

# **A report to the Oxfordshire Health Overview and Scrutiny Committee - 16 November 2017**

## **The role of the Oxfordshire Health and Wellbeing Board in overseeing implementation of the Health Inequalities Commission recommendations**

### **Introduction**

The Oxfordshire Health Inequalities Commission report was presented to the Health and Wellbeing Board (HWB) in November 2016 by the Independent Chair, Professor Sian Griffiths. Reports on progress were further discussed by the HWB in March and July 2017.

The Health Inequalities Commissioners were independent members selected from public and voluntary sector organisations and academia. They received written submissions and verbal presentations from a wide range of people and organisations at four public meetings held around Oxfordshire in the winter and spring of 2016. Local data and information on health inequalities were also presented to the Commissioners supported by access to a wide range of local and national documents, including the Director of Public Health Annual Reports, the Joint Strategic Needs Assessment and data from Public Health England.

The full report and Headline report can be found here:

<http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/health-inequalities-commission/health-inequalities-findings/>

### **The role of the Health and Wellbeing Board in overseeing implementation of recommendations**

The Health Inequalities Commission made many recommendations for many organisations in the NHS, Local Government, Voluntary and community Sector etc.

The Health and Wellbeing Board has a non-executive role in helping to oversee the operationalization of the recommendations from the Health Inequalities Commission which relate to its members and ensuring that progress is measured and reported. The executive accountability for each recommendation remains with the individual organisation and partnership. In addition, many of the recommendations can be taken forward by individual bodies, say in the Voluntary Sector without reference to the Health and Wellbeing Board and this is to be applauded.

The Health Inequalities Commission set out their advice on which organisation should lead on implementation for each of the recommendations. However, although there is a named lead organisation or partnership for each recommendation, most of this work cannot be done by one organisation alone. Other partners are expected to engage in taking each recommendation forward. An Implementation Steering Group has been set up and have been devising action

plans and coordinating some of this work. The group comprises representatives from the CCG, County and District Councils, voluntary sector, NHS trusts and others.

The Health and Wellbeing Board will consider a comprehensive overview of progress against each of the 60 recommendations at their meeting on 9 November 2017. Extracts from that paper are included as Appendix 1.

A verbal update on the outcomes of that discussion will be given at the meeting of the Health Overview and Scrutiny Committee on 16 November.

Jackie Wilderspin,  
on behalf of the Health Inequalities Commission Implementation Group.

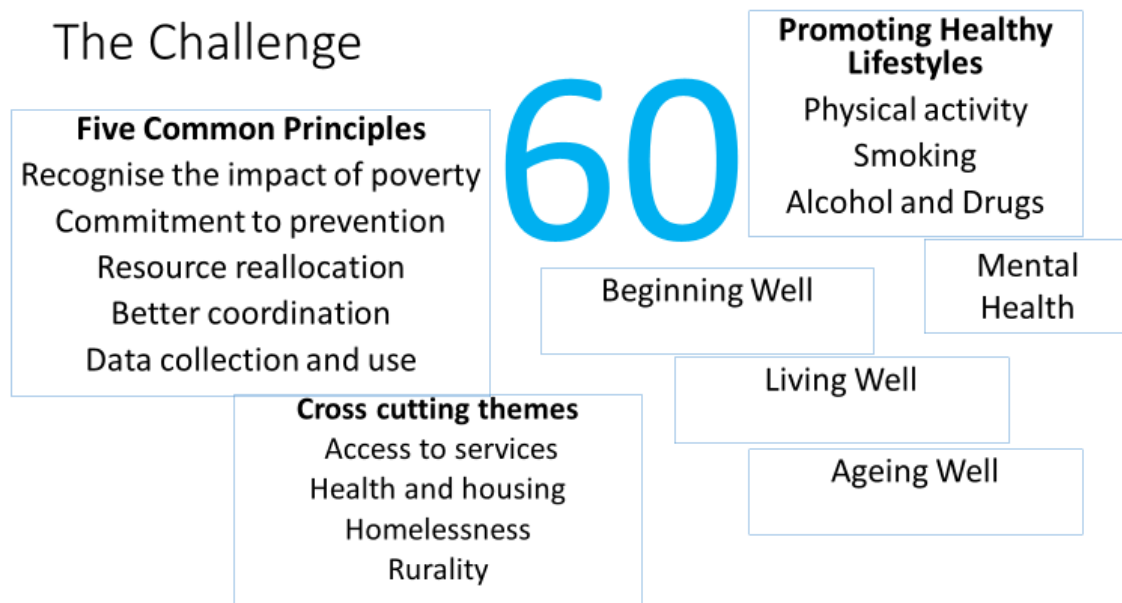
November 2017

## Appendix 1 Extracts from the paper presented to the Oxfordshire Health and Wellbeing Board on 9<sup>th</sup> November 2017

