PERFORMANCE SCRUTINY COMMITTEE – 4 JANUARY 2018

Implementation of the health inequalities commission recommendations

1. Introduction

The Health Inequalities Commission was sponsored by Oxfordshire's Health and Wellbeing Board to review the current state of health inequalities in the County and to make recommendations for their reduction. The Commission had an advisory function and it proposed recommendations for many organisations and groups.

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 Oxfordshire Health Inequalities Commission report was presented to the Health and Wellbeing Board (HWB) in November 2016 by the Independent Chair, Professor Sian Griffiths. Progress was reported to the HWB in March, July and November 2017 and to the Health Overview and Scrutiny Committee in November 2017. Because of the far-reaching nature of the recommendations, the Board received the report and noted the findings, recognising that they would need further consideration by a wide range of bodies. The Board agreed to monitor progress in one year's time.

2. Taking forward recommendations made to Oxfordshire County Council.

The Health Inequalities Commission made many recommendations for many organisations in the NHS, Local Government and Voluntary and community Sector 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, for example, in the Voluntary Sector without reference to the Health and Wellbeing Board or other partners, and this is to be applauded.

The Health Inequalities Commission set out their advice on which organisation should lead implementation for each of the 60 recommendations. This report focuses on the recommendations where Oxfordshire County Council was proposed by the Commissioners as the lead agency in taking the work forward. Even so, the work may not be possible without collaboration with other partners in improving outcomes for the population.

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

3. RECOMMENDATION

The Committee is RECOMMENDED to note progress in taking forward the recommendations where Oxfordshire County Council was proposed by the Commissioners as the lead agency in taking the work forward.

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Appendix 1 - Extracts from the paper presented to the Oxfordshire Health and Wellbeing Board on 9th 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:

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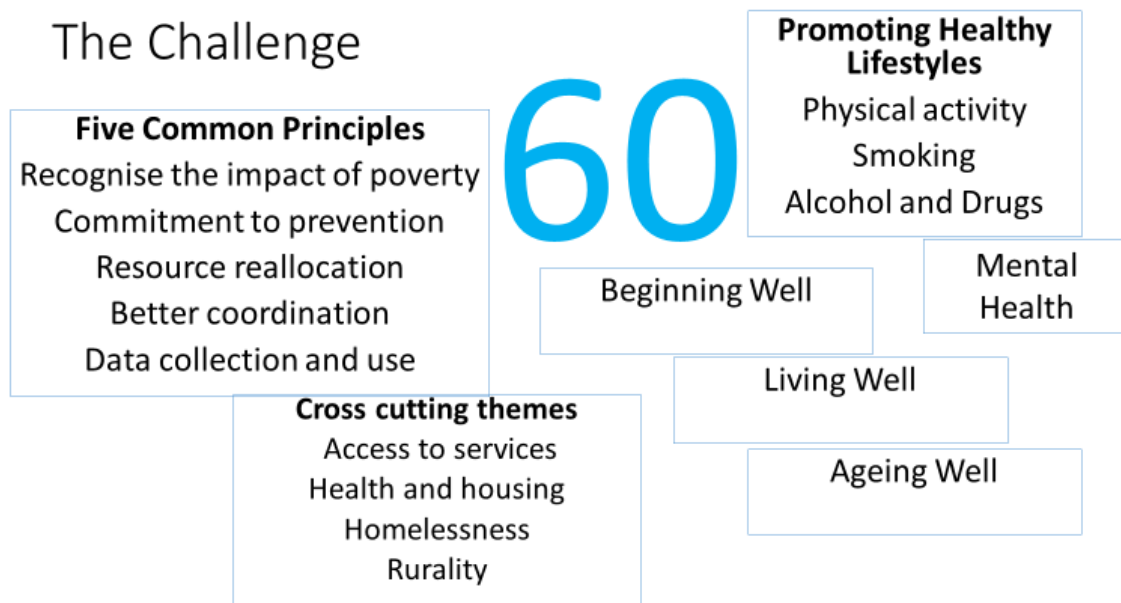
The work of the Health Inequalities Commission (HIC) Implementation Group

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. <u>Priority business for the Implementation Group in 2017-18</u>. 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. Of the 5 work areas one is led by Public Health in the County Council, as shown in the list below.
   a. Basket of Inequalities Indicators (Led by Public Health in OCC)
   b. Innovation Fund (jointly led)
   c. Income Maximisation (currently CCG led)
   d. Social Prescribing (CCG lead)
   e. Promoting Physical Activity as part of improving prevention of ill health.(Oxfordshire Sport and Physical Activity)

2. <u>Recommendations being taken forward by specific groups</u> / 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 for the recommendations led by OCC.

3. <u>Recommendations to be considered for future implementation</u>. A further 19 recommendations are under consideration and not yet being fully implemented. Those led by OCC 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[1]) (Public Health lead)**

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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[1] 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) (Joint lead)

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[2]) (Currently CCG lead)

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[3]) (CCG lead)

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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[2] Also linked to recommendations to:
- Expand Benefits in Practice (12); Engage district councils and other funders (14)

[3] 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[4]) (OxSPA lead)

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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[4] 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. Those which are led by Oxfordshire County Council (OCC) are outlined in this section:

