

Oxfordshire Health and Wellbeing Board November 2018

Health Inequalities Commission Implementation Group Update report

Introduction

It is now 2 years since the independent Health Inequalities Commission (HIC) reported its recommendations to the Health and Wellbeing Board. Since then the board has received regular updates on how the 60 recommendations have been implemented.

The HIC Implementation Group has continued to drive forward this agenda. The group is made up of representatives from a range of organisations. Their work has included

- Collating an overview of progress against all 60 recommendations of the Commission (the “long list”)
- Focusing on a few particular areas of work to give them more impetus by working together
- Considering the longer-term priorities in how we work together on this issue.

This report outlines progress and future plans for this work.

1. Progress in implementing 60 recommendations (the “long list”)

Immediately after the publication of the Health Inequalities Commission report there was extensive work to disseminate it and to engage a very wide range of partners in recognising their role in delivering the recommendations. This work has continued and, although it has always been known that it is impossible to report on all activity, the Implementation Group has tried to maintain an overview of implementation of all 60 recommendations.

This overview has resulted in production of a “long list” of reports against all 60 recommendations. This has been based on the local knowledge and involvement of Implementation Group members in delivering the recommendations. This long list has been used to give previous updates to the HWB and to Health Overview and Scrutiny Committee.

The Implementation Group recognises that the “long list” is a factor of their combined knowledge and it is therefore limited. It is likely that other work is progressing that the members of this group don’t know about and that is therefore not reported. Over time this will increase, so the ongoing monitoring of all 60 recommendations is going to prove increasingly difficult.

In order to address this issue the Implementation Group have agreed an alternative approach (see section 3 below). However, they are still keen to find out the impact of the separate projects that have been reported. They will, therefore, be taking the following actions:

- Asking project leads to report on the impact of their work so that this can be collated
- Setting up opportunities for project leads to report on their work and share good practice e.g. an annual Knowledge Exchange event.

2. Focus on particular areas of work

The Implementation Group has been driving forward some specific areas of work which have all either been completed or gained momentum of their own. These have been reported at previous meetings of the HWB and HOSC and latest updates are summarised below:

1. The Basket of Inequalities Indicators

This was published in March 2018 and is part of the Joint Strategic Needs Assessment. It enables more detailed planning of services and initiatives to tackle local health inequalities. It can be found here:

<https://insight.oxfordshire.gov.uk/cms/annex-inequalities-indicators-jsna-2018>

2. The Innovation Fund

The fund has been set up in partnership with the Oxfordshire Community Foundation and was open for bids until 26th October 2018. Funding contributions from each local authority (via the Growth Board) were matched by the CCG. This has been augmented by OCF using nationally disbursed funds called the “Tampon Tax”. Applications were open through the “Good Exchange”. Full details are available on the OCF website here: <https://thegoodexchange.com/what-is-the-good-exchange/for-applicant-organisations/>. No outcomes from the bidding process are available to report yet.

3. Social Prescribing

A range of social prescribing projects have been established across the county and are becoming operational. This area of work has been proposed as a priority for the Health Improvement Board to oversee and will be included in the draft new Joint HWB Strategy. The Implementation Group noted this considerable progress and agreed that their ongoing involvement to drive implementation was not needed.

4. Benefits Realisation

The HIC recommendation on this topic, that a workshop be held to explore the possibility of more advice being available in health settings, has been delivered. The workshop was held in February 2018 and has been reported previously. However, the Implementation Group remain concerned about the sustainability of current initiatives and also think there is potential for more joint work to understand the availability of benefits advice for those who need it. The health impacts of debt or low income are well documented and this is a practical area of work that could have a significant impact on inequalities. Ongoing work is currently underway to look at this topic and will be discussed at the Implementation Group.

