Care Colleagues
Collaboration Communities

NHS

Joint Health Inequalities Enabling Strategy

2024-2027

Working in partnership
The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

Foreword

We are delighted to introduce the Walsall and Wolverhampton Joint Health Inequalities Enabling Strategy, which sets out our overall direction for addressing health inequalities in the services we provide across both Trusts.

The strategy sets out **how we will achieve our goal of improving the health of our communities** and maintain a focus on being an inclusive provider of services.

This strategy is based on how we develop our services to ensure they are accessible to all, and that we do not limit access to any services in the way they are designed and delivered, and also looks to how we work with our partners through our place-based partnerships to develop initiatives that seek to improve the health of our communities across Walsall and Wolverhampton.

This enabling strategy helps our staff, patients and partners to understand our direction of travel and focus and creates a clear picture of where we want to be in 3 years' time.

Our aim with this strategy is to provide focus for our organisation on us being a provider of inclusive services, and to enable us to play a key role in the place-based partnerships on addressing health inequalities and improving population health across our communities.

Additionally, as two of the largest employers within the area, we have a societal responsibility to offer career opportunities to local residents, look after our staff's wellbeing, and ensure staff have equal opportunities for training and promotion.

Our commitment to our organisational values of care, colleagues, collaboration and communities are core to the delivery of this strategy, and how we embed these values through our commitment to continuous improvement and our dedication to working with our partners to serve our communities.

Dr Jonathan Odum
Group Medical Director

Stephanie Cartwright
Group Director of Place

Joint Health Inequalities Executive Leads

The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust

Welcome to our Joint Health Inequalities Enabling Strategy which belongs to all our colleagues across The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust ('the Group').

This enabling strategy has been created based on engagement with colleagues and leaders and supports our Joint Trust Strategy to deliver exceptional care to improve the health and wellbeing of our communities.

1: Where we are now

1.1 National Context

There has been increasing national government support and encouragement for the health sector to reduce health inequalities.

As well as a moral and social responsibility, NHS Trusts now have a legal duty to consider health inequalities as set out by NHS England.

- **They must have a named board-level executive lead for inequalities who champions the agenda across the organisation and at board-level discussions.**
- **They must have regard to the health and wellbeing of people and the quality of services provided to individuals.**
- **They must also describe the extent to which they have considered what the available data tells us about local inequalities, what actions have been taken as a result and publish this information in or alongside the Annual Report.**

The Group is currently undertaking all of the above legal duties.

This Joint Enabling Strategy reflects our aspiration and commitment as a group to tackle health inequalities jointly and recognises the benefit of consistency in our approach to understanding inequalities, communication, education, and training.

It is informed by national and local priorities for the communities we serve, and its implementation will be jointly achieved by the Trust and its work with the two place-based partnerships.

1.2 What are Health Inequalities?

Health inequality is avoidable and unfair. It is ultimately about systematic differences in the status of people's health, though the term is also used to refer to differences in the care people receive and the opportunities they have to lead healthy lives – both of which can contribute to their health status. Health inequalities can, therefore, involve differences in:

- key measures of health status, for example, life expectancy and healthy life expectancy, which is how much time people spend in good health
- access to care, for example, availability of given services and barriers experienced by those who live in deprivation and those with protected characteristics
- quality and experience of care, for example, levels of patient satisfaction
- behavioural risks to health, for example, smoking rates.

Health inequalities are:

Avoidable because they are rooted in political and social decisions that result in an unequal distribution of income, power and wealth across the population and between groups.

Unfair because they do not happen by chance but are socially determined by circumstances that are largely beyond an individual's control. These circumstances disadvantage people and limit their chances to live a longer, healthier life.

Systematic because they do not occur randomly – we often see the same patterns occurring for various health outcomes and frequently see a gradient of outcomes by deprivation levels.

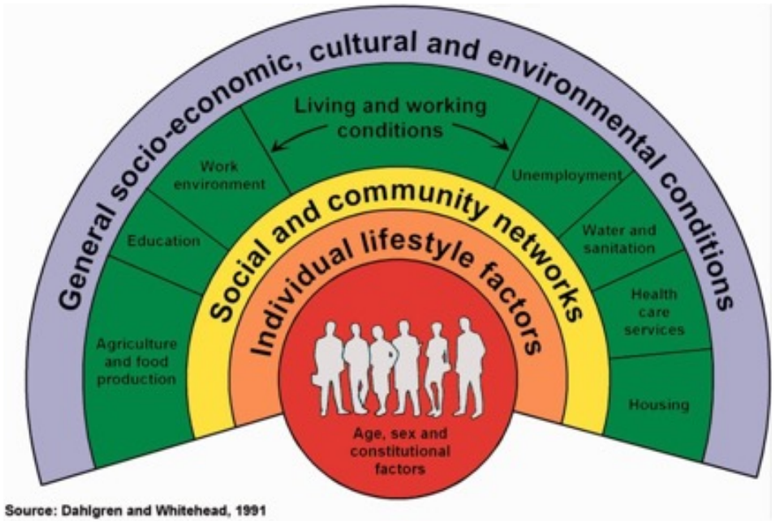


Image 1: Determinants of Health Inequalities

Health inequalities arise because of the conditions in which we are born, grow, live, work and age (as shown in the image below). These conditions influence our opportunities for good health, and this shapes our mental and physical health and wellbeing.

