

## **Oxfordshire Joint Health Overview and Scrutiny Committee, April 2019**

### **Update on implementation of recommendations from the Oxfordshire Health Inequalities Commission**

#### **Summary**

In the last report to this Committee from the Health Inequalities Commission Implementation Group (June 2018) details were given on the breadth of activity to implement the 60 recommendations from the Commission report in 2016. It was reported that much of this work has been completed.

Since that last report the Health and Wellbeing Board has approved a new approach to the work of the Implementation Group. This paper sets out the changes in approach which are now being adopted. In summary the Implementation Group is now focussing on:

1. Adapting and developing existing systems and processes
2. Furthering the Prevention Agenda
3. Building on Existing Projects
4. Leading on sharing good practice

In addition, the Implementation Group has run a very successful event called the "Health Inequalities Good Practice Exchange". Details of this event are also described below.

#### **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 multi-agency Implementation 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, Oxfordshire County Council Public Health, Cherwell District Council, Oxford City Council, West Oxfordshire District Council, South and Vale Councils, Oxfordshire Mind, Oxfordshire Healthwatch and Active Oxfordshire.

#### **New priorities**

A paper to the Health and Wellbeing Board (HWB) in November 2018 set out new ways of working for the Implementation Group. These were approved by the HWB. The paper can be seen here:

[http://mycouncil.oxfordshire.gov.uk/documents/s43919/HWB\\_NOV1518R19%20-%20Health%20Inequalities%20Commission%20Implementation%20Group%20-%20Update.pdf](http://mycouncil.oxfordshire.gov.uk/documents/s43919/HWB_NOV1518R19%20-%20Health%20Inequalities%20Commission%20Implementation%20Group%20-%20Update.pdf)

The new way of working that was approved is set out in 4 main areas:

**a. Adapting and developing existing systems and processes**

The original Commission Report highlighted that one way to do this is to take the Health in All Policies approach. All partners need to take the opportunity to renew and further develop their focus on health equity of outcomes across the population. Ideas for making sure that services address identified health inequalities of access and outcome include:

- **Continuing to develop detailed intelligence on health inequalities**
- **Equality impact assessments** –to identify health inequalities and ensure services are available and appropriate for those who experience worse outcomes.
- **Equity audits** –to make sure there are no barriers to particular groups in accessing services
- **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** – e.g. targets for improving the worst outcomes can be added to ambition for overall improvement for the whole population.
- **Shifting the focus** –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**

- **In the Joint Health and Wellbeing Strategy** and all related work of its sub-groups.
- **Implementing the NHS Long Term Plan**, building on the prevention agenda in the Five Year Forward View for the NHS. This means setting out a clear agenda at each level from Primary Care Networks, County or “Place” level and through the Integrated System.
- **Healthy Place Shaping**, building on the learning from the NHS Healthy New Towns in Barton and Bicester. This includes embedding the principles of Healthy Place Shaping in all aspects of the Growth Deal and ensuring the policy context set out in Oxfordshire 2050 includes a range of principles for health improvement.

**c. Building on Existing Projects**

- **A focus on inequalities in bids for funding** and development of programmes.
- **Refreshing plans for existing programmes** – such as Stronger Communities in the City and Brighter Futures in Banbury

**d. Leading on sharing good practice**

It was agreed that this work could be brought together by

- 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 what they have learned from their work and to **share good practice** e.g. an annual Knowledge Exchange event.
- Complete the work of making grants available through the Innovation Fund / Good Exchange.

## Reports on progress on this new set of priorities

### 1. Adapting and developing existing systems and processes

This section includes 2 examples of recent good practice in partner organisations to illustrate this strategic approach to embedding good practice.

#### a. Health Equity Audit – Public Health, Oxfordshire County Council

A comprehensive health equity audit has been completed by the Public Health Team at the County Council, analysing the uptake of NHS Health Checks for all five years that they have been provided in Oxfordshire. The analysis included identifying whether any particular sections of the invited population were less likely to take up the offer. The conclusions were that, overall, Oxfordshire residents are among the best in the region at having their NHS Health Checks but that men aged 40-55 are under-represented. The commissioners in Public Health are currently targeting this group with campaigns and marketing information to encourage them to attend.