5. Physical Activity

The HIC included a suite of recommendations for helping people who are currently inactive to become more physically active. This work is being taken forward across the county, coordinated by the newly reconstituted sports partnership, now called Active Oxfordshire. Their draft strategy and plans have been shared with partners and are firmly based on the recommendations of the HIC.

3. Longer term priorities for how we work together to reduce health inequalities

At the meeting of the HIC Implementation Group in July 2018 there was a discussion how the group will work in future. As outlined above, the Implementation Group has been monitoring a long list of initiatives to deliver the 60 recommendations and report them to the Health and Wellbeing Board and Health Overview and Scrutiny Committee (HOSC). However, it was felt that was only giving a piecemeal picture, not a coherent view of whether any lasting impact has been made as a result of the HIC report.

Following discussion, and in order to get a more coherent overview, the 60 recommendations have been grouped into 3 categories. This grouping has been based on the original intentions of the Implementation Group as agreed by the Health and Wellbeing Board (HWB) in March 2017.

These groups are

- a. Adapting and developing existing systems and processes
- b. Furthering the Prevention agenda
- c. Building on Existing Projects

Many of the initiatives from the “long list” do fit into these groups and are set out in 3 tables in Annex B.

Discussion at the Implementation Group brought agreement that this grouping of activities enabled a more coherent overview of what has already been achieved and will also make it easier to spot gaps and influence organisations to continue to address health inequalities. Decisions were made on the future focus of the Implementation Group as follows:

1. This way of grouping the activities helps us to have a more manageable approach to monitoring implementation

We can more easily show that embedding the work to address inequalities in existing processes, strategies and projects will make it sustainable.

2. We still need to measure the long-term impact of this work on population health

The use of population level data on inequalities is essential for planning and for identifying population groups who are disadvantaged. But they are a blunt instrument when it comes to measuring impact of programmes as there is little chance to prove that an intervention has a direct impact e.g. on life expectancy,

disease prevalence etc. This is a long-standing problem. In order to address this, the group agreed 2 actions

- A review of the Basket of Inequalities indicators to see if any changes can be reported at population level
- A request to project leaders who have reported their work on the long list, asking for details of the impact this work has made.

3. It cannot be the job of the implementation group to chase all the details of all the projects and programmes and show some local impact

Some of the projects are monitoring the outcomes of their work, reporting on the impact of their work and demonstrating progress. Others are not. Rather than chase and collate details from a large number of projects, the Implementation Group agreed to support those who are delivering projects by encouraging good practice in evaluating impact and enabling that good practice to be shared. This may be through an annual “Knowledge Exchange” event.

4. The 5 principles of addressing inequalities, set out by the Commission, need to be recognised across the system and be evident in strategies and action plans

5 principles

1. The profound influence and impact of poverty on health needs to be widely recognised and systematically addressed
2. Commitment to prevention needs to be reflected in policies , resources and prioritization
3. Resource re-allocation will be needed to reduce inequalities
4. Statutory and voluntary agencies need to be better co ordinated to work effectively in partnership organizations
5. Data collection and utilization needs to be improved for effective monitoring of health inequalities

For example, these 5 principles need to be evident in the new Joint Health and Wellbeing Strategy and all the associated strategies and plans taken forward by HWB sub-groups.

Recommendations:

The Health and Wellbeing Board are recommended to

1. Endorse the decisions of the Implementation Group to work in a more strategic way to make further progress with this work
2. Agree that sharing of good practice on addressing health inequalities should be facilitated across the system.
3. Ensure that the 5 principles for addressing health inequalities set out by the Health Inequalities Commission are embedded in the Joint HWB Strategy and all other associated strategies and plans.

Kiren Collison, Andy Valentine, Jackie Wilderspin

Annex A Extract from a HWB paper in March 2017¹ by which the approach to implementing the recommendations from the Health Inequalities Commission was agreed.