There are many kinds of health inequality that different parts of our population experience. These include differences that depend on:

Deprivation - which includes factors like housing quality, employment and finances (for example, children living in cold homes are more than twice as likely to suffer from respiratory problems than children living in warm homes).

Protected characteristics – these are legally defined in the Equalities Act and include factors like age, sex, race, disability and sexual orientation, for example:

- Notions of masculinity can encourage boys and men to misuse alcohol and not seek help for mental health issues;
- People with learning disabilities die on average 20 years younger than the general population and can require adjustments to enable them to engage with services.

Being **socially excluded** - including people who are homeless, sex workers, ex-offenders or vulnerable migrants. Wolverhampton Homeless Health survey showed that people sleeping rough or in unstable accommodation are twice as likely to attend the Emergency Department, and a third felt they needed more support for their mental health than they received.

These factors influencing health can also interact with each other, termed intersectionality. This can make it complex to understand inequalities and make it challenging to decide where to focus efforts to reduce them. However, by taking a structured and systematic approach, we can make progress. Further assessment of local data and our response to the findings will be published in Health Inequalities supplements to the Annual Reports of both Trusts.

1.3 National Drivers

The following national drivers influence the Group response to how it addresses health inequalities:

- **Equality Act** requires organisations to provide support to ensure equal opportunity for those who may experience disadvantages or discrimination.
- **The NHS Long Term Plan** outlines commitments to the prevention of health inequalities and actions to address them. Recent operational planning guidance from NHSE listed five priorities to address health inequalities that are intended to achieve a systematic approach to reducing unwarranted variation in care and improving access to services for all.
- **The NHS Mandate 2022-23** is the government's commitment to tackling health inequalities in England.
- **General Practice Five Year Forward View** sets out the government's plan for transforming primary care, including improving access.
- **The Government White Paper – Levelling Up** outlines plans to address geographical inequities, including an intention to improve health inequalities.
- **The Health and Care Act 2022** brings together Integrated Care Systems (ICS) across England. These include partners from NHS, local government, community and charitable organisations collaborating to deliver the best outcomes for the broader System and Place. The Act places a duty on health providers to deliver:
  - better health and wellbeing for all
  - better quality of health services for all
  - sustainable use of NHS resources.

1.4 Core20PLUS5

Core20PLUS5 is an NHS England approach to support the reduction of health inequalities at both national and system levels. The approach defines a target population cohort – the 20% most deprived areas of our communities. The "PLUS" represents those groups identified by the ICS who are experiencing poorer than average access, experience or outcomes. The "5" are the key clinical areas which need accelerated improvement. In the Black Country ICS, a sixth priority of Diabetes has been added to the Core20PLUS5 framework (for adults). Please see below:

Image 2: Black Country ICS Core20 Plus - Adults

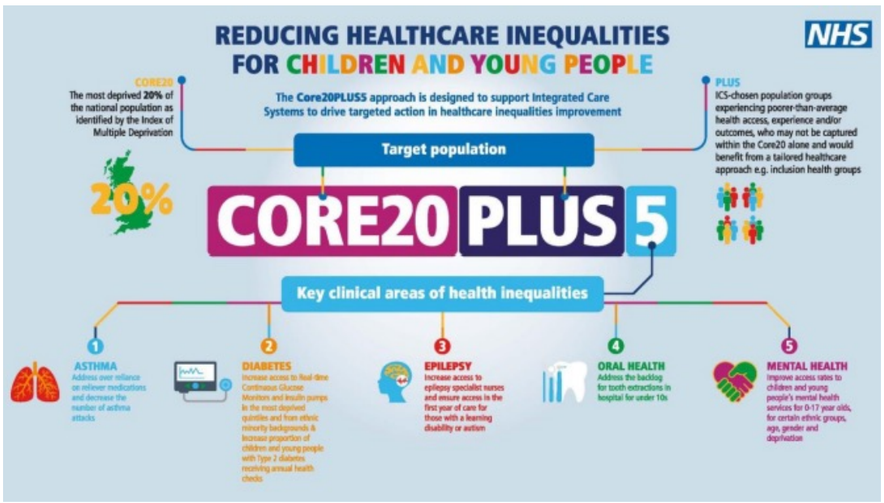


Image 3: Black Country ICS Priorities For Children

1.5 Local Context

The Group Health Inequalities Enabling Strategy will focus on inclusion health groups, those who experience deprivation and those with the highest need. The strategy will promote and implement national and local policy, bringing together the Core20Plus5 framework and place-based partnerships' Health and Wellbeing Strategies.

The strategy identifies a set of priorities to address, some that will fall across the Group and some that may be more specific to Wolverhampton place-based partnership or Walsall place-based partnership.

