

Oxfordshire Joint Health Overview and Scrutiny Committee

Update on implementation of recommendations from the Oxfordshire Health Inequalities Commission, June 2018

Summary

Implementation of recommendations from the Health Inequalities Commission report is continuing successfully.

A multi-agency Implementation Group has been overseeing progress in taking recommendations forward. This has been the job of a range of individual organisations and partnerships. The aim is to make changes to commissioning, planning, strategy development and targeting resources in order to improve outcomes for the most disadvantaged and narrow the inequalities gap. The implementation group aim improve “business as usual” and not just to encourage short term projects or additional action plans.

In the autumn of 2017 a review of work being taken showed that

- 24 recommendations were being taken forward through 5 priority areas of partnership work. Some of this work is now complete and progress reports are given in this paper.
- 16 recommendations had been taken forward by different organisations as part of their business as usual. This was reported to HOSC in November 2017.
- Some work is in progress on the remaining 20 recommendations and more information is needed. A further update on these recommendations is currently being collated and will be discussed at the Implementation Group in July.

Background

The Health Inequalities Commission, chaired by Professor Sian Griffiths, reported its findings and set out recommendations in November 2016. The commissioners were independent members selected from public and voluntary sector organisations and academia.

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/>

A report on progress was presented to the Joint Health Overview and Scrutiny Committee in November 2017. This paper sets out further updates on progress.

Update on the Implementation Group

This multi-agency group meets quarterly and is chaired by Dr Kiren Collison, Clinical Chair of the Oxfordshire Clinical Commissioning Group. Current members of the group represent the CCG, Public Health, Cherwell District Council, Oxford City Council, West Oxfordshire District Council, South and Vale Councils, Oxfordshire Mind, Oxfordshire Healthwatch and Active Oxfordshire (formerly Oxfordshire Sport and Physical Activity).

Updates on priority areas of work

The 6 areas of work outlined below are priority areas agreed by the Implementation Group in September 2017. The areas of work cover approximately 25 of the recommendations from the Commission Report between them. The aims and objectives of each of these pieces of work were outlined in the report to HOSC in November 2017¹. This report gives an update on progress.

1. Basket of inequalities indicators

The recommendation on this topic has been fully met (Recommendation no. 3)

A set of indicators has been collated and published which set out the following

- Over 30 indicators with Oxfordshire and England average outcome for each indicator and variation across the county.
- The areas of the county which are significantly higher or lower than the county average (by ward, Middle Super output area or district).
- For some indicators the changes in value for areas since the last report
- A summary of which wards are significantly worse than county averages for two or more indicators
- Which GP practices serve the majority of the population in each of these localities.

This tool was approved by the Health and Wellbeing Board as part of the updated Joint Strategic Needs Assessment in March 2018 and has been published on Oxfordshire Insight, here:

<https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA%202018%20ANEX%20Inequalities%20Indicators%2012Apr18.pdf>

This tool will enable anyone involved in commissioning, service planning and community development to be aware of inequalities issues and ensure that their work targets communities with poorer outcomes. It may also be useful as part of monitoring progress in addressing inequalities issues.

¹ http://mycouncil.oxfordshire.gov.uk/documents/s39205/JHO_NOV1617R04%20-%20Health%20Inequalities%20-%20Update%20on%20HWB%20response%20to%20report.pdf

2. Innovation Fund

The recommendation on this topic has been partially met and work is continuing (Recommendation 7²)

As reported previously, pledges to contribute modest sums of money to an Innovation Fund have been made by partners in the Oxfordshire Growth Board, matched by Oxfordshire Clinical Commissioning Group. The total is £24k.

Extensive scoping of potential projects to support work addressing health inequalities has been carried out. This work included investigating the potential for setting up an interactive directory / map of activities and services which could form a “social prescription” or just enable members of the public to find local groups and activities to improve their health and wellbeing. However, following the scoping exercise the Implementation Group concluded that this might duplicate existing work and that insufficient funds were available to make a good job of it.

