above the working age population for those deciles).



COVID unemployment impact on mental health

Percentage Change in Total Mental Health Activity
2019-2024



- Prevalence and activity levels for mental health are projected to remain above the 2019 baseline to a greater extent than physical health conditions. In the upside scenario, activity increases by 10% in 2020 and 2021 before reducing to 3% for the remainder of the period. In central and downside scenarios, the peak is in 2021 with 22% and 27% increases, respectively.
- Equity of access by ethnicity is again hard to assess because of weaknesses in data recording; there are some variations in activity level by place; and there are elevated activity levels in the lowest deprivation deciles. The impact of deprivation impact is 3 times the level in mental vs. physical healthcare activity.
- A 4.45% increase would be expected in the suicide rate (4 additional deaths) along with an additional 160 suicide attempts (Stuckler et al.).



Physical health inequalities

Ethnic Group	2019 activity		15-64 Population (2011 census)		
White	99,707	64.2%	596,138	69.9%	-5.7%
Asian/Asian British	19,492	12.5%	164,961	19.3%	-6.8%
Black/African/Caribbean/Black British	10,570	6.8%	55,109	6.5%	0.3%
Mixed/multiple ethnic	2,989	1.9%	23,895	2.8%	-0.9%
Other ethnic groups	3,042	2.0%	13,152	1.5%	0.4%
Not stated/null/blank	19,546	12.6%	0	0.0%	12.6%
Total	155,346	100.0%	853,255	100.0%	

Place	2019 activity		Population (ONS mid-2019)		
Dudley	30,381	18.5%	200,787	22.7%	-4.2%
Sandwell	40,677	24.7%	211,450	23.9%	0.8%
Walsall	34,628	21.1%	179,547	20.3%	0.7%
West Birmingham	19,797	12.0%	123,066	13.9%	-1.9%
Wolverhampton	38,878	23.7%	168,518	19.1%	4.6%
Total	164,361	100.0%	883,368	100.0%	

Deprivation Deciles	2019 activity		18-59/64 Population (ONS 2019)		Variance
Deciles 1-2	91,207	55.5%	455,623	52.3%	3.2%
Deciles 3-4	32,286	19.6%	171,317	19.7%	0.0%
Deciles 5-6	19,093	11.6%	112,083	12.9%	-1.3%
Deciles 7-8	12,834	7.8%	78,258	9.0%	-1.2%
Deciles 9-10	7,065	4.3%	53,646	6.2%	-1.9%
Null/blank	1,876	1.1%	0	0.0%	1.1%
Total	164,361	100.0%	870,927	100.0%	

Mental health inequalities

Ethnic Group	2019 Activity		15-64 Population (2011 census)		
White	238,433	61.2%	596,138	69.9%	-8.7%
Asian/Asian British	56,680	14.5%	164,961	19.3%	-4.8%
Black/African/Black British/Caribbean	39,096	10.0%	55,109	6.5%	3.6%
Mixed/multiple ethnic	13,984	3.6%	23,895	2.8%	0.8%
Other ethnic group	5,070	1.3%	13,152	1.5%	-0.2%
Not stated/ null/blank	36,477	9.4%		0.0%	9.4%
Total	389,740	100.0%	853,255	100.0%	

Place	2019 Activity		Population (ONS mid-2019)		
Dudley	70,994	18.2%	200,787	22.7%	-4.5%
Sandwell	94,846	24.3%	211,450	23.9%	0.4%
Walsall	72,537	18.6%	179,547	20.3%	-1.7%
West Birmingham	74,854	19.2%	123,066	13.9%	5.3%
Wolverhampton	76,509	19.6%	168,518	19.1%	0.6%
Total	389,740	100.0%	883,368	100.0%	

IMD	2019 Activity		15-59/64 Population (ONS mid-2019)		
Deciles 1-2	243,670	62.5%	455,623	52.3%	10.2%
Deciles 3-4	72,048	18.5%	171,317	19.7%	-1.2%
Deciles 5-6	36,477	9.4%	112,083	12.9%	-3.5%
Deciles 7-8	20,842	5.3%	78,258	9.0%	-3.6%
Deciles 9-10	11,949	3.1%	53,646	6.2%	-3.1%
Null/Blank	4,754	1.2%	0	0.0%	1.2%
Total	389,740	100.0%	870,927	100.0%	



Opportunities for Whole-system Action on the Socio-economic Determinants of Health

Includes local NHS examples



Opportunities for action

What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



Purchasing more locally and for social benefit

In England alone, the NHS spends £27bn every year on goods and services.