### Background

The Oxfordshire Health Inequalities Commission report was presented to the Health and Wellbeing Board (HWB) in November 2016. Reports on progress were discussed by the HWB in March and July 2017.

The recommendations are set out in various groups in the report as illustrated in the figure below:



### Recommendation

The members of the Health and Wellbeing Board are asked to note the content of the report and nominate partner organisations to lead on issues which still need to be taken forward.

### The work of the Health Inequalities Commission (HIC) Implementation Group

An Implementation Group has been convened under the leadership of the CCG and includes representatives from local authorities, voluntary sector and health services. Some members have links to other networks and partnerships who are also implementing this work.

The HIC Implementation Group has reviewed all the recommendations set out by the Commission and compiled a comprehensive overview of relevant work currently underway or in the planning stages. The resulting information shows considerable progress on most of the recommendations but also illustrated the need to coordinate and increase ambition in some of the areas of work. It was clear that it is impossible to keep a detailed overview of all of the work being undertaken to address inequalities issues in Oxfordshire. However, it is also noted that the momentum

gained from the publication of the report has had a positive effect and galvanised joint action in new areas of work.

The Implementation Group agreed to set out the recommendations in 3 main categories which are:

1. Priority business for the Implementation Group in 2017-18. This group of recommendations needs the coordination and input of the Implementation Group to be taken forward. These are set out in five areas of work which will deliver 26 of the recommendations. The 5 work areas are
  - a. Basket of Inequalities Indicators
  - b. Innovation Fund
  - c. Income Maximisation
  - d. Social Prescribing
  - e. Promoting Physical Activity as part of improving prevention of ill health.
2. Recommendations being taken forward by specific groups / organisations in 2017-18. Good progress is being made on work to implement 15 recommendations and some have been completed. Progress reports are set out in the second section of the action plan below.
3. Recommendations to be considered for future implementation. A further 19 recommendations are under consideration and not yet being fully implemented. These are listed in the third section of the action plan below with some notes on the current state of implementation.

## **Action Plans**

### **Section 1: Priority business for the Implementation Group, 2017-18**

There are five areas for action which is being led and coordinated through the HIC Implementation Group. These actions cover a range of recommendations which are listed in the descriptions below.

#### **1. Basket of inequalities indicators (Recommendation 3<sup>1</sup>)**

##### **Objectives**

- Develop a set of local indicators which highlight health inequalities and which can be used to monitor progress in reducing variation.
- Publish these indicators as part of the JSNA.
- Use these indicators to report regularly to the Health and Wellbeing Board.

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<sup>1</sup> Also linked to other recommendations

- Monitor impact to ensure gap is not widened (5); Access more data on health inequalities (10) and ethnicity (11); Use NHS performance frameworks (15); DPH Annual Report recommendations (24); Use Child health profiles (43)

- Develop collection of more local data on a range of subjects including ethnicity of service users where this is not yet robust. Also use NHS Outcomes Framework, Child Health Profiles and other appropriate data sources for targeting and monitoring performance as needed.
- Add more indicators to monitor mental wellbeing and mental health as well as the physical health indicators already included.

### **Progress to date**

- A basket of indicators, showing variation across the county at ward level is under consideration by the Health and wellbeing Board
- Subject to comment and suggestions for improvement, this set of indicators will be published on the JSNA website before December 2017.
- More work is underway to add mental wellbeing indicators to the basket.
- The JSNA steering group is continuing to develop the annual report which will be published in March 2018. Recommendations on use of wider data sources to highlight inequalities are being sought in that process.

