

**Report to Oxfordshire Health Overview and Scrutiny Committee  
November 2019**

**Health Inequalities Commission Implementation Group  
Update report**

**1. Introduction - The Strategic Approach to tackling health inequalities**

It is now 3 years since the independent Health Inequalities Commission (HIC) reported its recommendations to the Health and Wellbeing Board. As agreed by the Health and Wellbeing Board (HWB) in November 2018, the implementation group has now adopted a more strategic approach to this work. This was reported to the Health Overview and Scrutiny Committee in April 2019.

The strategic approach incorporates the following elements

- Adapting and developing existing systems and processes
- Furthering the Prevention Agenda
- Building on Existing Projects
- Leading on sharing good practice

This report will focus on furthering the prevention agenda and reporting on good practice in some new projects funded through the Innovation Fund which was set up in response to recommendation from the Health Inequalities Commission.

This report also includes information on the strategic direction being proposed by Ansaf Azhar, the Director of Public Health for Oxfordshire.

The report to HOSC in April 2019 included information on the other aims of the implementation group and can be found via the link<sup>1</sup> below.

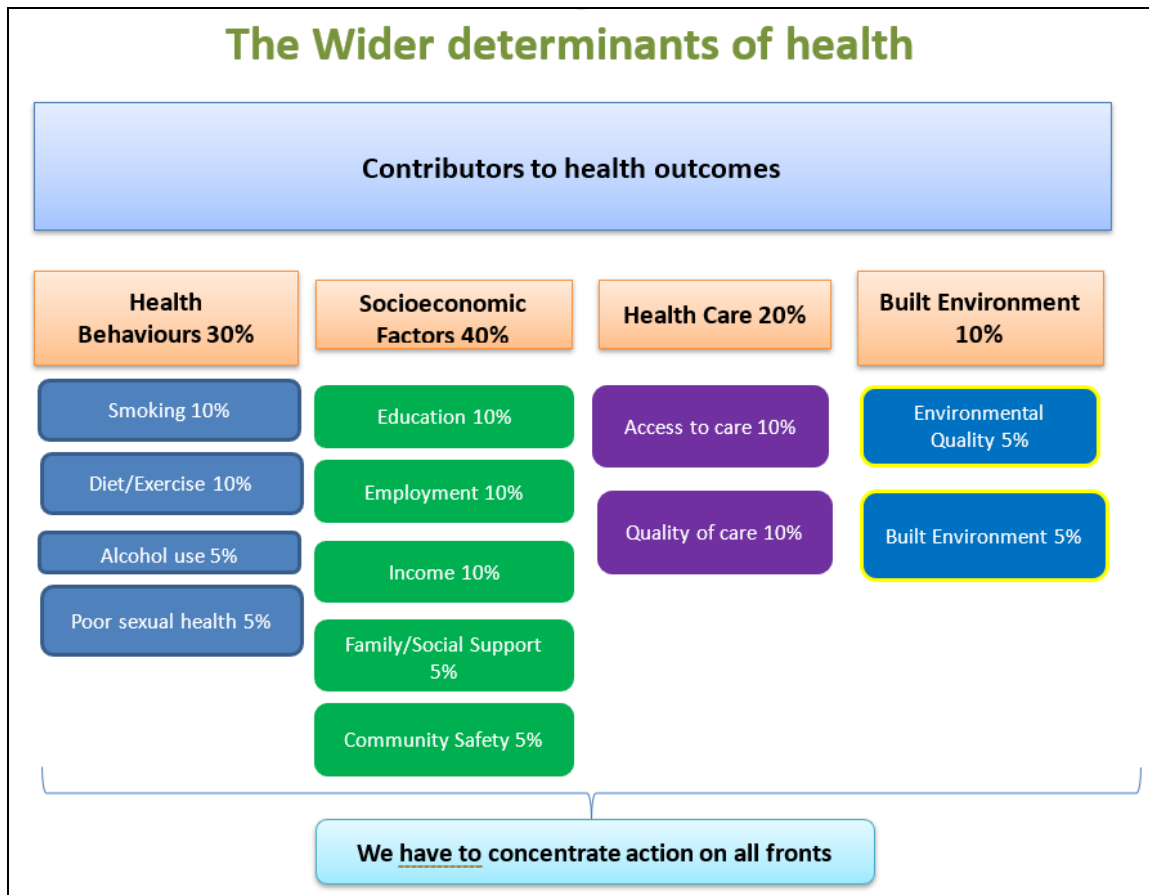
**2. The Prevention Framework**

The Prevention Framework is a major new resource for the county. It has been written by Dr Kiren Collison (Clinical Chair, Oxfordshire CCG) and Jackie Wilderspin (Public Health Specialist) in collaboration with a range of partners. It was presented to the HWB at their meeting in September 2019 and welcomed as a practical approach to implementing the HWB priorities of Prevention and Tackling Health Inequalities. These are cross-cutting themes in the Joint Health and Wellbeing Strategy. Successfully preventing ill health and reducing the impact of disease needs a contribution from everyone. The Framework sets out to show that socio-economic factors and the built environment have a great impact on our health outcomes, along with our behaviours and our access to health services. This is illustrated in the diagram below:

