

# Response to the Oxfordshire Health Inequalities Commission report

## *Purpose of this report*

The report sets out proposals for actions to be taken by the Health Improvement Board in response to the recommendations from the Oxfordshire Health Inequalities Commission.

The recommendations are proposed by Emma Henrion and Laura Epton, lay representatives supported by Oxfordshire Health Watch.

## ***For decision***

### *Background*

The Oxfordshire Health Inequalities' Commission (OHIC) report provides an important analysis of ways in which different Oxfordshire organisations can take action to address health inequalities. As “leveling up the differences in the health of different groups in the County” is part of the main purpose of the Health Improvement Board, the findings are highly relevant to this Board’s work. The OHIC recommendations provide an opportunity to build on existing work to sharpen our focus on reducing health inequalities which is central to improving population health in Oxfordshire

A number of the recommendations in the OHIC report are identified as for the Health and Wellbeing Board (HWB). We assume that this includes the Health Improvement Board (HIB), as a sub group of the HWB, and propose that the HIB consider how to take forward some of the recommendations. A summary of the OHIC recommendations which identify the HWB as having the main responsibility is attached in Annex 1 for consideration. We have drafted proposals for how the HIB can respond to the recommendations for consideration. Some of the recommendations may be more appropriate to the HWB; however, we include them, since these could be part of a set of recommendations from the HIB to HWB.

Many of the OHIC recommendations are related to improvements to data analysis and reporting necessary to identify differences between population groups, demonstrate impact and enable scrutiny by the HIB; the OHIC quotes a House of Commons Health Committee report which we think summarises our concern in relation to current Oxfordshire approaches to improving health.

*‘... we are concerned that robust systems to address unacceptable variation are not yet in place. The current system of sector-led improvement needs to be more clearly linked to comparable, comprehensible and transparent information on local priorities and performance on public health.’*

We have therefore prioritised improvements to the use of performance data on health inequalities in this short report.

### *Use of data, indicators to review and develop the HWB performance framework*

The OHIC report makes clear that it is important to improve the use of data and indicators related to health inequalities. Improved reporting on health inequalities, the impact of interventions, and any widening or closing of the gap is key. Developing an agreed approach to using data and reporting impact on inequalities in all reports will help ensure that the HWB/HIB’s work is clearly based on effectiveness in reducing health inequalities. The importance of improving data use and reporting is particularly identified in recommendations 10, 1, 3, 5, 11 (see Annex 1). The quality and format of

reports currently submitted to HIB/HWB are of varying quality which inhibits capacity to provide effective scrutiny of the achievement of targets.

A performance report which includes sub indicators and performance by dimensions of e.g. ethnicity, location (as a proxy for poverty), disabilities, age, would provide a stronger framework for assessing progress on reducing health inequalities and will increase transparency. The current HWB/HIB performance indicators used to assess performance do not distinguish differences in health needs and health access of different subgroups. There may be challenges in defining data sets and in obtaining sufficient data, but such a report will help ensure transparency and focus the work of the board on closing the health gap in the county and improving health overall.

### *Recommendation*

The HIB/HWB to commission an analysis of health inequalities data for Oxfordshire to identify:

- a) the main challenges for health equality (possibly drawing on the OHIC), and,
- b) Develop indicators for reducing health inequalities for each of the priority areas of the HWB/HIB strategy to prioritise delivery and future investment in health and wellbeing by the county.
- c) Devise standard outcomes-based monitoring report templates to enable services under the remit of HWB/HIB to report consistently against planned targets and demonstrate their impact on health equality.

It is anticipated that the analysis will identify any areas of health inequality which are not addressed by the current HWB strategy; these may then be considered for possible inclusion in future strategies.

The analysis of health inequalities should as a minimum consider those specific dimensions of inequality identified in recommendations 5 (most disadvantaged groups); 11 (BME groups); 18 (fuel poor); 26 (asylum seekers, refugees and migrants); 28 (activity levels for older, deprived and vulnerable groups) and 41 (people with learning disabilities). Other dimensions of inequality including mental health, physical disability, gender and sexuality may also be appropriate to consider.

### *Increasing our ambition for reducing inequalities in Oxfordshire*

There is potential to do more. Future performance reports could be strengthened by including assessments of reasons for variation from target in relation to how under (or over) performance is related to inequalities. For instance, which groups or localities have lower/higher immunisation rates for babies; which groups still have higher than average rates of smoking.

And, more importantly, what is being done to tackle these differences in health? How should information on health inequalities be used to inform future policies and investment in health, housing, social care and land use? This could enhance the role of the Board in providing constructive scrutiny and challenge to reduce health inequalities, and would strengthen its impact in “leveling up difference.”