Using buildings and spaces to support communities

The NHS occupies 8,253 sites across England on 6,500 hectares of land.



Working more closely with local partners

The NHS can learn from others, spread good ideas and model civic responsibility.



Reducing its environmental impact

The NHS is responsible for 40% of the public sector's carbon footprint.



Widening access to quality work

The NHS is the UK's biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.



Building Healthier, Happier Communities

Examples of local NHS action

- The Royal Wolverhampton NHS Trust runs an apprenticeship programme that enhances employment prospects for young people (under 29) and creates opportunities to step into the NHS careers at levels 2-6.
- Black Country Healthcare NHS FT appointed two new Senior Community Development Workers to support wider work around tackling health inequalities in BAME communities and establishing vital links with communities to improve access to and experiences of mental health services.
- Six BCWB Primary Care Networks (PCNs) have adopted is a new team role for people recruited for their empathy, relational skills and lived experience within the community. They join frontline teams of GPs or other professionals at a ratio of between 3:1 and to 5:1.
- Sandwell and West Birmingham NHS Trust committed to deploying a minimum of 2% of its future annual budget with local suppliers.
- Walsall Together has located additional services in Blakenhall Village Centre, put on community events, and has an ambition to develop this into one of four health and wellbeing centres across Walsall
- Dudley Group NHS FT has facilitated a very significant increase in virtual appointments (by phone or video).
- The Royal Wolverhampton NHS Trust has agreed to build a solar farm on a disused site that is too polluted for other uses. The farm will provide all the electricity needs of the Trust.



Examples of local NHS action

- Black Country Healthcare NHS FT has developed an award-winning Employment Support Service that delivers targeted support for users of secondary mental health services; adults (18+) with a mental health and/or physical health condition who are out of work and want to work; employees living with health conditions to stay in employment, partnering with recruitment and employment specialists to facilitate adjustments at work that provide an inclusive work environment; adults 25+ with mental health problems; and BAME communities.
- Sandwell and West Birmingham NHS Trust pays all staff at or above the 'living wage'.
- Walsall Together (WT) partnership now includes Walsall Housing Group (WHG) which has established a Health and Wellbeing Team to support its customers, and WHG housing officers have joined each of the WT locality teams.
- The Royal Wolverhampton NHS Trust formed a partnership with Wolverhampton City Council and a range of private providers (e.g. Babylon) to advance the Digital Agenda, building on the success of the joint working in their shared Population Health Unit.
- Sandwell and West Birmingham NHS Trust commissioned Tribe, which combines ground-breaking technology and innovative social action, to help reduce inequalities in the care of older people, stimulate local micro-enterprise and community activity to provide care and support, and ensure the model is trusted by users and commissioners.