## **2. Establish an Innovation Fund (Recommendation 7)**

### **Objectives**

The wording of recommendation 7 is:

*“An Innovation Fund / Community Development and evidence fund should be created for sustainable community based projects including those which could support use of technology and self-care to have a measurable impact on health inequalities, and improve the health and wellbeing of the targeted populations.”*

The objectives that have been defined are:

- Secure contributions from partners to establish the fund.
- Agree criteria for use of the funding which will have an impact on health inequalities.
- Report use of the funding to all stakeholders to attract further contributions.
- Ensure robust evaluation of outcomes.

### **Progress to Date**

Work is progressing well and has included

- Oxfordshire Growth Board agreed to make contributions of £2k per local authority. This total is matched by the CCG. OUHFT have also agreed to contribute £2k giving a total of £30k to date.
- Discussions are in progress with Oxfordshire Community Foundation about managing the Innovation Fund.
- Initial ideas on using the money to support the Social Prescribing initiatives are being discussed e.g. a crowd sourced map of assets and services, digital support for front line workers and digital literacy initiatives for clients.
- Criteria for bids and a specification for the work will be finalised in the coming weeks and it is hoped the project can be completed by the end of 2017-18
- Further funds will be sought so that other innovative ideas can come to fruition.

### 3. Income maximisation (Recommendation 13<sup>2</sup>)

#### Objectives

- Establish a working group to coordinate and develop work to promote income maximisation for people on low incomes e.g. through promoting entitlement to benefits.
- Consider how to improve access to advice in health settings.
- Approach a range of funders and work to sustain advice services

#### Progress to Date

- Following discussion at the Implementation Group a working group is being convened. This includes local authorities, public health and other commissioners of benefits advice services and a range of current providers including Citizens' Advice, Mind and neighbourhood advice centres.
- Ideas for providing advice in the hospital setting have been proposed for discussion.
- Oxford City Council Executive Board approved a Financial Inclusion Strategy 2017-2020 on 16th October 2017.

### 4. Social Prescribing (Recommendation 17<sup>3</sup>)

#### Outcomes

Build on existing projects to expand and develop social prescribing in Oxfordshire.

Areas of work should target populations with worst outcomes and can include

- Primary prevention and healthy lifestyles
- Mental wellbeing, depression, anxiety, loneliness
- Frequent attenders in primary care
- People with complex long term conditions

Best practice on social prescribing

- a. General signposting by a range of agencies or access to activities for self-referral.
- b. Link workers (e.g. Care Navigators) with specific referral criteria. May include some specialists e.g. for autism
- c. Strategic coordination – an overview of the networks, directories and services available locally.

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<sup>2</sup> Also linked to recommendations to:

- Expand Benefits in Practice (12); Engage district councils and other funders (14)

<sup>3</sup> This also links to recommendations on

- Commitment of statutory bodies (1); New models of care (2); Investment in Prevention (4); Resource allocation (7); Address loneliness (54); Promote healthy lifestyles including smoking (31), alcohol (33); Increase resources for Prevention and lifestyles advice (46); Integrate health and social care for complex needs (50); Older people support to prevent isolation (54)

## **Progress to Date**

Discussion at Implementation Group has led to:

1. CCG overview of current projects.
2. Literature review of models completed by Public Health.
3. Workshop held 19.9.17 with a wide range of stakeholders
4. Steering group convened and met 5.10.17

In addition:

- Cherwell DC are considering a VCS led bid to the national funding for social prescribing potentially across Cherwell and working with West Oxfordshire DC and Practices.
- West Oxon DC have shared a report on their methodology with village agents in Gloucestershire.
- Discussion with City Council on the use of £100k strategic pot for taking work forward.
- Consideration of use of Innovation Fund.

## **5. Increasing physical activity (Recommendation 28, 58<sup>4</sup>)**

### **Objectives**

- Develop opportunities for people who are inactive to increase their levels of physical activity and reduce their risk of preventable disease.
- This work should be linked to the Social Prescribing actions so that referrals and recommendations to appropriate activity can be made easily.
- This should be appropriate for the individual or particular group of people but also be accessible county wide.
- Particular target groups include mental health service users, people with disabilities, over 50s, children. Use social marketing to communicate effectively with each group.
- Make information on local opportunities to be physically active available to social prescribers and sign-posters.