Recommendation being taken forward	Progress to date
Recommendation 1 Statutory funding bodies need to do more to demonstrate their commitment to reducing inequalities. Their policies and plans should be scrutinised by HWB on an annual basis.	**Example of implementation:** Several of the outcomes in the Joint Health and Wellbeing Strategy include specific targets to address inequalities issues and these are reported regularly to the Board. For example, it is known that there is variation in obesity rates among children so the outcome measure is: Ensure that obesity level in Year 6 children is held at below 16% (in 2016 this was 16.0%) No district population should record more than 19%
Recommendation 2 Monitoring of the process of commissioning/service design to ensure it has taken inequalities into account in the design of new models of care and innovations such as vanguards needs to be undertaken regularly.	**Example of implementation:** A Health Equity Audit on delivery of NHS Health Checks was carried out in 2017 to ascertain whether all sections of the population were taking up the invitation to attend.
Recommendation 6 Core preventative services such as Health Visiting, Family Nurse Partnership, School Health Nurses and the Public Health agenda should be maintained and developed	**Complete: Public Health** 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.
Recommendation 23 Reports of isolation and loneliness in older people/people suffering from dementia in rural areas should be collated and monitored on an annual basis with a reduction achieved year on year utilizing advice in the Age UK publication "Evidence Review of loneliness and Isolation".	**Some Progress: various agencies** - Loneliness Summit held in July 2017 led by Age UK Oxfordshire. - Proposal to set up a strategic Task and Finish group led by Age UK Oxon. - Healthwatch Oxfordshire published a report on Dementia Friendly Communities in 2015 and work is being picked up through social prescribing and Dementia Friendly training. - Dementia Oxfordshire have been provided additional ongoing funding to provide specialist

	training to community and voluntary sector groups, to support them to meet the needs of older people with dementia, including in rural areas. They are also reporting on their progress linking people with dementia, including in rural areas, to support and groups available locally.
Recommendation 35 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.	**Good progress: Public Health** 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.
Recommendation 36 and 38 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 - the rates of successful completion of drug treatment in non opiate users - the rate of parents in drug treatment - the rate of people in substance abuse programmes who inject drugs who have received a hep C vaccination - the rate of children facing a fixed period of exclusion due to drugs/alcohol use - NPS use	**Good Progress: Public Health** Drugs and Alcohol Treatment services in Oxfordshire are fully resourced and there have been no changes made to the range of provision. 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. Work on identifying the numbers of children who are excluded from school as a result of substance misuse is yet to be completed.
Recommendation 45 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 & families from deprived areas and identified disadvantaged groups	**In progress: Oxfordshire County Council and other partners** Eight children and family centres plus two satellite sites have been established in the most disadvantaged areas in the county delivering a combination of some open access services and targeted services across the county. - To date, over £750,000 has been awarded to 26 community-led groups enabling them to develop open access sessions for under s and their carers - Since March 2017, OCC's Community Co-ordinators have been working with these groups to support them to turn their business plans into high quality services. The first round of monitoring confirmed that all groups are delivering to their business plans, with many providing more open access sessions than

	originally planned, and some now looking to offer outreach to support vulnerable families to access their services
	- Health visitors are holding surgeries in many of the community venues
	- Joint work is taking place with Diocese of Oxford to increase the knowledge, skills and confidence of existing church-led open access sessions for under 5s
	- Brighter Futures in Banbury continues to develop multi-agency work in the three most deprived wards in the Banbury area
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Recommendation 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	**Complete: Director of Public Health** All recommendations from the 2016 report were reviewed and findings included in the 2017 report.
Recommendation 54 Support for services and stimulation should be provided to older people, especially those living on their own to avoid isolation and loneliness especially amongst those with dementia and in rural areas	**Complete: New model of daytime support** • Following a review of daytime support and council decisions, a new model of daytime support has now been implemented: • There are over 200 community and voluntary sector daytime support opportunities across the county, many of which support people in rural areas and people with dementia. Over 2000 people benefit from these services, who have made clear throughout the review how important these services are in preventing isolation. Alongside infrastructure support e.g. around fundraising and specialist training in supporting people with dementia, the county council is providing £250,000 per year ongoing grant funding. In addition to this, transition support and funding has been provided to support these services to increase their self-sustainability • Dementia Oxfordshire and the Community Information Network support people to access social opportunities available locally, including people with dementia and people in rural areas. • We are funding community development work provided by the Community Information Network, to increase the opportunities available particularly in areas of priority need. The council-provided Community Support Services provides a countywide service with transport delivered from 8 buildings across the county. It provides tailored, specialist support primarily to people with more complex needs, including older people and people with dementia.

Section 3: Recommendations for future implementation

A total of 20 recommendations will need more consideration so they can be taken forward. The recommendations that the Commission suggested are taken forward (either in part or in full) by OCC are listed below:

	Recommendation	Next Steps
8	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. Regular review of progress should be undertaken by HWB	**Example of Implementation:** There are already some good examples of Health In All Policies, e.g. Public Health working with Planners and Transport planners.
22	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.
37	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.
49	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. Health plans and needs are being reviewed by OH under the terms of the contract. The TCP and Adults pool has a new target around annual health checks, number and quality. This is key priority for 2018/19 final year of the programme.
51	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	County Council and the CCG are currently working with domiciliary care agencies to enhance the way in which agencies carry out health tasks delegated by health professionals. We are piloting some changes to this in partnership with care providers

52	Support for carers , including their needs for respite care and short breaks , should be supported with resources by all agencies	
55	Strategic action should be taken to oversee increased access to support for older people in disadvantaged and remote situations: o physically through a better coordinated approach to transport across NHS, local authority and voluntary/community sectors o digitally through a determined programme to enable the older old in disadvantaged situations to get online o 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.	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.
57	The current gap in provision of support for older people with mental health needs other than dementia needs to be addressed urgently.	This work will be picked up in the work streams of the new Oxon MH Five Year Forward View Delivery Board, which was set up in December.
60	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.