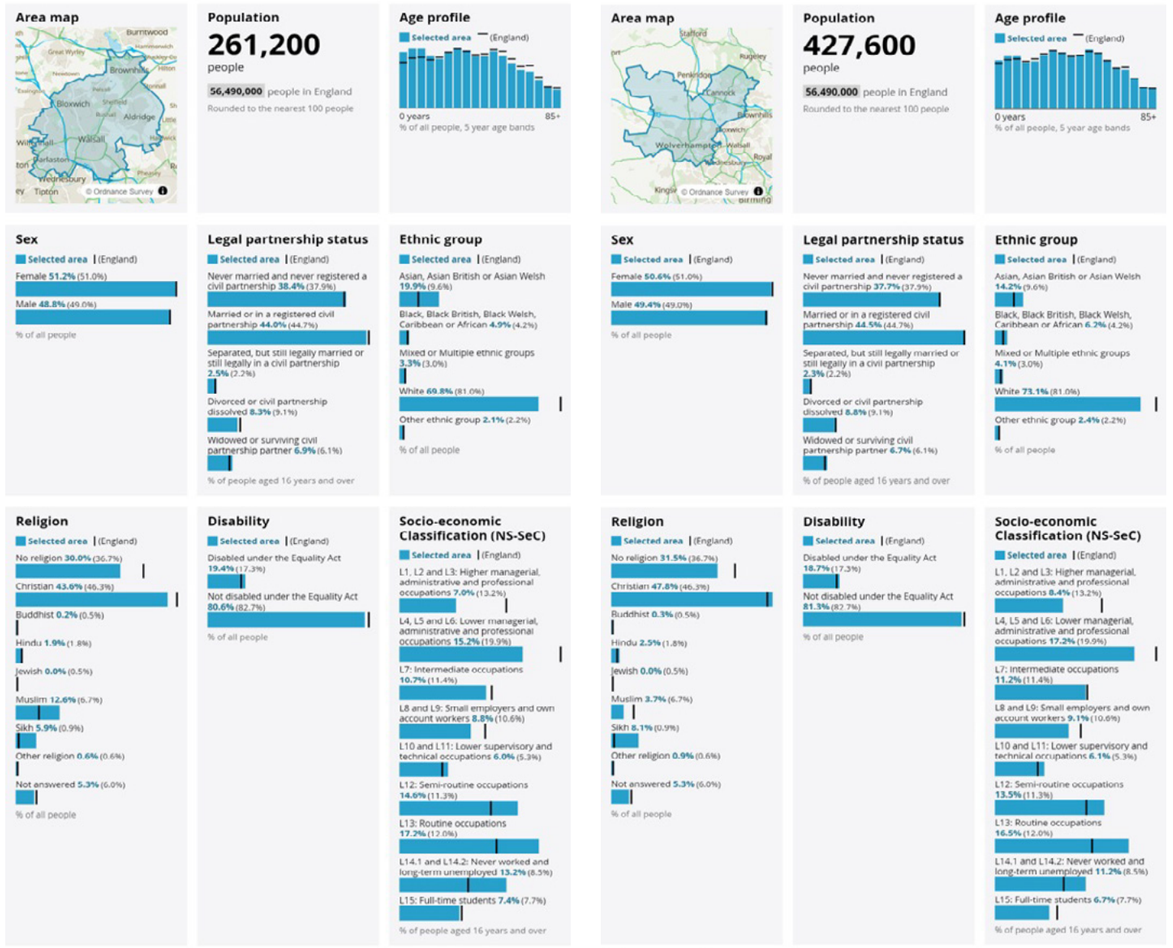
The strategy acknowledges that the Trusts cannot address health inequalities in isolation and that they contribute to improving population health and addressing health inequalities within the place-based partnerships. The Trusts will work with partners through the local governance of place-based partnerships to identify joint solutions and use the expertise of all of the partners to improve the health outcomes of our local population.

The Royal Wolverhampton NHS Trust also benefits from a group of vertically integrated Primary Care Practices (RWT Primary Care Network): these practices are an essential part of the Trust for recognising inequalities in healthcare, but also in identifying and addressing solutions to overcome them. They also participate in ICS and Primary Care led initiatives that will contribute to and inform the Trust's overall strategy.

The Group Research and Development function will support the Group and partners to improve access to underserved communities, by identifying funding streams, supporting bid submission and working with local partners to boost the local research and development economy, providing employment and ensuring that research priorities reflect the diversity and health needs of the area.

This diversity of the communities served by the Group increases the potential for health inequalities to materialise and emphasises the importance of having measures in place to prevent them.

Image 4: Walsall Healthcare NHS Trust catchment population equalities profile



Source: Office for National Statistics - Census 2021

Image 5: The Royal Wolverhampton NHS Trust catchment population equalities profile

Source: Office for National Statistics - Census 2021

The combined catchment areas have geographical areas of socio-economic deprivation with noticeable differences in the prevalence of preventable poor health conditions and life expectancy compared to more affluent areas. For example, the east of Wolverhampton and the west of Walsall are some of the most deprived areas in the country.

The Group Joint Health Inequalities Enabling Strategy places responsibility for addressing equity of access and outcomes with healthcare providers and commissioners.

Both Trusts are in the privileged position of being able to positively impact some of the wider determinants of health inequalities as critical partners of the One Wolverhampton and Walsall Together place-based partnerships. Place-based partnerships incorporate health, housing, social care, public health, primary care, and community partners.