At the Implementation Group meeting in April 2018 it was agreed that ideas for use of the Innovation Fund could be sought through Oxfordshire Community Foundation as part of their regular programme of work to tackle inequalities. This will bring several advantages, including increased opportunity for sustainability, potential for attracting further funds, joining an independent, robust and transparent process for disseminating funds and benefitting from the expertise and experience of the Community Foundation and partners. Oxfordshire Community Foundation have agreed in principle to work with the group to take this forward to the next stages. It is expected that the exploration of themes and potential application processes will take place soon.

3. Benefits workshop – Income maximisation

The recommendations on this topic have been met and there is potential to build on this work. (Recommendations 12,13,14).

The Health Inequalities Commission set out three clear recommendations on making benefits advice available in health settings, convening a working group on income maximisation and to discuss funding with District Councils.

A workshop was held in February 2018 with a mixture of providers of advice services and commissioners / funders from local authorities and the health service. The outcomes of the workshop were reported back to the Implementation Group and have since also been discussed at the Joint Management Group for Adults with Support and Care Needs (a sub group of the Health and Wellbeing Board).

The issues that were highlighted at the workshop included

1. The need for a clear, shared definition of benefits advice across the system.

² 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

2. The need for a clear pathway of how clients arrive at advice services and how they leave their need of benefits.
3. Recognition that if agencies are in competition for funding there may be tensions and lack of cooperation.
4. Acknowledgement that clients in crisis may approach several agencies at once.
5. There will be potential to make referrals for advice through the emerging social prescribing schemes being set up.

The HIC recommendation is for more advice delivered in health settings. This was debated and the conclusion of those at the workshop was that this was not necessary.

More pressing issues were highlighted including

- It is important to consider prevention and the need for a strategic view of what will have biggest impact on the Wider Determinants of health e.g. strong economy, “good work”.
- Demand is currently outstripping supply of advice services so more money is needed to meet that demand.
- Large numbers of clients are of working age and therefore in-work poverty is a contributing factor.
- The future of benefits advice is unknown e.g due to the switch to Universal Credit. However, some clients may be disadvantaged by shifts to digital interactions.
- There is no overview of the number of clients receiving advice or support as the provision is disbursed.
- There is no existing partnership or network of advice service providers or commissioners. There is also no clear lead agency or partnership to take this topic forward.

Follow up work may follow the discussions at the Joint Management Group.

4. Social Prescribing

Good progress is being made in implementing recommendations linked to social prescribing and this will continue to develop.

Oxfordshire CCG is leading work on social prescribing with each of the 6 CCG localities outlining plans for taking this forward in their areas. The recommendation in the Health Inequalities Commission report on this topic stated that “*Consideration should 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*”. Other recommendations also called for new models of care, investment in prevention, addressing loneliness and isolation, promoting healthy lifestyles. These areas of work are all covered in social prescribing.

Recent progress includes:

- Hedena Health in Oxford is continuing its social prescribing project. Monitoring has shown a reduction in repeat visits to the GP following take up of social prescriptions.
- OxFed employs Practice Care Navigators who work across clusters of GP Practices. This work initially targeted frail elderly people but is now being expanded to the wider population.
- OxFed are also planning a pilot using a digital platform to monitor uptake of social prescriptions. The GP will (with consent) be able to track whether a patient takes up the social prescription and where they participate in activities run by voluntary or other agencies.
- Cherwell District Council has partnered with North Oxfordshire Citizens' Advice and West Oxfordshire District Council to successfully submit an expression of interest to NHS England. A full bid has been submitted and is awaiting the outcome for funding to cover work across both Cherwell and West Oxfordshire.
- Chipping Norton GP Practice has its own Social Prescribing project.
- In the South West Locality, the Abingdon Practices have Care Navigators who go through available options with patients in the Practice, using the COACH web site. In the South East Locality, the GP Practices are planning, through the GP Federation, to commission a voluntary sector organisation to deliver social prescribing across the Practices.
- The Live Well Oxfordshire³ website is being developed to include more activities and groups which could be used for social prescription, including healthy lifestyles, physical activity, outdoor activity etc.

5. Physical Activity

Recommendations on this topic are not yet fully implemented.