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<sup>1</sup> <https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=148&MIId=5617>  
Item 22/19

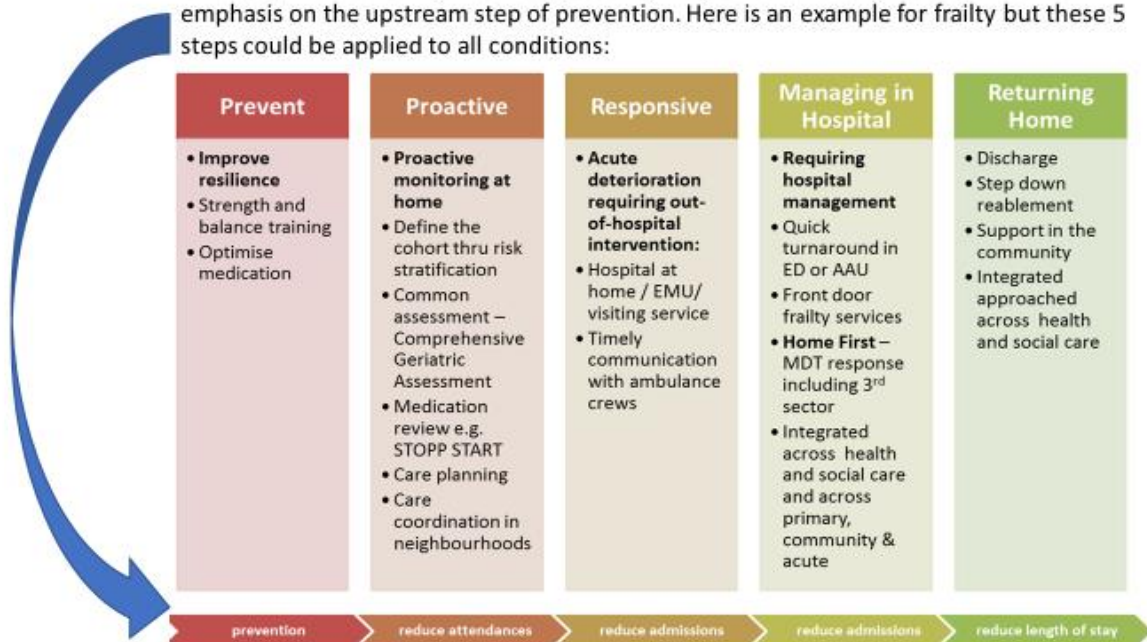
## The Wider determinants of health



Similarly, the Framework illustrates that prevention can be incorporated into patient care pathways and become embedded in NHS work as illustrated in the diagram below, which uses the example of frailty:

### Prevent, Reduce, Delay in Care Pathways – an example for frailty

For every model of care, this 5-step pathway may be considered, with a particular emphasis on the upstream step of prevention. Here is an example for frailty but these 5 steps could be applied to all conditions:



The Prevention Framework comprises a comprehensive guide to prevention priorities across each of these contributors to health outcomes, evidence of good practice for each, lists of existing assets and recommendations. The aim is for it to be used by all organisations in the health and care system.

The Prevention Framework is appended to this paper, along with 3 checklists showing the range of actions that can be taken by different partners to tackle priority topics of

- Healthy Place Shaping,
- reducing cardiovascular disease and
- tackling loneliness and isolation.

Kiren Collison, Ansaf Azhar and Jackie Wilderspin are now promoting a practical guide to how the material in the Prevention Framework can be used to develop and implement action to tackle health inequalities, Prevent ill health, Reduce the impact of disease and Delay the need for care.

### **3. The focus on inequalities in the Prevention Framework**

Health inequalities are often expressed as variations in outcomes for people from particular localities or groups. For example, more people die before they reach the age of 75 in areas identified as “more deprived,” which is then reflected in the differences in life expectancy across Oxfordshire. Living in these areas also carries a higher risk of being unwell in middle age (having a shorter “disability free life expectancy”). The Prevention Framework identifies the causes of premature illness and death and outlines the preventable factors, enabling us to plan appropriate actions to improve these outcomes.