1.6 Local Drivers

Life expectancy: A key measure of a population's health is life expectancy. Both populations have lower than the average life expectancy in England, as seen in the table below. Every year in both Wolverhampton and Walsall, around 500 people die under the age of 75 from causes that are considered preventable; including cardiovascular disease, cancer and respiratory disease.

Indicator	Period	Wolverhampton		Walsall		England		
		Count	Value	Count	Value	Value	Worst	Best
Life expectancy at birth (Male, 3 year range)	2020 - 22	—	76.3	—	76.9	78.9	73.4	82.5
Life expectancy at birth (Female, 3 year range)	2020 - 22	—	80.4	—	81.2	82.8	79	86.3
Under 75 mortality rate from causes considered preventable (3 year range)	2020-2022	1504	236.4	1579	227.9	171.4	309.7	96

Image 6: Life expectancy and premature mortality in Wolverhampton and Walsall

Healthy Life Expectancy: Another key measure of population health is the average number of years an individual is expected to live in good health. In the Black Country, Healthy Life Expectancy is 59 years for male and 60 for females, which is lower than the national average of 63 years for males and 64 for females.

Deprivation: Significant deprivation exists within both populations. In both Walsall and Wolverhampton, over fifty per cent of the population are within the most deprived 20% of the English population. Our populations experience high levels of child poverty compared to the national average, and this often has a continuous effect on their health into adulthood.

Below are the starting points for each Trust.

1.7 The Royal Wolverhampton NHS Trust (RWT)

- Comprehensive data analysis for the local population in place
- Public Health capacity embedded within the Trust
- A well-established Trust Health Inequalities Steering Group
- A developing Health Inequalities Group is embedded within the OneWolverhampton place-based partnership
- RWT is a key member of the Wolverhampton Health & Wellbeing Board

OneWolverhampton
Working together for better health and care

OneWolverhampton's Approach to Health Inequalities:

- Aims to address and rectify the disparities in health outcomes among different populations.
- Provide proactive measures to health equity, ensuring optimal health and wellbeing opportunities are achieved among different populations

To enable the approach OneWolverhampton works within a set of principles:

Awareness	•Using the partnership intelligence we will build a rich picture of Wolverhampton's Health Inequalities, identifying the gaps and seeing the opportunities for tackling health inequalities as a partnership.
Action	•Model best practice for equity in all partnership work. Help to identify areas that require a focus on health inequalities through JSNA's and business intelligence. Promoting methodologies such as the HEAT tool and bringing a health inequalities lens to Quality Improvement.
Advocacy	•Ensure the consideration of health inclusion groups and wider determinants of health are at the forefront of all decisions made. Support the strategic working group projects where appropriate. Where action is not possible, work to influence across the system. Hold to account anyone who can influence change in tackling health inequalities.

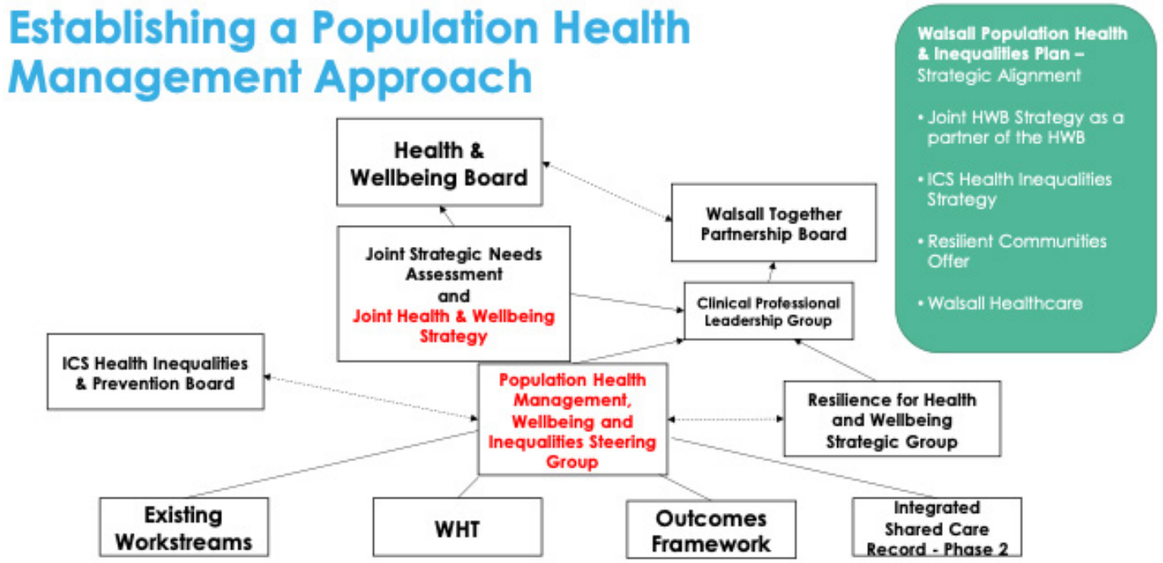
1.8 Walsall Healthcare NHS Trust (WHT)

- Data around health inequalities is less developed, although good progress is being made to improve the available data.
- The Trust has an established Health Inequalities Steering Group that monitors progress against local and national requirements.
- WHT is a key member of the place-based Population Health and Health Inequalities Group that is well developed, hosted by Walsall Together and chaired by the Director of Public Health
- WHT is a key member of the Walsall Health & Well Being Board.