### **Progress to Date**

Several strands of work have been identified but there is no overview of all the bids and programmes going forward. Work that has been identified so far includes:

- a bid by OxSPA and Mind for Healthy Bodies Healthy Minds
- Mind is leading a bid to Health Education England to fund a combination of wellbeing and physical activity initiatives.
- Analysis of the current situation for Exercise on Referral that was drawn up by OxSPA and district councils

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<sup>4</sup> Also linked to other recommendations:

- Use of social marketing (29); Increase participation of people with disabilities, mental ill-health (30); Target over 50s (58)

OxSPA bid for Sport England funding to target inactive people from disadvantaged communities. The bid was unsuccessful but work to prepare the bid can still be used to take this work forward.

## Section 2: Recommendations being taken forward by specific groups / organisations. 2017-18

There are 15 recommendations which are being taken forward or already completed by particular organisations. These are outlined in this section:

Recommendation being taken forward	Progress to date
<p><b>Recommendation 6</b> Core preventative services such as Health Visiting, Family Nurse Partnership, School Health Nurses and the Public Health agenda should be maintained and developed</p>	<p><b>Complete: Public Health</b> The Public Health Grant remains ring-fenced until at least the end of 2018-19 although with a reduction in the size of the grant each year. Health Visitor and Family Nurse Partnership services have been re-commissioned and plans are being taken forward to re-procure the School Health Nursing Service.</p>
<p><b>Recommendation 18</b> In 2014 9.1% of households were fuel poor. This should be reduced in line with the targets set by the Fuel Poverty Regulations of 2014.</p>	<p><b>In progress: Affordable Warmth Network</b> Detailed plans<sup>5</sup> for developing work to tackle fuel poverty were approved by the Health Improvement Board in Sept 2017 following a workshop in July.</p>
<p><b>Recommendations 19 and 20</b> 19. All public authorities are encouraged to continue their collaboration and invest in supporting rough sleepers into settled accommodation, analysing the best way of investing funding in the future. Homelessness pathways should be adequately resourced and no cut in resources made with all partners at the very least maintaining in real terms the level of dedicated annual budget for housing support. 20. The numbers of people sleeping rough in Oxfordshire should be actively monitored and reduced.</p>	<p><b>In Progress: Health Improvement Board, Housing Support Group, City Council, CCG.</b></p> <ul style="list-style-type: none"> <li>• Adult pathway for homeless people is currently pool-funded by councils and CCG for 3 years.</li> <li>• City Council funding for additional provision has been announced (Sept 17) including additional government funding.</li> <li>• Trailblazer project to prevent homelessness on hospital discharge and release from prison is being implemented.</li> <li>• CCG re-procuring homeless medical provision (Luther Street)</li> <li>• Health Improvement Board monitors reports of rough sleeping as part of the performance framework.</li> </ul>
<p><b>Recommendation 23</b> Reports of isolation and loneliness in older people/people suffering from dementia in rural areas should be collated and monitored on an annual</p>	<p><b>Some Progress: various agencies</b></p> <ul style="list-style-type: none"> <li>• Loneliness Summit held in July 2017 led by Age UK Oxfordshire.</li> <li>• Proposal to set up a strategic Task and Finish group led by Age UK Oxon.</li> </ul>

<sup>5</sup> <http://mycouncil.oxfordshire.gov.uk/documents/s38738/Item%2012%20-%20Setting%20a%20new%20strategic%20direction%20for%20fuel%20poverty%20and%20health%20HIB%20Sept%202017%20V2.pdf>



