NHS Oxfordshire Clinical Commissioning Group

Oxfordshire Health Inequalities Commission

Briefing June 2016

Background

The Oxfordshire Health Inequalities was set up at the end of 2015 by the Oxfordshire Health and Wellbeing Board to:

- review health inequalities in the county across the whole life course
- gauge what programmes are working well
- identify gaps across the spectrum of influences
- make suggestions for reducing inequalities in the future

The objective of the Commission is to identify health inequalities and identify what can be done to reduce them, including improving the delivery of health and social care in Oxfordshire over the next five years.

The commission is chaired by Professor Sian Griffiths. A full list of members and information about their backgrounds can be found here http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/health-inequalities-commission/members-biographies/

The commission will produce a report and make recommendations to the Health and Wellbeing board in the autumn of 2016.

The report and its recommendations will be informed by the evidence being gathered in writing from members of the public and interested parties, and at four sessions held in public at venues across the county, as well as analysis of existing data.

Perinatal and early years health

The first session took place on Friday 26 February at Exeter Hall in Kidlington.

It welcomed representatives of: Oxfordshire Perinatal Mental Health Network; the Brighter Futures Partnership in Banbury; Oxford Academy; Banbury children's centres; Oxfordshire Sport and Physical Activity (OXSPA); and Oxford community paediatrician Mandy Rose.

The perinatal mental health network highlighted the gaps in provision of specialist care for women with severe mental health illness during pregnancy and immediately after giving birth.

The Brighter Futures Partnership, based in Banbury, works to ensure opportunities and quality of life are accessible to everyone in the area, through training and education, family support and safe communities. They identified the importance of multi-agency working to support families in talking responsibility for their own health and wellbeing through prioritising early years health education and prevention.

Representatives from the Oxford Academy School emphasised the importance of a joined up approach to health and social care to tackle health inequalities and suggested that schools in the county were well placed to become health and social care hubs for young people.

The Banbury children's centre spokesperson expressed concerns about how proposed funding cuts and consequent closure of some centres could increase gaps in access to health and social care for disadvantaged families.

OXSPA outlined the importance of physical activity in the promotion of healthy living. It submitted evidence on the success of martial arts programmes for children, but the expansion of these activities is being hampered by a lack of suitable venues.

Mandy Rose highlighted the role of the community paediatrics team, emphasising the need for joined up working and a proactive creative approach to identifying and addressing support needs.

Living well

The second session took place on Monday 7 March at the John Paul II Centre in Bicester.

Those submitting evidence were: Ian Davies from the Bicester Healthy New Town project; the Luther Street Medical Centre in Oxford; The Terence Higgins Trust; West Oxfordshire District Council; OXSPA; and Unipart.

The objectives of the healthy new towns initiative are to make healthy lifestyles the norm and to ensure digital technology, health innovations and adaptations make independent living and care at home the norm for older people.

The Luther Street Medical Centre outlined its work with Oxford city's homeless people to enable them to access health and social care.

The Terence Higgins Trust expressed its concern at cuts in HIV support services in Oxfordshire and across the UK.

West Oxfordshire District Council and OXSPA highlighted the importance of physical activity for adults and how it should be integrated into health services, for example in the 'prescribing' of being active as part of tackling health issues.

A health and wellbeing strategy for employees was outlined by the representative from the Unipart Group, which encourages staff to take responsibility for their own health by taking advantage of workplace health checks and other initiatives.

Ageing well

The third session took place on Monday 11 April at the Rose Hill Community Centre in Oxford.

The commission heard from Teresa Young, manager at Eynsham Medical Practice, who spoke about the practical difficulties faced by some older people living in rural communities in getting to health services.

She suggested a more flexible and better funded district nurse service might help solve these issues, together with more investment in rural bus routes.

The Friendleys group of older people living in Blackbird Leys appeared in a video film made with Age UK Oxfordshire and shown to commissioners. Several members of the group came to the session in person to talk about their experiences of health care in Blackbird Leys. They highlighted difficulties in getting GP appointments and a lack of public transport services.