Walsall Together
Collaborating for happier communities

Walsall Together's Approach to Health Inequalities:

The Walsall Together place-based partnership approach to population health management in Walsall is shown below:



2 Our Joint Ambition

The Group Health Inequalities Enabling Strategy is based around the vision and four strategic aims (the four C's) of the Group's joint strategy.

"To deliver exceptional care together to improve the health and wellbeing of our communities."

Care	Excel in the delivery of **Care**
Colleagues	Support our **Colleagues**
Collaboration	Effective **Collaboration**
Communities	Improve the health and wellbeing of our **Communities**

Image 7: Group strategic objectives

This strategy reflects our aspiration to develop a joint approach to tackling health inequalities and recognises the benefit of consistency in our approach to understanding inequalities, communications, education & training.

This overarching set of aims include the wider of ambition of working across Place to reduce health inequalities and to play a significant role across the Integrated Care System to ensure sustainable, accessible services and support to address the wider determinants of health, including our roles as anchor employers.

We will strive to improve equity

In the access, delivery and the outcomes of the services we provide. Acknowledging that people have different opportunities in life, we must be careful not to make matters worse by offering care in a way that compounds these differences.

To achieve this, for our patients, carers and families, we will:

- Assess Equity - Use data and insight to systematically assess whether services, including access to research, are provided in a fair way and in a way that addresses levels of need in our populations.
- Anticipate Problems - Consider barriers such as literacy, income, digital access, and language in the design of our services and projects and listen to people to ensure that we aren't making it harder for some groups to benefit.
- Act Earlier - Investing in prevention, such as tobacco dependency treatment, and improving services that ensure children get the best start in life, such as maternity and health visiting. These interventions are evidence based to achieve the best long-term impact.

Image 8:
The difference between equality and equity

It is not within the scope of either NHS Trust alone to change some of these wider determinants of health. Some of these are shaped by external factors such as national economic policy, and there are other factors which cannot be changed, such as age. Whilst it will take the efforts of society to really tackle health inequalities, this strategy acknowledges the responsibility of both Trusts to contribute. We must acknowledge, assess and mitigate the impact of these inequalities within our organisations.

The Group is now in its best position to do this given the strong sense of determination to do things differently because of the Covid pandemic, and it has more information than ever before at its fingertips. However, there is significant pressure on already stretched services and the constraints of time and resources have the potential to limit our impact. In the short term, we will have to be pragmatic about where we focus our efforts for maximum benefit.

Additionally, as two of the largest employers within the area, we have a societal responsibility to offer career opportunities to local residents, looking after the wellbeing of our staff, and making sure staff have equal opportunities for training and promotion.

We recognise that the two organisations have differed in their approach to tackling health inequalities. Within RWT, comprehensive data analysis on health inequalities within planned care has already been completed on the local population utilising public health capacity embedded within the Trust. Health inequalities is embedded within the Place work programme and overseen by Wolverhampton's Health and Wellbeing Board.

Within WHT, data around health inequalities is less robust but it is still possible to plan around existing data and extrapolate RWT data. The Trust's Health Inequalities approach is embedded in Walsall Together's work programme and that of the Walsall Health & Wellbeing Board.

In this context there are many areas which we could usefully collaborate with partners to reduce health inequalities. Our strategic commitment is to be an active partner in these areas and to provide both data and leadership effort

- To develop approaches which mitigate against the impacts of poverty in attending and taking part in health care (e.g. refresh of approaches to reduce the impact of travel costs)
- To support and learn from wider community initiatives to build trust with and learn from our diverse communities, especially those who are racialised and those who experience the worst outcomes (e.g homeless and Roma, Gypsy Travellers)
- To ensure prevention is woven through our interventions in ways which are meaningful and targeted (e.g signposting to community support around exercise and diet for those who are diabetic)

Our strategy will focus our efforts on five areas, reflecting the NHSE national priorities and those of our local population partners at Place.

1 Restoring NHS services inclusively, breaking down performance reports by patient ethnicity and indices of multiple deprivation (IMD) quintile.

2 Mitigating against digital exclusion, identifying who is accessing different modes of consultation by collecting data on patient age, ethnicity, disability status, condition, IMD quintile.

3 Ensuring datasets are complete and timely, improving data collection on ethnicity across primary care, outpatients, A&E, mental health, community services, specialised commissioning.

4 Accelerating preventative programmes: flu and COVID-19 vaccinations, annual health checks for those with severe mental illness and learning disabilities, continuity of carers for maternity services, targeting long-term condition diagnosis and management.

5 Strengthening leadership and accountability, which is the bedrock underpinning the four priorities above, with system and provider health inequality leads having access to Health Equity Partnership Programme training, as well as the wider support offer, including utilising the new Health Inequalities Leadership Framework.