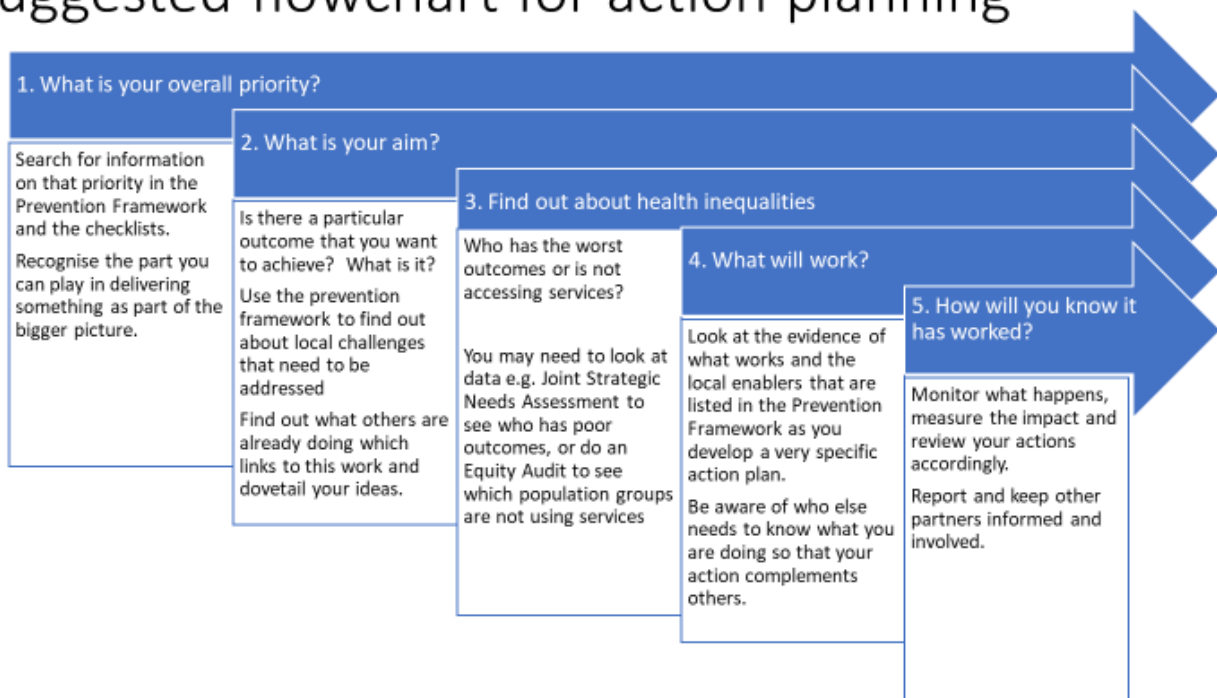
Similarly, some groups of people have higher rates of particular illnesses than others because of their genetic make-up, their gender, ethnicity or age. These factors also need to be identified and mitigated where possible.

It is clear, therefore, that by targeting our prevention initiatives to particular communities or population groups with worse outcomes, we can have a bigger impact on preventing illness and also tackling inequalities.

This is the focus of how the Prevention Framework is being implemented.

To help with this a flow chart is being devised which sets out simple steps for action planning, incorporating a focus on tackling inequalities. This will also enable more reporting of how the inequalities gap is being closed.

# Suggested flowchart for action planning



To help everyone access data on inequalities there is a plan for even more information to be included in the 2020 Joint Strategic Needs Assessment. The new Index of Multiple Deprivation (2019) has recently been published, for example, and will be analysed and reported, including at very local (ward) level for some places of multiple deprivation. Similarly, the existing Basket of Inequalities Indicators, devised in response to a recommendation from the Health Inequalities Commission, has been updated and further developed to provide useful information for action planning.

A presentation will be given at the HOSC meeting to illustrate this approach in more detail.

## 4. Final report on the use of the Health Inequalities Innovation Fund

The Health Inequalities Commission recommended that an Innovation Fund should be established which could be used to fund “*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.*”

To deliver this recommendation, the Health Inequalities Commission Implementation Group have partnered with the Oxfordshire Community Foundation (OCF) to develop the fund and distribute grant awards.