<p>basis with a reduction achieved year on year utilizing advice in the Age UK publication "Evidence Review of loneliness and Isolation" .</p>	<ul style="list-style-type: none"> <li>Healthwatch Oxfordshire published a report on Dementia Friendly Communities in 2015 and work is being picked up through social prescribing and Dementia Friendly training.</li> </ul>
<p><b>Recommendation 25 and 26</b>  25. Funding for locally enhanced services for refugees and asylum-seekers should be made available to all GP practices, with the expectation that funding for this service would primarily be drawn on by practices seeing large numbers of refugees and asylum seekers.  26. Outreach work in communities with high numbers of refugees, asylum seekers and migrants, should be actively supported and resources maintained, if not increased, especially to the voluntary sector, to improve access to the NHS, face to face interpretation /advocacy and awareness raising amongst health care professionals.</p>	<p><b>Some progress: CCG</b>  OCCG has a Locally Commissioned Service for Deprivation and Inequalities. The criteria for additional payment is:</p> <ul style="list-style-type: none"> <li>to support those Practices which have child protection plans and</li> <li>to allow longer appointment times for patients who require use of interpreting services (Language Line)</li> </ul> <p><b>Good Progress: City Council / CCG and VCS partners</b>  A bid to the Controlling Migration Fund was successful and work to be implemented includes providing pre-entry English classes for speakers of other languages (ESOL), orientation and service information packs, mentoring and befriending scheme,</p>
<p><b>Recommendation 32</b>  An alcohol liaison service should be developed in the OUHT</p>	<p><b>Some Progress: CCG</b>  Work has started on producing a business case for an alcohol liaison service in the hospital trust.</p>
<p><b>Recommendation 35.</b>  Support and develop schools interventions including support given to school health nurses as well as services such as those run by The Training Effect to increase capacity of young people to choose not to misuse substances.</p>	<p><b>Good progress: Public Health</b>  The Training Effect continue to deliver sessions in schools and collaborate with Aquarius (substance misuse services for young people) and School Health Nurses. They provide support for staff and emphasise the need for resilience and confident decision making. Future commissioning will build on this.</p>
<p><b>Recommendation 36 and 38</b>  36. Resources in the public health budget should be maintained to provide services and support for drug misusers and their families  38. Policy and action should be targeted to continue to address</p> <ul style="list-style-type: none"> <li>- the rates of successful completion of drug treatment in non opiate users</li> <li>- the rate of parents in drug treatment</li> <li>- the rate of people in substance abuse programmes who inject drugs who have received a hep C vaccination</li> <li>- the rate of children facing a fixed period of exclusion due to drugs/alcohol use</li> <li>- NPS use</li> </ul>	<p><b>Good Progress: Public Health</b>  Drugs and Alcohol Treatment services in Oxfordshire are still fully resourced and there have been no changes made to the range of provision.</p> <p>The number of clients now successfully completing treatment for opiates, non-opiates and alcohol has improved markedly though this is still under surveillance to ensure the improvement is sustained. There has also been improvement in uptake of Hep C vaccination.</p> <p>Work on identifying the numbers of children who are excluded from school as a result of substance misuse is yet to be completed.</p>

<p><b>Recommendation 42</b> Use of food banks needs to be carefully monitored and reported to HWB</p>	<p><b>Complete: Good Food Oxford</b> A map showing the location and accessibility of Food Banks and other providers was published on the Good Food Oxford website<sup>6</sup> in summer 2017. This complements the Feeding the Gaps report and other work of Good Food Oxford.</p>
<p><b>Recommendation 45</b> The current plans for closures of Children’s Centres should be reviewed by March 2017 to ensure prioritization of effective evidence-based investment and good practice in early intervention for children and to ensure that the change of investment and resource allocation to young children and their families does not disadvantage their opportunities especially for those children &amp; families from deprived areas and identified disadvantaged groups</p>	<p><b>In progress: Oxfordshire County Council and other partners</b></p> <ul style="list-style-type: none"> <li>- Grants were made available by the County Council to local initiatives to continue provision of services.</li> <li>- Cherwell DC are working with the Sunshine Centre in Banbury to sustain local services.</li> <li>- Brighter Futures in Banbury continues to develop multi-agency work in 3 particular wards</li> <li>- A Community Impact Zone is being set up in Banbury to enable partners to work together tom improve outcomes for children</li> </ul>
<p><b>Recommendation 47</b> Promoting the health of those in work should be a priority and examples of good practice shared by establishing a county wide network .</p>	<p><b>In Progress: Well at Work network and others</b></p> <ul style="list-style-type: none"> <li>• A network of businesses and other employers continues to champion well at work initiatives. They have recently established a Linked In network to increase their reach.</li> <li>• NHS employers have established a network of Workforce HWB leads</li> <li>• Brighter Futures in Banbury will be working with local employers to promote workforce wellbeing and Cherwell DC will work across the district to promote the Wellbeing Charter.</li> <li>• OxSPA promote the Workplace Challenge to increase physical activity</li> <li>• Unison and Oxfordshire County Council are holding a wellbeing conference in Nov 2017</li> </ul>
<p><b>Recommendation 53</b> The recommendations from the 2016 DPH annual report are endorsed and the Commission wishes to ensure they are targeted to reduce health inequalities and progress reviewed by HWB in 2017</p>	<p><b>Complete: Director of Public Health</b> All recommendations from the 2016 report were reviewed and findings included in the 2017 report.</p>
<p><b>Recommendation 58</b> Promoting general health and wellbeing through a linked all ages approach to physical activity, targeting an increase in activity levels in the over 50s, especially in deprived areas, using innovative motivational approaches such as ‘Good Gym’ and Generation Games</p>	<p><b>Some progress: CCG, local authorities, Age UK</b></p> <ul style="list-style-type: none"> <li>• The CCG commission Generation Games and Dance to Health for older people and those at risk of a fall or who have had a fall</li> <li>• Cherwell DC work with Age UK to deliver activities in rural parts of the district.</li> <li>• District Council Sport and Activity Plan targets under-represented groups.</li> <li>• OxSPA bid to target inactive people was unsuccessful but work can be taken forward and will be a focus of the Health Improvement</li> </ul>