3 Local Delivery

Our Group priorities will include but are not limited to:

- Tobacco Dependency and Smoking Cessation services
- Access to maternity services
- Access to services for patients with learning disabilities and learning difficulties
- Healthy Child Programme
- Support to Refugees and Migrants
- Alcohol dependency
- Education across the workforce (including cultural ambassadors)

Both Trusts will be key partners in the delivery of local place-based partnership priorities, which are described as follows:

OneWolverhampton

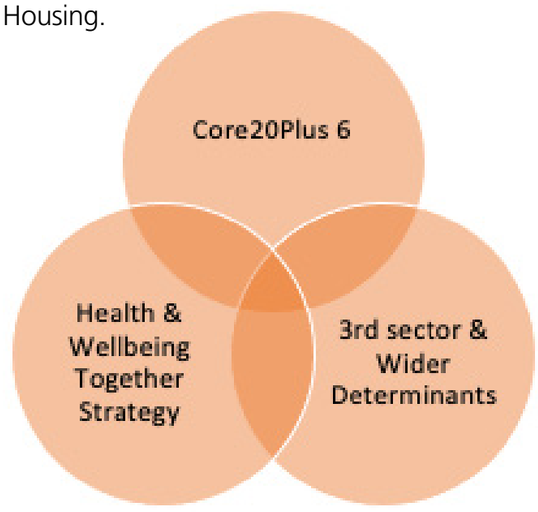
OneWolverhampton will focus on bringing together the Core20Plus6 framework and the Health & Wellbeing Together Strategy, whilst working with third sector and communities to ensure that the wider determinants of health are front and centre.

Current priority areas include Diabetes and Health & Housing.

Walsall Together

Walsall Together will continue its place work on reducing health inequalities and supporting the delivery of the Health and Wellbeing Together Strategy.

Current priority areas include primary prevention (physical activity), secondary prevention (diabetes, CVD, respiratory disease, weight management) and homelessness.



Governance

The Health Inequalities Steering Group that currently sits within RWT will be expanded to a Health Inequalities Steering Group that sits across both Trusts. This will be overseen by the Group Executive leads who are the Group Medical Director and Group Director of Place. The Group Health Inequalities Steering Group will oversee the joint health inequalities programmes of work (alongside any local projects) and will monitor performance against the agreed objectives and delivery plan. This group will report through the Quality Committees in each Trust.

4 Delivery Plan and Success Measures

For this strategy to be meaningful for our patients, the implementation will be measured on its delivery. A detailed delivery plan has been developed, which sets out the key priorities, success measures, and timescales needed to achieve our aims. The plans will be reviewed annually to respond to any new and emerging priorities.

The Royal Wolverhampton NHS Trust (RWT) Health Inequalities Steering Group was established in January 2022 to oversee the work programme to address health inequalities at the Trust. The group has representation from primary care, secondary care, public health and works closely with the OneWolverhampton partnership to understand the landscape of health inequalities across the city and how each of the partners are addressing issues relating to inequalities.

From November 2024 the RWT Health Inequalities Steering Group will become a joint group across the Group of The Royal Wolverhampton NHS Trust (RWT) and the Walsall Healthcare NHS Trust (WHT) organisations.

Current Position

The Health Inequalities work currently being undertaken by RWT and WHT is being aligned to the Care Quality Commission's (CQC) well led domain and priorities taken from the NHS planning guidance.

Some current projects across RWT include:

- A Tobacco Dependency Treatment Service launched in January 2023 which delivers on the NHS Long Term Plan commitment to offer NHS funded tobacco dependency treatment to patients who are admitted to hospital that smoke. With current funding, we are able to offer specialist support and medication to patients on ten wards; with this support, 47% remain smoke free four weeks later. This is in addition to existing support available for pregnant mothers who smoke.
- Maternity services have developed a dashboard breaking down indicators reflective of National Saving Babies' Lives Care bundle (such as low birth weight, stillbirths and premature birth) by equalities characteristics and deprivation. This will allow the service to proactively focus capacity on those at risk of the worst outcomes.
- The Healthy Child Programme service offers universal and targeted services to children aged 0-19, where there is huge potential for addressing root causes of health inequalities. The Information Team have worked closely with the service to ensure that uptake of mandated checks is high across different ethnic groups, deprivation levels, local authority wards and GP practices.
- Education is a key priority and work is ongoing to upskill the RWT workforce with the competencies, knowledge and skills necessary to address health inequalities in the patient population it serves; local e-learning materials have been produced.
- Across RWT Primary Care Network there are several schemes which focus on reducing health inequalities and reaching vulnerable groups, these include: liaising with the Refugee and Migrant Centre and hotel settings that house asylum seekers, homelessness outreach services, better use of interpreters and improving cervical screening uptake in younger women.

Some current projects across WHT include:

- A Smoking Cessation Service which delivers on the NHS Long Term Plan commitment to offer NHS funded tobacco dependency treatment to patients who are admitted to hospital that smoke. We offer specialist support and medication to patients. This is in addition to existing support available for pregnant mothers who smoke.

- The Healthy Child Programme service offers universal and targeted services to children aged 0-19, where there is huge potential for addressing root causes of health inequalities. The service works to ensure that uptake of mandated checks is high across different ethnic groups, deprivation levels, local authority wards and GP practices.