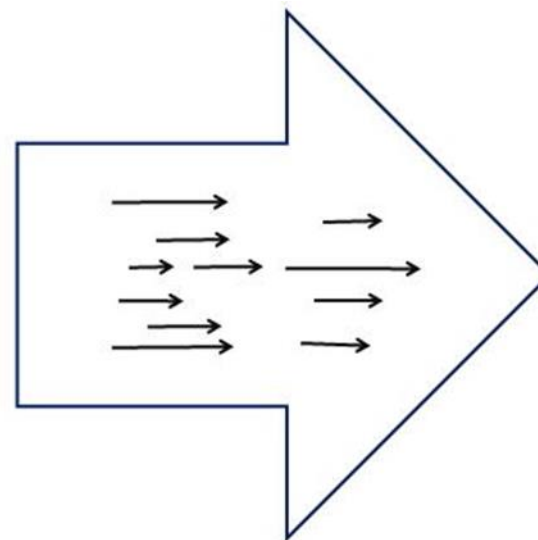
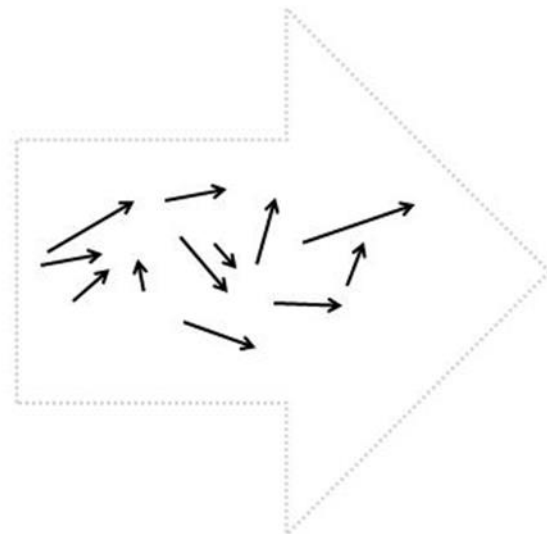
Developing Local Priorities

informing recommendations to the Healthier Futures Board



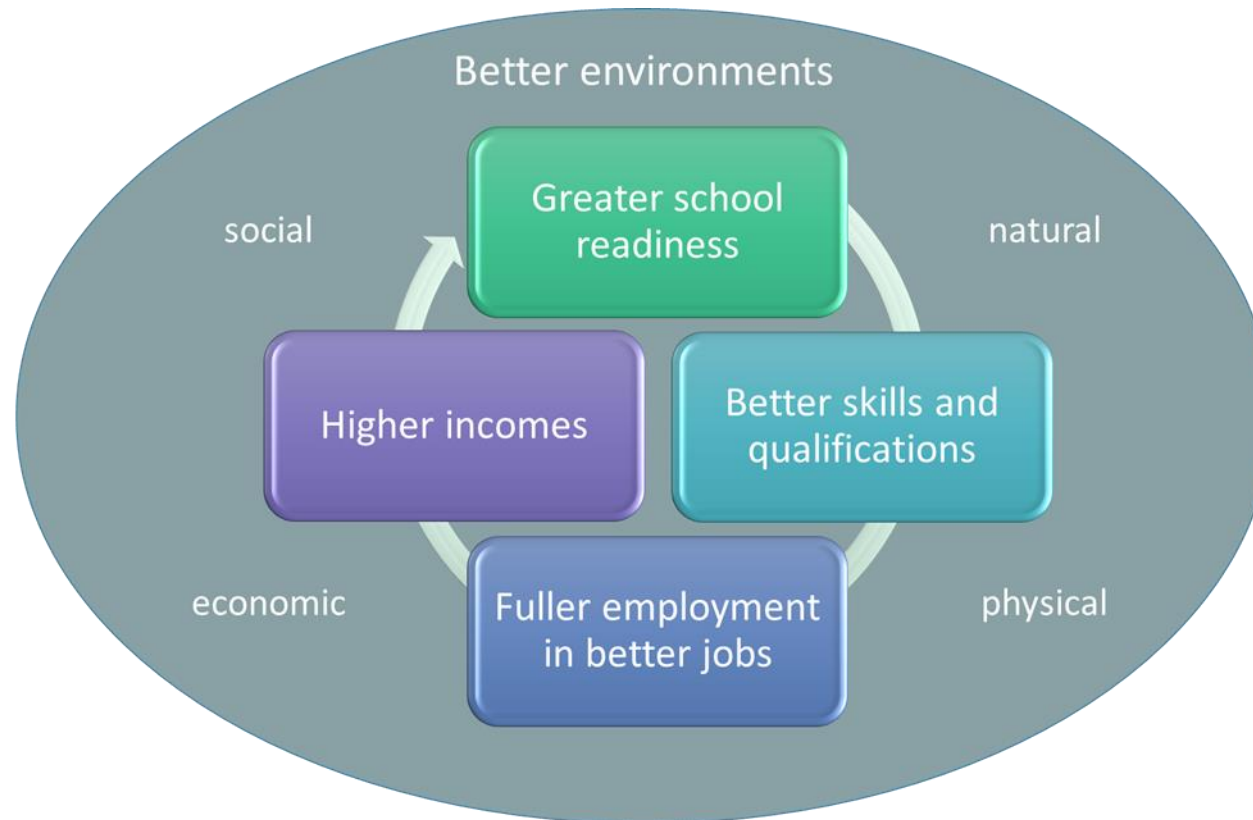
Exploring collaborative, whole-system action