Recommendations from the Commission included targeting an increase in activity levels in the over 50s, especially in deprived areas and improved inclusion of people with disabilities and mental health problems.

Oxfordshire Sport and Physical Activity (OxSPA) had agreed to lead on this area of work. They are currently in the process of re-organisation and establishing themselves under the new name of Active Oxfordshire. It seems very likely that addressing inequalities and championing the benefits of physical activity will be at the heart of the new organisation, so the Implementation Group will look forward to working with the new organisation when they are fully constituted.

6. Other initiatives to report

a. Oxford City Inequalities project

This work is a joint project between Oxford City Council and the City Locality of the CCG. Each of these partners has made funding available and detailed planning is now in progress to deliver

³ <https://livewell.oxfordshire.gov.uk/>

- Additional training and expertise to support tenants with severe and enduring mental health problems.
- Developing local access to activities which will support health and wellbeing in the community centres.
- Population Health Management approaches to identifying people in some areas of the City who could benefit from “Strength and Balance” classes to prevent falls, “Breathe Better” classes for respiratory problems or “Dance for Health” to increase physical activity and prevent falls.
- Primary prevention initiatives to target areas where people have poor health outcomes, to support healthy lifestyle choices.
- Improved working relationships between Council teams and primary care teams, including Knowledge Exchange events.

b. Making Every Contact Count

A county wide initiative to develop the Making Every Contact Count (MECC) approach is starting. This is a primary prevention initiative which gives front line practitioners and others the confidence and resources to start a conversation about healthy lifestyles with their clients. The work helps implement several of the Commission recommendations on promoting healthy lifestyles.

A strategic Oxfordshire System Delivery group has been set up to track and monitor progress on embedding MECC across all organisations county wide. The group feeds in to a wider BOB oversight group for consistency and sharing of learning across the area.

The work in Oxfordshire is aimed at communities with poor health outcomes or vulnerable people. Training has already started in the Fire and Rescue Service, Barton Healthy New Town, the County Library Service and among Social Prescribers through resources provided by BOB STP and HEE.

The initiative will be rolled out soon in Brighter Futures in Banbury, Bicester Healthy New Town, Community H&WB Partnerships in Oxford and other settings.

Next steps

The Implementation Group will cover the following areas of work in the next 6 months:

1. Complete the work on the priorities already listed above.
2. The Implementation Group is currently collating an update on progress and will be able to identify areas of work that should be prioritised in the coming months. This will be discussed at the next meeting in July.
3. Influence the development of the Joint Health and Wellbeing Strategy to ensure that health inequalities issues are addressed.

4. Monitor the impact of this work on inequalities issues in the County, using appropriate measures to track progress where possible, updating the Basket of Inequalities Indicators.

Dr Kiren Collison, Clinical Chair, Oxfordshire Clinical Commissioning Group
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Annex 1. Recommendations where updates are currently being collated

	Recommendation
7	<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"> • 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. • 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. • 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.
8	<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>
9	<p>The presence of the NHS and of the voluntary sector should be strengthened on the Health and Well Being Board</p>
16	<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>
21	<p>An integrated community transport strategy should be developed</p>
22	<p>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</p>
27	<p>Robust pathways to community services for community rehabilitation (including Community Rehabilitation Companies) on release, particularly for short term offenders, need to be developed</p>
34	<p>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.]</p>

37	School based initiatives should be promoted for all age groups
39	The under provision of resources for Mental health services should urgently be addressed
40	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.
41	Perinatal mental health should be a priority with appropriate investment to improve access to perinatal mental health services across Oxfordshire
44	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
48	The NHS workforce should engage in equity audit and race equality standards should be routinely reported
49	The needs of adults with learning disabilities within the County should be reviewed in 2017 and targets set to reduce their health inequalities .
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
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: <ul style="list-style-type: none"> ○ physically through a better coordinated approach to transport across NHS, local authority and voluntary/community sectors ○ digitally through a determined programme to enable the older old in disadvantaged situations to get online ○ 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.
57	The current gap in provision of support for older people with mental health needs other than dementia needs to be addressed urgently.
60	The resources produced by PHE to support local action should be used as part of the formal review process.