- As part of the Local Maternity and Neonatal System, Equality Diversity and Inclusion (LMNS EDI) midwife led work, a voluntary and community sector organisation have been supporting with a project, led by WHT, to provide advice and support for multiple women from Black and Minority Ethnic Groups around pregnancy, maternity and beyond birth. A total of 67 attendees have engaged with the initiative since it started in June 2023 across eight groups including Infant Feeding, Mental Health, Transition into Parenthood, Parenting Education, Birth and Beyond, Gestational Diabetes Education and Health and Social Support. This has increased the quality of care for pregnant women and research suggests it will have contributed to reduction in maternal and infant deaths. We will be building on this work over the next year and looking to poverty proof maternity pathways.

- An alcohol liaison team that works with patients who are admitted assisting with alcohol dependency.

- Our HR team have established a team of cultural ambassadors supporting equity in employment, in disciplinary processes and the staff networks.

The governance / delivery groups for the programmes of work sit in their relevant areas but will report into the Joint Health Inequalities Steering Group to ensure Trust has visibility of work that address issues relating to inequalities. The work of the Group will be supported by regular review using the published Trust Board Health Inequalities Self-Assessment Tool.

Objectives

Objectives	What success looks like
Formalise joint RWT/WHT Strategy.	Work to an agreed strategy in partnership across the Group that reflects our aspiration to understand and tackle health inequalities for the population we serve.
Create Health Inequalities report published in conjunction with Trust annual report that includes specific datasets as detailed by NHS England.	Prepare robust data sets required and format into a supplementary report to be published within 2024/25 in collaboration with the Integrated Care Board.
Increase engagement and awareness of Health Inequalities across the Trusts using the support of the Quality Improvement Team.	Staff feeling capable and confident to initiate work to address Health Inequalities within their areas.
Upskill the RWT and WHT workforce to identify and address issues relating to inequalities.	Staff feeling capable and confident to initiate work to address Health Inequalities within their areas.
Tobacco Dependency Treatment and Smoking Cessation Services	Continue and increase service provision to offer NHS funded tobacco dependency/ smoking cessation treatment to patients who are admitted to hospital that smoke. Maintain quit rate post discharge in line with national average. Collaboration with Wolverhampton Public Health to introduce the 'Swap to Stop' campaign.
Maternity services	Continue to monitor progress through directorate groups and LMNS to include: • Consistently achieve 70% bookings by 10 weeks • Reduced smoking rate at time of birth • Expand Midwifery Continuity of Carer Model to focus within the most deprived locations within the city • Saving Babies Lives Care Bundle (SBLCB) delivery including reduce stillbirth rates. • Continuation of work with voluntary and community sector organisations through Walsall Together • Work with whg (Walsall Housing Group) to improve attendance at ante-natal appointments • Continue to increase the quality of care for pregnant women organising specific education groups • Implement poverty proof maternity pathways.
The Healthy Child Programme	Population health needs analysis to inform development and evaluation of the family hubs programme and Public Health commissioned services. Utilise and further develop 0-19 dashboard. Team to focus on subgroups with lower compliance rates to improve KPIs.

Objectives	What success looks like
RWT Primary Care Network; Accelerating Prevention	Align to Primary Care Framework (PCF) priorities for vulnerable populations and health equity priorities.
Research and Development	Work with the University of Wolverhampton to create a better local economy by creating a clinical trials unit that benefits the local community. Creating a Black Country wide research data hub to understand the inequalities and their effects on various population cohorts with protected characteristics. Promotion of 'bench to bedside research' within our Trusts. This approach, which focuses on translating basic scientific discoveries into practical applications for patient care, has the potential to significantly improve healthcare outcomes. Publish the findings of the WODEN research project on reducing digital exclusion. Establish a digital exclusion framework for staff training to address issues identified in WODEN survey results.
OneWolverhampton	To establish clear roles and responsibilities of the OneWolverhampton group and develop robust processes to ensure no duplication of efforts.
Walsall Together	To further integrate the work of the Trust into the wider health inequalities agenda.

Delivery Plan

Ref	Objective	Action	Owner	Deadline	Measures of Success
001	Formalise joint RWT/WHT Strategy	The strategy is to be completed and presented to the trust board for approval	Stephanie Cartwright	Autumn 2024	Board approval
002	Prepare robust data sets required and format into a supplementary report to be published within 2024/25 in collaboration with the Integrated Care Board	Public health support to review data that is required and work with relevant teams to ensure accurate capture and reporting in collaboration with the Integrated Care Board	Kate Warren/ Jonathan Odum/ Stephanie Cartwright	Spring 2025	Board approval
003	Increase engagement and awareness of Health Inequalities across the Trust	Collaborate with RWT and WHT Communications team to showcase and promote health inequalities work to increase awareness, education and empower staff to take action within their areas	Heidi Burn Helen Billings	Rolling programme of work.	Board engagement evaluated with the NHS Providers' self assessment tool Social media engagement Key message delivery in staff briefings
004	Upskill the RWT workforce to identify and address issues relating to inequalities	Collaborate with RWT Communications team to develop and launch training and education package to staff regarding Health Inequalities	Kate Warren Hannah Murdoch	Spring 2025	Uptake of e-learning module