Penny Thewlis from Age UK focused on the work being done by volunteers, health and social care professionals to offer support to people with dementia and their carers, who often feel isolated by their responsibilities.

Alistair Thomas, from the Age UK Generation Games project, spoke about encouraging physical activity among older people, and the barriers to getting more people active. He outlined the importance of engaging with communities to find out what they want, rather than imposing services on them.

Carol Ball, from Healthwatch UK, presented a short video film about dignity in care and the results of a survey among older people in Oxfordshire which revealed the majority of people received these services with dignity, although there were some instances where standards fell short.

Cross cutting themes

The final session in public_took place on Monday 23 May at Oxford Town Hall.

Housing, public transport, migrant health and poverty were among the themes discussed.

The commission noted the county did poorly on the indicator which measures school achievement in children receiving free school meals when they enter reception class.

The commission went on to hear from Dr James Porter about the work of Luther Street Medical Practice which looks after homeless people in the centre of Oxford, many of whom suffer from mental health issues, and alcohol and substance misuse.

Dr Porter said the lack of suitable, affordable housing in the city must be addressed by large and small organisations and statutory bodies acting together.

The need for better joined-up working and partnership was a recurrent theme voiced by many of the contributors to the session, together with anxiety about the funding reductions to services.

The Connection Floating Support charity, which offers practical and emotional help to people who want to regain control of their lives, highlighted reduction in the length of time people are supported as funding priorities shift.

Oxford City Council outlined its housing strategy to help people stay in their homes and avoid homelessness. Oxford's housing strategy manager Frances Evans told the commission that a collective strategic review by public sector partners should be carried out to identify assets (properties and land) which could be regenerated to provide more affordable homes in the city and county.

The reduction in supported bus services across the county was outlined by Oxfordshire County Council (OCC), which also explained how steps were being taken to mitigate the effects.

OCC service manager Alexandra Bailey spoke about the launch of the Oxfordshire Comet to allow the council's own fleet of accessible vehicles to be booked by community groups or individuals during 'downtimes' in the middle of the day. This initiative could help people access hospital or health services or help transport them home after discharge from hospital.

The session heard how access to transport is a particularly important issue facing older people living in rural areas, not just for access to health services but for their independence and wellbeing.

Age UK showed a video as part of its 'Getting the picture' project, made at Oxford's Older People Chinese Centre (Happy Place). It emphasised the centre's importance to the community it serves, and how good translators and cultural understanding were key to giving the Chinese community (one per cent of Oxfordshire's population) access to health services.

The same points were made by the Refugee Resource and Asylum Welcome voluntary organisations which have investigated how refugees, migrants and asylum seekers gain access to primary health care services. They described how migrants, particularly those who have recently come to the UK, need specialist help for complex mental and physical health issues. This help is also needed for at the immigration detention centre at Campsfield House, Bicester.

The Citizens Advice Bureau (CAB) told the commission of the increasing numbers of people seeking advice, coupled with reductions in benefits and resources in the

services they are directed to. CAB said increasing incomes of the poorest households was a priority while highlighting how services which provide advice and support such as CAB were under pressure.

OCC presented its vision for older persons' housing schemes, which will continue to build and provide extra care homes in a bid to keep people independent in the community for longer and reduce the numbers needing residential or nursing home care.

Oxford Health NHS Foundation Trust's associate director Daniel Leveson told the commission that Oxfordshire's population of frail older people was increasing faster than the national average, together with the need for specialist services to support them. In addition, there were more older unpaid carers who need respite and support; and it is also important to support those people who work in home care services.

Andy Blackman from the Clockhouse project, which runs dementia clubs in Blackbird Leys, said there were not enough services for carers looking after their loved ones at home, nor for people with dementia who are living on their own.

And the Association for the Blind pointed to the isolation experienced by people with visual impairments, the difficulties they have in getting information about the support and services available to them, the difficulties they face in getting access to health care when they are unable to drive. Technology could offer potential solutions to these issues.

For more information go to <u>http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/health-inequalities-commission/</u>