“The recommendations will be implemented by including them within existing work programmes. This will include:

a. Adapting and developing existing systems and processes

There is a consensus that work to implement the recommendations should be embedded in existing systems and processes. Partners are reluctant to set up new structures or write separate action plans but want to include action in their mainstream plans. The report highlights one way to do this is to take the Health in All Policies approach. All partners have welcomed the opportunity to renew and further develop their focus on health equality of outcomes across the population. Ideas for making sure that services address identified health inequalities of access and outcome include:

- **Equality impact assessments** – commissioners can make better use of population level data to identify health inequalities and ensure services are available and appropriate for those who experience worse outcomes.
- **Equity audits** – service managers can use information on who accesses their services to make sure there are no barriers to particular groups who will have worse outcomes as a result.
- **Better reporting** – for example including more reports of variation in outcomes in the JSNA and in needs assessments for commissioning.
- **Setting targets to reduce variation** – for example through the Joint Health and Wellbeing Strategy where targets for improving the worst outcomes are added to ambition for overall improvement for the whole population.
- **Shift the focus** – either by looking at the needs of people in particular places or for specific groups rather than assuming a universal service will meet all needs.
- **Using the levers of Contract management** – for example to gather evidence of “reasonable adjustment” for people with additional needs.

b. Furthering the Prevention agenda

Partners have already reported that there are opportunities to further the prevention agenda locally. There is also an appetite to continue with current work and learn from the findings of the Health Inequalities Commission in developing existing programmes. This includes

- **Sustainability and Transformation Plans in the NHS.** The Five Year Forward View for the NHS sets out a clear agenda for a shift to prevention in all health services.
- **Making Every Contact Count** – professionals in health and other settings can raise the subject of healthy lifestyles with their clients.

¹ http://mycouncil.oxfordshire.gov.uk/documents/s36719/HWB_MAR2317R08-%20Health%20Inequalities%20Commission%20-%20update.pdf

This should continue to develop to include a holistic approach to mental wellbeing and physical health.

- **Oxfordshire Sport and Physical Activity** bid to Sport England
- **Health in All Policies** adopted by all partners.
- **NHS Healthy New Towns** – Barton and Bicester. *Developing new housing provision with healthy outcomes in mind and disseminating the learning to other areas.*

c. *Building on Existing Projects*

It is clear that there is an abundance of work already underway to address inequalities in Oxfordshire. However, it is also clear through the work of the Commission that there is more to be done. This is likely to include

- **A focus on inequalities in bids for funding** and development of programmes – such as recent work with care leavers, asylum seekers, preventing homelessness.
- **Refreshing plans for existing programmes** – such as *Stronger Communities in the City* and *Brighter Futures in Banbury*
- **Targeting initiatives at groups with poor outcomes** – using data to ensure that services are well targeted and not “one-size-fits-all”. For example the CCG are piloting initiatives in small areas or specific groups of people such as social prescribing in Barton, a rapid access clinical unit in Henley, setting up talking therapies for people who may struggle to manage their long term conditions.”

Annex B Grouping activities which address health inequalities in Oxfordshire in a strategic framework

The tables below show how activities being delivered in response to HIC recommendations fit into the following 3 areas of work:

- d. Adapting and developing existing systems and processes
- e. Furthering the Prevention agenda
- f. Building on Existing Projects