Ref	Objective	Action	Owner	Deadline	Measures of Success
005	Tobacco Dependency Treatment Service Smoking Cessation	Work with local authority commissioned provider to provide smoking cessation services within the local community. RWT team to review referral criteria and use to supplement provision that RWT team do not currently support	Laura Harper/ Ami Whiston Alison Yates	Winter 2024	Number of quit attempts 28 day quit rate Proportion of quit attempts from 20% most deprived postcodes
		Collaboration with Wolverhampton Public Health to introduce the 'Swap to Stop' campaign		Autumn 2024	
		Development of a dashboard/ IT system to support the delivery team to review data re inequalities to inform future provision		Winter 2025	
006	Maternity services	Expand Midwifery Continuity of Carer Model to focus within the most deprived locations within the city	Kate Cheshire	Spring 2026	Consistently achieve 70% bookings by 10 weeks
		Saving Babies Lives Care Bundle (SBLCB) delivery including reduction in stillbirth rates	Joselle Wright	Ongoing	Reduced smoking rate at time of birth
		Work with Walsall Housing Group and wider voluntary/community sector on increasing ante-natal attendance and implementation of poverty proof concept		Ongoing	Full implementation of the care bundle as monitored via the LMNS and NHSE

Ref	Objective	Action	Owner	Deadline	Measures of Success
007	The Healthy Child Programme	Population health needs analysis to inform development and evaluation of the family hubs programme and Public Health commissioned service	Kate Warren/ Kate Jenks/Jess Wood	Winter 2024	Full implementation of inequalities dashboard and service sign off
		Phase 2 developments for the 0-19 dashboard include building on the patient classifications and attributes with items such as breast feeding, universal plus, special education needs, children in need, social emotional and mental health scores and various other patient cohorts These will be built into the dashboard as measured and filterable metrics which will also require user acceptance testing with the service and sign off	Sarbjit Uppal/Kate Jenks/Jess Wood Keri Christie	Winter 2025	
008	RWT Primary Care Network; Accelerating Prevention	Place-based engagement for Health Inequalities improvement including Rough Sleeper project and Asylum seeker access to healthcare. Primary Care group to agree measurable outcomes following PCF and funding agreement	Anna Stone	Ongoing	Full evaluation reports published Audit against Core20plus5 framework
		Website development: to include 'New to the UK' landing page to support vulnerable populations accessing healthcare		Winter 2024	
		Evaluation of Online Triage usage to evaluate potential inequity of access		Rolling programme with each Practice to begin in Winter 2024	
		Engagement with OneWolverhampton to continue work and standards set out within CORE20PLUS5 including vaccinations and screening		Rolling programme of work	

Ref	Objective	Action	Owner	Deadline	Measures of Success
009	Research and Development	Work with the University of Wolverhampton to create a better local economy by creating a clinical trials unit that benefits the local community Creating a Black Country wide research data hub to understand the inequalities and their effects on various population cohorts with protected characteristics Promotion of 'bench to bedside research' within our Trusts. This approach, which focuses on translating basic scientific discoveries into practical applications for patient care, has the potential to significantly improve healthcare outcomes	Tonny Veenith Sarah Glover	Ongoing	Publication of WODEN research in peer-reviewed journal Uptake of Digital learning resources
		Publish the findings of the WODEN research project on reducing digital exclusion. Establish a digital exclusion framework for staff training to address issues identified in WODEN survey results	Amy Palmer Alvina Nisbett Baldev Singh	Winter 2024	
		Team to publish the findings of the WODEN project to support efforts in reducing digital exclusion		Winter 2025	
		Framework for Digital Education and Training to be delivered by IT and Library Services with support from the steering group in promoting, uptake and evaluation		Ongoing	
		Collaborate with the One Wolverhampton Digital Expert Group and Wolverhampton Digital Partnership to apply learning from the WODEN survey to patient groups			

Ref	Objective	Action	Owner	Deadline	Measures of Success
010	OneWolverhampton	As the One Wolverhampton (OW) Health Inequalities group develops RWT to gain more clarity on workstreams and bidirectional flow of information between groups. To establish clear roles and responsibilities of the OW group and develop robust processes to ensure no duplication of efforts	Heidi Burn	Spring 2025	One Wolverhampton Board sign off
011	Walsall Together	Further embed the WHT priorities into the place health inequalities programme to avoid duplication and enhance progress	Helen Billings	December 2024	Walsall Together Board sign off

NB. This Delivery Plan will be further expanded as the Health Inequalities Group extends across Walsall and deliverables are identified.

Risk and mitigations

Risk	Mitigation
Resource - there is no additional ringfenced resource to support the delivery of an inequalities programme	Prioritise our focus on high impact services, seek grant funding, disseminate leadership across organisations by embedding consideration of inequalities in quality improvement approaches
Limited impact – realistically, poverty and social determinants are the drivers of inequality. Much of our work is only mitigation, not addressing root causes, and therefore should be recognised as contributory.	Use our influence outside of the NHS to advocate for government action on wider determinants
Efficiency measures can widen inequalities – in a context of increasing demand and limited resources nationally, pressure to deliver efficient services is strong. Where capacity is not sufficient to meet demand, those experiencing inequalities often experience poorer experience and outcomes.	Ensure that where possible performance measures are disaggregated to examine differences by age, sex, ethnicity and deprivation.

Care Colleagues
Collaboration Communities

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