#### b. CCG Equality Analysis - Oxfordshire Clinical Commissioning Group (OCCG)

Under the Equality Act 2010, the NHS and other statutory bodies must show 'due regard' to eliminating discrimination. OCCG has applied this 'due regard' principle in the form of an Equality Analysis (also known as an Equality Impact Assessment). An Equality Analysis must be undertaken for any new service; service re-design; decommissioning a service or a new policy. This process helps us make fair, robust and transparent decisions based on a sound understanding of the needs and rights of the population, and to ensure our priorities demonstrate meaningful and sustainable outcomes for protected groups. The nine protected characteristic groups are: Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Religion or Belief; Sex; Sexual Orientation. In addition to the statutory groups, OCCG also applies this process to other disadvantaged groups e.g. homeless people, Carers, veterans and people living in areas of socio-economic deprivation. Once final, an Equality Analysis is a public document and is published on the OCCG web site – you will find examples [here](#).

OCCG commissions face to face Equality Analysis training annually for all new staff members, which is in addition to the statutory and mandatory online Equality & Diversity training. This has resulted in Equality & Diversity being embedded across the organisation and being 'everyone's business'. Through conducting Equality Analyses, staff have more awareness of due consideration of the needs of the population.

c. **Basket of inequalities indicators** - Joint Strategic Needs Assessment.

The publication of the Basket of Inequalities Indicators last year has been well received and shows that access to information on inequalities indicators is improving. The Implementation Group want to drive continuous improvement on the quality and range of inequalities data available and promote use of that data in service planning and review. The latest version of the Basket of Inequalities Indicators supplements the newly published Joint Strategic Needs Assessment and can be found here: <https://insight.oxfordshire.gov.uk/cms/annex-inequalities-indicators-jsna-2018>

## 2. Furthering the Prevention Agenda

There are national and local strategic drivers for furthering the prevention agenda and these have helped maintain the momentum on this area of work. The HIC Implementation Group want to ensure that all this work addresses inequalities issues. Some examples of recent developments include:

### a. The Joint Health and Wellbeing Strategy

As part of the Health and Wellbeing Board's leadership on tackling health inequalities they have recently approved the new Joint Health and Wellbeing Strategy. This has cross cutting themes of embedding prevention and tackling health inequalities. The members of the Health Overview and Scrutiny Committee had the opportunity to comment on this strategy as it was developed.

Implementation of the strategy will need to prove that inequalities are being addressed and that the impact can be measured. The performance framework which was approved at the last HWB meeting already includes some measures which focus on inequalities by targeting specific identified or disadvantaged groups, such as:

- Reducing the number of looked after children and addressing persistent absence from school for children on Child Protection Plans
- Reducing the number of adults who are physically inactive
- Increasing the number of smoking quitters
- Increasing the number of people who have a learning disability who receive an annual health check.
- Targeting social prescribing initiatives to disadvantaged localities

### b. Healthy Place Shaping

The principles of "Healthy Place Shaping" have been adopted by the Growth Board and included in the Joint Health and Wellbeing Strategy. This is also part of the work of the Safer Oxfordshire Partnership which makes sure that all the major strategic partnerships in Oxfordshire are playing their part.

Healthy Place Shaping is a collaborative approach which aims to create sustainable, well designed, thriving communities where healthy behaviours are the norm and which provide a sense of belonging, identity and community.

<https://www.youtube.com/watch?v=BcWnQIBTpAA&sns=em>

Oxfordshire is in the

vanguard of implementing this place based approach having developed and tested it through the Healthy New Town programmes in Bicester and Barton. Through the work of the Growth Board this approach is being embedded in future development, ensuring that growth is inclusive, that it addresses the current health inequalities in the county, and that it results in the creation of healthy communities which enable people to become more active, healthier and happier.