1. Adapting and developing existing systems and processes	
Examples of good practice	Examples of implementation (Numbers in brackets refer to specific HIC recommendations met by this activity)
Equality Impact assessments Equity Audits	<ul style="list-style-type: none"> • CCG conducting 2 Equality Impact Assessments each year • OUHFT rolling programme of equality impact assessments • NHS Health Check Equity Audit shows need to target men, some BME groups
Reporting on variation Using data on variation in setting targets	<ul style="list-style-type: none"> • Publication of Basket of Inequalities indicators • New draft joint HWB strategy includes cross cutting themes of prevention and inequalities. • Active Oxfordshire Strategy and priorities (28)
Shifting the focus to target a place or group rather than having a universal service	<ul style="list-style-type: none"> • City Inequalities project with £100k from CCG and City Council • Innovation Fund with contributions from CCG and councils (7) • Financial inclusion strategy at Oxford City Council (7) • Grants to community groups for children's centres (45) • Banbury ClZ and BFIB following children's centre changes (45) • LES for practices with high levels of inequality of outcome (7) • Successful bid by OHFT for perinatal MH services (41) • Oxfordshire Mind peer support group for new mothers (41) • Barton Healthy New Town- Team Around the Patient model targeting high users of NHS services • Bicester Healthy New Town
Using the levers of contract management	<ul style="list-style-type: none"> • Basket of inequalities indicators published (3) • Making Every Contact Count in NHS contracts is being monitored • New smoking and tobacco control contract targets routine and manual groups (31) • PH grant used to commission drugs treatment / family support (36,38) • Health Visitor contract includes specific Family Nurse Partnership work targeting young parents • Man v Fat has been commissioned to target men who are

	overweight (5)
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2. Furthering the Prevention Agenda	
Examples of good practice	Examples of implementation (Numbers in brackets refer to specific HIC recommendations met by this activity)
Health in All Policies	<ul style="list-style-type: none"> • Workplace wellbeing to promote health in NHS trusts, Cherwell DC area and through wider network led by Unipart (47) • People with disabilities were included in consultation on the City Local Plan • Housing related support pooled budget (19,20)
Healthy Place Shaping	<ul style="list-style-type: none"> • Healthy new towns – community activation • Public Health and CCG input to planning consultations • Public Health promotion of active travel in planning and projects • Food Banks map and Feeding the Gaps report (42) • Food poverty / accessibility workshop in Barton and youth engagement for breakfast club in Barton • Promotion to improve uptake of Healthy Start Vouchers in City. • Social prescribing – OxFed, Barton and NW Programme; targeting areas of inequality; • Loneliness Summit 2017 (23)
Prevention in the Health and Social Care system (as set out in the 5 Year Forward View)	<ul style="list-style-type: none"> • JHWBS has prevention as a cross cutting theme. • CCG has its own prevention framework • Active Bodies Healthy Minds bid • Alcohol liaison service being set up by OUHFT (32) • Oxfordshire CAMHS (OH) new model of care, including emphasis on early identification of mental health problems, with self-referral and single point of access.
Strategic work on prevention	<ul style="list-style-type: none"> • Making Every Contact Count in communities, services, contracts (46). • Active Oxfordshire Targeting physical inactivity (58) • Fuel poverty work through the Affordable Warmth Network targeting those with poor health (8)

3. Building on existing projects	
Examples of good practice	Examples of implementation (Numbers in brackets refer to specific HIC recommendations met by this activity)
Focus on inequalities in bids for funding	<ul style="list-style-type: none"> • Trailblazer project to prevent homelessness (19) • Refresh Café enables people recovering from substance misuse to get training and work experience (27) • Local initiatives by VCS include appointment buddies, Red

	Arrows volunteer drivers (55)
Renewing plans for existing programmes and building in inequalities	<ul style="list-style-type: none"> • Benefits Realisation workshop and follow up work on common pathway • Stronger Communities in the City – Local HWB Partnerships in disadvantaged parts of Oxford deliver local plans. Includes schools in some localities (44)
Targeting initiatives at groups with poor outcomes	<ul style="list-style-type: none"> • Aquarius and TTE in schools (35) • New Models of Care in Barton HNT and in Rose Hill and the Leys through the city inequalities project, targeting those at risk of falls or with breathing difficulties for non-medical interventions (2) • City Conversation on Rough Sleeping (19) • Dementia Friends in Barton, Banbury, at the JR hospital (56)
Sustaining existing inequalities projects that may be under threat	<ul style="list-style-type: none"> • Benefits in Practice needed to be sustained in the City so additional money found by CCG then by PH in the last 2 years (12)