<sup>6</sup> <http://goodfoodoxford.org/good-food-for-everyone/food-access-services-map/>

### Section 3: Recommendations for future implementation

A total of 20 recommendations will need more consideration so they can be taken forward. The recommendations are:

	<b>Recommendation</b>	<b>Next Steps</b>
<b>7</b>	<p>Resource allocation should be reviewed and reshaped to deliver significant benefit in terms of reducing health inequalities.</p> <ul style="list-style-type: none"> <li>The CCG should actively consider targeting investment at GP surgeries and primary care to provide better support to deprived groups, to support better access in higher need areas, and specifically address the needs of vulnerable populations.</li> <li>The CCG should conduct an audit of NHS spend, mapping health spend generally and prevention activity particularly against higher need areas and groups, setting incremental increasing targets and monitoring progress against agreed outcomes.</li> <li>The ring fenced funding pot for targeted prevention should be expanded in higher need communities, using a systemwide panel of stakeholders to assess evidence and effectiveness, with ongoing independent evaluation of impact, including quantification of impact on other health spend.</li> </ul>	<p>This recommendation has 4 sub sections and the parts listed in the column to the left still need to be fully addressed by the CCG.</p> <p>In working towards meeting this recommendation the CCG report that all Primary Care workplans are now required to address health inequalities.</p> <p>The fourth recommendation in this list concerns the Innovation Fund which is being taken forward and details are given in section 1 of this action plan. The wording of that part of the recommendation is:</p> <ul style="list-style-type: none"> <li><i>An Innovation fund/Community development and evidence fund should be created for sustainable community based projects including those which could support use of technology and self care to have a measurable impact on health inequalities, and improve the health and wellbeing of the targeted populations.</i></li> </ul>
<b>8</b>	<p>The Health in All Policies approach should be formally adopted and reported on across NHS and Local Authority organizations, engaging with voluntary and business sectors, to ensure the whole community is engaged in promoting health and tackling inequalities.</p> <p>Regular review of progress should be undertaken by HWB</p>	<p>There are already some good examples of Health In All Policies, e.g. Public Health working with Planners and Transport planners.</p> <p>Strategic leadership is needed if this is to be implemented across all organisations.</p>
<b>9</b>	<p>The presence of the NHS and of the voluntary sector should be strengthened on</p>	<p>Governance will be discussed at HWB in November 2017</p>