### **3. Building on Existing Projects**

To date this area of work for the HIC Implementation Group has focussed on making grants available. In future the emphasis will be on influencing to ensure relevant projects take inequalities into account.

#### **a. Innovation Fund bids**

These bids are being administered by Oxfordshire Community Foundation (OCF) through their grant award scheme. The funding available was from partners in the Growth Board (£2,000 pledged from each local authority) matched by £12,000 from the CCG. This money was augmented by other funds available to OCF as detailed below.

**Phase 1** - The first phase of the funding awards were combined with the Tampon Tax round in November 2018. The organisations receiving a funding contribution have included:

- Aspire Oxfordshire – Gym Bus

Aspire Oxfordshire are an employment charity and social enterprise supporting disadvantaged people in Oxfordshire into and towards employment, to break the complex cycles of homelessness, poverty, re-offending or disadvantage.

The funding will contribute to the launch of Oxfordshire's first ever "Gym Bus" to take sports and physical activity sessions to disadvantaged women across the county to provide them with essential early intervention support and help them take their first steps towards positive life changes such as work experience, training, employment, volunteering and secure housing.

- Ark-T

Ark-T deliver creative programmes to enable people to learn practically how to raise self-esteem and build healthy relationships, also developing essential life skills and supporting progress into education, training, volunteering and employment.

The funding will contribute to their self-care retreats during school holidays, and HerSpace term-time workshops for 12 to 18 year old teenage girls where participants develop practical art and design skills which could lead to employment opportunities, build arts and social leadership skills, project management, communication skills, time-management skills and learn about physical and nutritional health creatively.

- Home Start Oxford

Home Start Oxford provide training, matching and support of volunteers who offer support, friendship and practical help to families with under-fives, who are vulnerable, isolated or under stress. They work with families with multiple disadvantages and complex needs, including domestic abuse, substance abuse, mental health, learning difficulties, and the greater risks around safeguarding and exploitation that can follow.

Weekly home visits are made to build trusting relationships and provide practical support; help access other specialist services; build social networks; improve skills and confidence around parenting, attachment, play, routines, nutrition, budgeting and debt management; improve mental and physical well-being; support victims of domestic abuse; manage the impact of disability, illness, or trauma. The contribution of funding will be towards the Family Support Worker and Co-ordinator costs

**Phases 2 and 3** - The second phase of funding was combined with the 'Loneliness and Isolation' grant round in February 2019 with funding contributions currently being awarded. The third phase is expected to be delivered when the last few contributions are received and will either be combined with another Oxfordshire Community Foundation grant round or will be dispersed on our behalf by OCF through the Good Exchange funding platform.

#### **4. Leading on sharing good practice**

The HIC Implementation Group decided that there is a need to learn from each other in the effort to develop and embed good practice across Oxfordshire. The first Good Practice Exchange event was held recently and is reported in brief here:

##### **a. Health Inequalities Commission: Good Practice Exchange**

This event took place on March 7<sup>th</sup> at The King's Centre with 62 people attending. The aim of the event was to showcase and share examples of good practice of projects that address health inequalities, their reach and what the impact has been.

Three different presentations highlighted projects that address health inequalities. These were:

- how an embedded mental health worker in Oxford City Council's Tenancy Sustainment Team is helping to address tenant's issues and numerous interactions with the team which can result in them being at risk of losing their tenancy;

a project identifying the health needs of men from various Black and Minority Ethnic groups and why they aren't accessing the NHS Health Check programme. This project was carried out by East Oxford United football club and was supported by Healthwatch Oxfordshire and NHS England. The video can be seen here:

<https://youtu.be/GcDG7wKMZ40>

- The third project took place in Banbury and was tackling 'holiday hunger' through food provision at recognised community venues throughout the lengthy school Summer holiday, as well as providing a range of activities.

Delegates also had the opportunity to learn about a range of other projects in themed workshops on physical activity; employment and food / tackling food poverty. A full report will be disseminated soon.

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