

Oxfordshire Health & Wellbeing Board - 13 July 2017

Oxfordshire Health Inequalities Commission Progress Report, July 2017

Introduction

The independent Health Inequalities Commission for Oxfordshire carried out its work throughout 2016. The report of the Commission was presented by the Chair, Professor Sian Griffiths, to the Health and Wellbeing Board in November 2016 and a paper was presented to the Board in March 2017 outlining the role of the Board in overseeing the implementation of recommendations.

This paper gives details of work that has been completed since that last report was given and outlines particular pieces of work in progress.

The members of the Health and Wellbeing Board are asked to note progress in this work and provide advice on further development.

Update on completed activity

a. Report on Health Inequalities to the Growth Board.

The Chair of the Health Improvement Board and the Clinical Chair of the Clinical Commissioning Group (CCG) attended a meeting of the Oxfordshire Growth Board in March 2017 along with Professor Sian Griffiths, who presented the Health Inequalities Commission report. The Leaders of the Councils and other members of the Growth Board accepted the recommendations and report of the Health Inequalities Commission and supported the implementation of recommendations within and between their organisations.

The members of the Growth Board agreed to establish an Innovation Fund for use in taking forward the health inequalities agenda by each giving £2,000 (a total of £12,000 which will be matched by the CCG). They also endorsed a bid from Oxfordshire Sport and Physical Activity (OxSPA) for funding from Sport England to target communities with poor health outcomes which can be improved by participation in physical activity.

b. Implementation workshop

A wide range of people from statutory and voluntary sector organisations were invited to a workshop in April 2017. 30 people attended and worked together to propose actions to implement a range of the recommendations from the Health Inequalities report.

Some of the work that was discussed and is already being taken forward includes

- Preparation of detailed plans for improving levels of physical activity in disadvantaged groups. These plans have been the subject of a bid to Sport England and other opportunities for funding are being reviewed, but it is

hoped the actions can be implemented regardless of success in any one bid. This is being led by OxSPA

- Dementia Oxfordshire are using “information prescriptions” and also promoting participation in physical activity to people with dementia.
- Planning to make Barton a dementia friendly community is being carried out as part of the Barton Healthy New Town initiative.
- A database of food banks and other free or affordable food suppliers has been drawn up by Good Food Oxford. They are also providing food poverty awareness training for front line services and have developed guidelines on “healthy cooking” for those who are training people in cooking skills.
- A wide range of partners are involved in taking forward work funded through a Trailblazer grant to reduce homelessness on discharge from hospital or prison. This is led by the City Council.
- A pilot project has been set up to provide counselling to children who are asylum seekers or refugees. This is already in place in Oxford Spires Academy and needs more funding to be expanded. This is led by Refugee Resource.
- Discussion is taking place between NHS commissioners in the CCG and NHSE about the commissioning of health services in Campsfield House. This work is led by the CCG and Asylum Welcome.
- Programmes that promote personal resilience and positive lifestyle choices are being run for specific vulnerable groups. This includes a programme for people recovering from drugs or alcohol misuse, “Get Connected”, run by Aspire and Turning Point. A similar programme, “Active Body, Healthy Mind”, is run for mental health service users who have access to regular physical health checks.
- The LEAP project is now being run across Oxfordshire, providing advice and help to reduce fuel poverty, particularly for people whose health is affected by cold or damp homes. The Health Improvement Board held a workshop to explore how the work to address fuel poverty can be further developed.

The workshop also highlighted some areas for development which include

- Encouraging physical activity through food growing and other contact with nature such as Green Gym or Incredible Edible. This links to the 5 ways to wellbeing as well.
- Developing a wider group to explore services for benefits advice / income maximisation. Cherwell District Council have offered to share their current work on a financial inclusion strategy to enable county wide discussion of best practice and sustainable services.
- Workplace Wellbeing could be promoted in particular areas of the county. For example this may be proposed through the Brighter Futures in Banbury programme, building on the work of Cherwell District Council and the Wellbeing Network.
- Learning from the Healthy New Town initiatives in Barton and Bicester to enable planning and community development to espouse health improvement in design and social life. The Health Improvement Board has been taking forward discussion on how this learning can be disseminated.