	the Health and Well Being Board	
<b>16</b>	<p>Public agencies, universities and health partners should work together to develop new models of funding and delivery of affordable homes for a range of tenures to meet the needs of vulnerable people and key workers.</p> <p>Specifically, public agencies should work together to maximise the potential to deliver affordable homes on public sector land, including provision of key worker housing and extra care and specialist housing by undertaking a strategic review of public assets underutilized or lying vacant .</p>	<p>Some districts have been reviewing Housing Strategy and plans but this work has not been done jointly to date.</p> <p>Some examples of current work include</p> <ul style="list-style-type: none"> <li>• Cherwell DC update of Strategic Housing Land Area Assessment</li> <li>• Establishment of a Housing Company in the City.</li> <li>• Involving people with disabilities in developing the City Local Plan.</li> </ul>
<b>21</b>	An integrated community transport strategy should be developed	There is some coordination at district level. VCS groups are mapping current provision e.g. Communities First Flexible Transport Forum and Oxfordshire Research Partnerships looking at access to lifts and minibuses services.
<b>22</b>	A digital inclusion strategy, which explicitly targets older people living in rural communities should be developed and the % of older people over 65 with access to on line support regularly reported	Work is needed to verify what is already available and link this to the social prescribing work in particular.
<b>27</b>	Robust pathways to community services for community rehabilitation (including Community Rehabilitation Companies) on release, particularly for short term offenders, need to be developed	Discussion will take place with partners who lead the Reducing Reoffending Strategy through the Safer Oxfordshire Partnership.
<b>34</b>	Building on experience from Wantage, Community Alcohol Partnerships should be established across the county to address the problems of teenage drinking, particularly in Banbury as A&E data shows high numbers of under 18s attending the Horton ED for alcohol related reasons. [The partnership model brings retailers, schools, youth and other services together to reduce under age sales and drinking.]	Data on attendance of under 18 year olds will be presented to the Community Safety Partnership in Cherwell for their consideration and a proposal for establishing a CAP will be discussed.
<b>37</b>	School based initiatives should be promoted for all age groups	There are currently programmes to promote physical activity, reduce substance misuse and improve resilience. Further coordination of offers is needed and one suggestion is that a conference could be held to share local knowledge and develop action plans.
<b>39</b>	The under provision of resources for Mental health services should urgently be addressed	A review of Mental Health services is underway and further action will be based on the outcomes.
<b>40</b>	The implementation of the Five Year	

	Forward Strategic View of mental health services for the county should explicitly state how it is addressing health inequalities and how additional resources have been allocated to reduce them.	
<b>41</b>	Perinatal mental health should be a priority with appropriate investment to improve access to perinatal mental health services across Oxfordshire	Further detail is needed on current provision and gaps. This may be available through the Mental Health service review (see above). Brookes and Mind are collaborating on a relevant research bid.
<b>44</b>	New and creative ways to work with schools, such as Oxford Academy, should be explored and initiatives funded and evaluated through the proposed CCG fund	Some good links with the community have been made by Oxford Academy. A more strategic approach is needed, as set out in recommendation 37 above. Oxford Academy is a partner on the Leys Health & Wellbeing Partnership group. The Back on Track project is a good example of work in this area (Mind and the Oxford Academy)
<b>48</b>	The NHS workforce should engage in equity audit and race equality standards should be routinely reported	All public bodies to be encouraged to undertake Equity Audit in addition to the statutory publication of race equality standards already in place. An example of good local practice is that Oxford Health are now engaged with the Workplace Equality Index with Stonewall.
<b>49</b>	The needs of adults with learning disabilities within the County should be reviewed in 2017 and targets set to reduce their health inequalities .	A review is planned in 2018. In the meanwhile there has been a focus on reducing hospital admissions and supporting discharge – plans are co-produced with service users and their carers.
<b>51</b>	Shared budgets for integrated care should be considered and how this fits with the broader care packages available to older people. For example, looking at how domiciliary care can be integrated into health and social care more effectively, and what can be done to provide more robust support for carers	More information on current work is needed by the Implementation Group
<b>52</b>	Support for carers , including their needs for respite care and short breaks , should be supported with resources by all agencies	
<b>55</b>	Strategic action should be taken to oversee increased access to support for older people in disadvantaged and remote situations: <ul style="list-style-type: none"> <li>○ physically through a better coordinated approach to transport across NHS, local</li> </ul>	These recommendations overlap with others to improve transport coordination (21), consider digital inclusion (22) and improve income maximisation (13). It is suggested that work on these topics is being taken forward and described above.

	<p>authority and voluntary/community sectors</p> <ul style="list-style-type: none"> <li>○ digitally through a determined programme to enable the older old in disadvantaged situations to get online</li> <li>○ financially, through support to ensure older people, who are often unaware of their financial entitlements, are helped to access the benefits they are entitled to claim.</li> </ul>	
<b>57</b>	The current gap in provision of support for older people with mental health needs other than dementia needs to be addressed urgently.	The Implementation Group needs more information on current work.
<b>60</b>	The resources produced by PHE to support local action should be used as part of the formal review process.	Specific resources from PHE have to be identified but data has already been used to set up the Basket of Inequalities Indicators.