### *Recommendation*

The HIB to

- a) review its role in relation to reducing health inequalities in Oxfordshire; and,
- b) identify how it will demonstrate its impact on leveling up difference.

Annex 1

Oxfordshire Health Inequalities Commission recommendations for the Health Improvement Board to consider

Recommendation number in OHIC report	Recommendation	HIB response – draft proposals
10	The data on health inequalities available through PHE / NHS and other routine sources should be regularly reported to all statutory organisations and made available to the public	<p>To ensure that the data are made available and used by the HIB, HWB, and Children’s Board.</p> <p>Commission a plan for how the data (impact and outcomes) can be reported in a consistent format to HIB and used to review changes in health inequalities.</p> <p>Liaise with teams and HIB to ensure consistent reporting on services.</p>
1	Statutory funding bodies need to do more to demonstrate their commitment to reducing inequalities	To ensure reports to the HWB/HIB set out their impact on inequalities; guidance to be provided by OCC.
3	Local indicators on progress towards reducing inequalities should be developed, with regular reporting to the Health and Wellbeing Board. This should be in place by the end of 2017.	Develop key indicators on inequalities for adults for HWB to facilitate tracking.
4	The HWB should track increased spending on prevention, and annually report to the public on progress made and outcomes achieved	Annual report from the HWB on county wide spending on prevention and outcomes.
5	The needs of disadvantaged groups should be monitored to ensure preventive programmes do not increase the inequalities gap, and that programmes delivered to all raise the health of all, including those who are most disadvantaged.	Regular report on progress on preventive programmes to HIB and HWB to show and track differences in impact on different groups.
9	The presence of the NHS and of the voluntary	For the Chair of the HIB to

	sector should be strengthened on the Health and Well Being Board.	pursue jointly with the Chair of the HWB through discussion with the CCG and OCVA.
11	Gaps in data collection on the health of Black and Ethnic Minority Communities, those with learning difficulties and other vulnerable groups at greater risk of poor health should be addressed and data used to inform resource allocation decisions. This includes encouraging all public sector organisations and organisations who do work on behalf of these organisations to be fully Equality Act compliant.	This should be planned for and actioned by the DPH in conjunction with recommendation 10.  Guidance on compliance with the Equality Act to be circulated to all public sector bodies and voluntary sector bodies funded by the statutory sector.
13	A sub group working on income maximisation should be established, and asked to report back to the HWB / CCG within a year.	For HWB to action, but the HIB should see the report for information.
17	Consideration should be given to the potential of social prescribing for improving the health and wellbeing of Oxfordshire residents, addressing health inequalities in particular, and learning from other areas.	Commission a report to the HIB and HWB to  a) Identify current social prescribing offered within Oxfordshire, and identify ways to increase this in a way which is consistent with the overall aims of the HWB strategy and reducing inequalities; with measurable outcomes.  b) Use learning from elsewhere to stimulate good practice.
18	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.	Ask the the Oxfordshire Affordable Warmth Network (AWN) to identify a strategy and resource requirements for doing this, focusing on the areas with highest levels of fuel poverty and other indicators of inequality. Costed options for tackling fuel poverty should be set up, and measurable outcomes

		identified.
19	<p>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.</p> <p>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.</p>	<p>Already being addressed through the HIB; ensure the regular reporting to the HIB continues.</p> <p>Ensure the maintenance of adequate resources for the homeless pathway; current resource level as a minimum.</p>
20	The numbers of people sleeping rough in Oxfordshire should be actively monitored and reduced.	Already being addressed through the HIB.
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.	Commission a report to HIB/HWB on activities being undertaken to support refugees and asylum seekers in Oxfordshire; regular reporting on progress and key indicators of resources, activities, outputs and outcomes.
28	<p>(to reduce obesity) A set of Oxfordshire grounded targets for increasing activity should be developed. Targeting people living in deprived areas, older people, and vulnerable groups.</p> <p>[The current HWB indicator is:</p> <p>Reduce by 0.5% the proportion of people who are NOT physically active for at least 30 minutes a week (baseline for Oxfordshire 21.9% Jan14-15)]</p>	<p>The current target is generic for the whole of Oxfordshire; the HIB needs to:</p> <ol style="list-style-type: none"> <li>Find ways to report by different population groups and set priorities for targeting interventions.</li> <li>Consider whether the current performance indicator will need to be changed to be recalibrated for current exercise levels for vulnerable, older, deprived groups.</li> </ol>
41	The needs of adults with learning disabilities within the county should be reviewed in 2017 and	Commission a report to the HWB on the health and social

	targets set to reduce their health inequalities.	needs of adults with learning disabilities to inform strategy and indicators for reducing health inequalities in 2017.
53	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	Responsibility of the NHS/OCC but note that the report comes back to the HWB.