A total of £12,000 was pledged by local authorities through the Growth Board and matched by the CCG to set up the fund totalling £24,000 in 2018. An additional £2400 (10%) was contributed separately from Oxfordshire County Council to cover the administration fees of OCF.

The applications for grant funding were made directly through the Oxfordshire Community Foundation (OCF) and additional value was realised by combining some OCF funds with the Innovation Fund for some applicants. A wide range of projects were considered. Representatives from the Health Inequalities Implementation Group worked with the OCF in considering and following up the funding applications. The funding was disbursed in 3 phases between November 2018 and September 2019. All the money has now been allocated and projects are in progress. The impact of the projects will be reported to the HIC Implementation Group in due course.

The following allocations were made:

### **Phase one funding allocations**

The first phase of funding was combined with the OCF Tampon Tax Fund (from the Department for Digital, Culture, Media and Sport). The grants assessment was held in November 2018. Contributions were awarded to:

#### **Aspire Oxfordshire – Gym Bus (£5225 contribution)**

Aspire are launching a 'Gym Bus' for Oxfordshire 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 – "HerSpace" workshops and self-care retreats (£5,000 contribution)**

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

'HerSpace' is an afterschool term-time club 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 – support to families (£1,775 contribution)**

Home Start provides training, matching and support of volunteers who offer support, friendship and practical help to families (primarily mums) 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.

## **Phase two funding allocations**

The second phase of funding was combined with the OCF Loneliness and Isolation Fund. The grants assessment was held in February 2019. Contributions were awarded to:

### **Sound Resource** – singing project in Banbury (£3450 contribution)

Sound Resource run fun, inclusive, participatory singing sessions which bring adults in the community together in a friendly social setting. Sessions are guided by experienced community singing practitioners using a wide range of material.

### **Bookfeast** – Tea Books reading project (£2550)

Bookfeast is an Oxfordshire charity dedicated to developing the habit and enjoyment of reading. They create projects that encourage people to both read more and to enjoy both reading and talking about books. TeaBooks groups run in a variety of settings across Oxfordshire. They are planning to trial the use of tablet computers to increase accessibility of e-books & e-audio books.

A Public Health colleague has made visits to establish links with each of the projects funded in phase 1 and 2 and it is expected that the same will be made for phase 3.

## **Phase 3 Funding allocations**

The third phase of funding was combined with the OCF Community Friendship Fund. The grants assessment was held in September 2019. A contribution was awarded to:

### **My Life My Choice** – Gig Buddies project (£6,000 contribution)

My Life My Choice (MLMC) is a self-advocacy organisation for people with learning disabilities. Gig Buddies pairs up volunteers with adults with learning disabilities, mental ill health and older adults to support them to get out and do the things they enjoy and expand their social circles. Through these pairings and regular group events, the project aims to reduce social isolation and loneliness.

The HIC Implementation Group agreed that there have been considerable benefits of working with OCF in this way. These include

- Opportunities for collaborative funding
- OCF leading on the administration of the grant schemes using their already established assessment and monitoring processes.
- An opportunity to make connections with a range of community and voluntary organisations who are in contact with OCF.
- Finding out about new processes for grant funding such as the Good Exchange funding platform which OCF use. <https://thegoodexchange.com/>

The Innovation Fund has been dispersed and is now closed. Now that all funding has been allocated, OCF will continue to manage the grant on behalf of the HIC Steering Group and will be gathering monitoring data to report back to us a year after each grant award.

A good working relationship has been built between the HIC Implementation Group and OCF and so discussions have started around how the HIC Implementation Group could work with OCF more strategically going forward.

#### **5. Next steps - the Director of Public Health's proposals for a strategic approach in areas of multiple deprivation.**

Since his appointment to the post of Director of Public Health in August 2019, Ansaf Azhar has been scoping the priorities for public health in Oxfordshire. He is now in the process of writing his first Annual Report for Oxfordshire and will bring a draft to HOSC in February 2020 for discussion.

The emerging priorities that Ansaf has identified include

- The need to focus on small areas of multiple deprivation in the county
- The development of small area profiles and community asset mapping
- The power of Healthy Place Shaping as an approach to improving health and wellbeing, incorporating planning and the built environment, community activation and access to services.

**Dr Kiren Collison, Clinical Chair, Oxfordshire CCG  
Ansaf Azhar, Director of Public Health  
Jackie Wilderspin, Public Health Specialist**

#### **Annex**

- 1. Prevention Framework and Checklists for priority topics are item 9 on the HWB agenda for September 2019 which can be found here:**

**<https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=897&MId=5627>**