- There are two aims to our current engagement with local partners around the evidence and analysis presented in *Working Together for a Healthier Post-COVID Future*:
 - To increase understanding of the interactions between the contexts in which citizens live (social, economic, environmental) and their health; and
 - To inform the recommendation of priority areas for whole-system action in Phase 2 of the programme. These are expected to be determined by the Healthier Futures Partnership Board in January 2021, following the proposed engagement.



Question One

1. What priority should be given to each of the target socio-economic outcomes, and why? Action in relation to any outcome will bring benefits in others, given how closely they are related, but some may have the potential to do this to a greater extent than others. Each also has the potential to improve healthy life expectancy. This is a question about where best to intervene in the cycle.



Question Two

2. Are there additional intervention mechanisms that should be considered for realising the target outcomes? These must be mechanisms that can be affected by public sector organisations.

	Education and Skills	Employment and Income	Community and Environment
Target Socio-economic Outcomes	<ul style="list-style-type: none"> • Greater school readiness • Better skills and qualifications 	<ul style="list-style-type: none"> • Fuller employment in better jobs • Higher incomes 	<ul style="list-style-type: none"> • Better environments (social, economic, physical and natural)
Potential Intervention Mechanisms	<ul style="list-style-type: none"> • Increasing early years access and support • Reducing child poverty • Increasing pay and qualification requirements for the childcare workforce • Improving pupils' physical and mental wellbeing 	<ul style="list-style-type: none"> • Becoming living wage employers • Investing more in local procurement (including local employment and living wage jobs) under the 2012 Social Value Act • Increasing higher value apprenticeships and in-work training • Developing new roles and training paths in public sector professions 	<ul style="list-style-type: none"> • Increasing the resilience of local communities and their economic, social and cultural assets • Improving air quality in line with national and local net zero targets • Increasing the quality and affordability of stable housing • Ensuring best value is being realised from public sector land and buildings

Question Three

3. What specific candidate interventions might be considered? This is a question about the action local partners could consider taking together.

	Education and Skills	Employment and Income	Community and Environment
Potential Intervention Mechanisms	<ul style="list-style-type: none"> Increasing early years access and support Reducing child poverty Increasing pay and qualification requirements for the childcare workforce Improving pupils' physical and mental wellbeing 	<ul style="list-style-type: none"> Becoming living wage employers Investing more in local procurement (including local employment and living wage jobs) under the 2012 Social Value Act Increasing higher value apprenticeships and in-work training Developing new roles and training paths in public sector professions 	<ul style="list-style-type: none"> Increasing the resilience of local communities and their economic, social and cultural assets Improving air quality in line with national and local net zero targets Increasing the quality and affordability of stable housing Ensuring best value is being realised from public sector land and buildings
Specific Candidate Interventions?	<ul style="list-style-type: none"> 		

Question Four

4. Are there specific population cohorts that whole-system action should focus on?
- Age groups?
 - Gender?
 - Ethnicities?
 - Deprivation levels?
 - Other cohorts?

The differential needs and experiences of such groups will be considered equitably within the WHoLE Programme in relation to any candidate intervention, but the evidence presented above, and local experience, may suggest a case for an enhanced focus on specific cohorts.