- Being able to capture and report data on the impact of programmes on people. This might include finding out how to work with academics in Oxfordshire to improve and develop the work.

c. Implementation Steering Group

A small group has been convened to oversee progress in the initiatives listed above, to coordinate future work and to ensure that the full range of recommendations are implemented if that is possible. The group includes representatives from voluntary and public bodies who are committed to delivering change through this work, preferably through existing channels rather than setting up a raft of new projects.

Work in progress

This section reports a range of work which is currently underway.

- a. Setting up the Innovation fund. Discussions are taking place with the Oxfordshire Community Foundation (OCF). This is with a view to setting up a process for partners to bid against agreed criteria to carry out innovative work to address inequalities issues. The criteria and conditions of funding have yet to be discussed. OCF have considerable experience in working with the public sector to attract and disburse funding and are committed to tackling inequalities, as set out in their major report "Oxfordshire Uncovered" which was published in 2016. This process is expected to move forward in the next few weeks.
- b. Basket of inequalities indicators A set of indicators has been collated and baselines can be reported, with the variation across Oxfordshire by ward or district. The indicators were selected as they give a broad range of information about relevant issues and can be reported from robust data sets. As many indicators as possible are reported at small area level, but others are included even though reporting is only possible at district or county level as these are also considered important. Next steps with this piece of work is to produce charts which will be easy to interpret and to publish them. This list of indicators is included in Annex A.
- c. Targets in the Joint HWB Strategy include more focus on inequalities. There is still more work to do on this across the range of targets, but some progress has been made to date.
- d. A draft Equalities Policy is being produced by Oxfordshire County Council which references and draws on the recommendations of the Health Inequalities commission. This will incorporate and embed best practice in council business.
- e. NHS Transformation agenda will include prevention initiatives as called for in the Health Inequalities Report. This will be included in phase 2 of the Transformation Plan.

Next steps

It is proposed that a further report is brought to the Health and Wellbeing Board in November 2017 outlining progress against all recommendations.

Jackie Wilderspin, June 2017

Annex A - Proposed Basket of Inequalities Indicators

WARD LEVEL INDICATORS
Life expectancy at birth (Female)
Life expectancy at birth (Male)
Percentage of children (under 16 years) in Low-Income Families
Income deprivation (%)
Fuel poverty for high fuel cost households (%)
Unemployment % (ONS-model based)
Good level of development at age 5 (%)
Admissions for injuries in children under 5 years
Crude rate of emergency hospital admissions for children (under 5 years)
Percentage of children in Reception Year (4-5 year olds) who are obese
Percentage of Year 6 children (10-11 years) who are obese
Admissions for injuries in children under 15 years
GCSE achieved 5A*-C including maths and English (%)
Admissions for injuries in under 15 - 24 year olds
Hospital stays for self-harm (SAR)
Emergency hospital admissions COPD
Emergency hospital admissions CHD
Emergency hospital admissions Stroke
Alcohol related hospital admissions
Cancer mortality under 75 years
CHD mortality under 75 years
Mortality from respiratory diseases (all ages)
Mortality from stroke (all ages)
Under 18 conception rate per 1,000 female population aged 15-17 years

Percentage of deliveries where the mother is aged under 18 years
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MSOA LEVEL INDICATORS

NB [Middle Layer Super Output Areas](#) or MSOAs are geographic areas built from groups of contiguous [Lower Layer Super Output Areas](#) or LSOAs. The minimum population is 5000 and the mean is 7200.

Healthy life expectancy at birth (Female)

Healthy life expectancy at birth (Male)

Disability free life expectancy (Male)
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Disability free life expectancy (Female)
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DISTRICT LEVEL INDICATORS

Low birthweight of term babies

Infant mortality

Tooth decay in children aged 5

Statutory homelessness - eligible homeless people not in priority need
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Households accepted as homeless

Households in temporary accommodation

Employment rate gap for those with long-term condition
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Smoking prevalence (adults)

Smoking prevalence among routine and manual workers (adults)
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Incidence of TB

Suicide rate

Emergency hospital admissions due to falls in 65+ years

COUNTY LEVEL INDICATORS

People reporting low satisfaction (%)

Percentage of Infants aged 6-8 weeks who are being breastfed
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Percentage of 2 year olds who have received one MMR vaccination

Good level of development at age 5 with free school meal status (%)

GCSE achieved 5A*-C including maths and English with free school meal status (%)
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16-18 year olds not in education, employment or training (NEET) (%)

Utilisation of outdoor space for exercise / health reasons (%)
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Long term claimants of JSA (rate per 1,000)
