

## Appendix 1 - Actions being taken against the Health Inequalities Commission Recommendations

### 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. These are outlined in this section:

Recommendation being taken forward	Progress to date
<p><b>Recommendation 1</b> 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.</p>	<p><b>Some progress, but all organisations need to demonstrate progress</b> 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%</p>
<p><b>Recommendation 2</b> 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.</p>	<p><b>Some progress</b> 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.</p>
<p><b>Recommendation 6</b> Core preventative services such as Health Visiting, Family Nurse Partnership, School Health Nurses and the Public Health agenda should be maintained and developed</p>	<p><b>Complete: Public Health</b> 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.</p>
<p><b>Recommendation 18</b> In 2014 9.1% of households were fuel poor. This should be reduced in line with the targets set by the Fuel Poverty Regulations of 2014.</p>	<p><b>In progress: Affordable Warmth Network</b> Detailed plans<sup>1</sup> for developing work to tackle fuel poverty were approved by the Health Improvement Board in Sept 2017 following a workshop in July.</p>

<sup>1</sup> <http://mycouncil.oxfordshire.gov.uk/documents/s38738/Item%2012%20-%20Setting%20a%20new%20strategic%20direction%20for%20fuel%20poverty%20and%20health%20OHB%20Sept%202017%20V2.pdf>

<p><b>Recommendations 19 and 20</b></p> <p>19. All public authorities are encouraged to continue their collaboration and invest in supporting rough sleepers into settled accommodation, analysing the best way of investing funding in the future. Homelessness pathways should be adequately resourced and no cut in resources made with all partners at the very least maintaining in real terms the level of dedicated annual budget for housing support.</p> <p>20. The numbers of people sleeping rough in Oxfordshire should be actively monitored and reduced.</p>	<p><b>In Progress: Health Improvement Board, Housing Support Group, City Council, CCG.</b></p> <ul style="list-style-type: none"> <li>• Adult pathway for homeless people is currently pool-funded by councils and CCG for 3 years.</li> <li>• City Council funding for additional provision has been announced (Sept 17) including additional government funding.</li> <li>• Trailblazer project to prevent homelessness on hospital discharge and release from prison is being implemented.</li> <li>• CCG re-procuring homeless medical provision (Luther Street)</li> <li>• Health Improvement Board monitors reports of rough sleeping as part of the performance framework.</li> </ul>
<p><b>Recommendation 23</b></p> <p>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”.</p>	<p><b>Some Progress: various agencies</b></p> <ul style="list-style-type: none"> <li>• Loneliness Summit held in July 2017 led by Age UK Oxfordshire.</li> <li>• Proposal to set up a strategic Task and Finish group led by Age UK Oxon.</li> <li>• Healthwatch Oxfordshire published a report on Dementia Friendly Communities in 2015 and work is being picked up through social prescribing and Dementia Friendly training.</li> <li>• 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</li> </ul>

<p><b>Recommendation 25 and 26</b>  25. Funding for locally enhanced services for refugees and asylum-seekers should be made available to all GP practices, with the expectation that funding for this service would primarily be drawn on by practices seeing large numbers of refugees and asylum seekers.</p> <p>26. Outreach work in communities with high numbers of refugees, asylum seekers and migrants, should be actively supported and resources maintained, if not increased, especially to the voluntary sector, to improve access to the NHS, face to face interpretation /advocacy and awareness raising amongst health care professionals.</p>	<p><b>CCG progress</b>  OCCG has a Locally Commissioned Service for Deprivation and Inequalities. The criteria for additional payment is:</p> <ul style="list-style-type: none"> <li>• to support those Practices which have child protection plans and</li> <li>• to allow longer appointment times for patients who require use of interpreting services (Language Line)</li> </ul> <p><b>Good Progress: City Council / CCG and VCS partners</b>  A bid to the Controlling Migration Fund was successful and work to be implemented includes providing pre-entry English classes for speakers of other languages (ESOL), orientation and service information packs, mentoring and befriending scheme,</p>
<p><b>Recommendation 32</b>  An alcohol liaison service should be developed in the OUHT</p>	<p><b>CCG progress</b>  Work has started on producing a business case for an alcohol liaison service in the hospital trust.</p>
<p><b>Recommendation 35.</b>  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.</p>	<p><b>Good progress: Public Health</b>  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.</p>
<p><b>Recommendation 36 and 38</b></p> <p>36. Resources in the public health budget should be maintained to provide services and support for drug misusers and their families</p> <p>38. Policy and action should be targeted to continue to address</p> <ul style="list-style-type: none"> <li>- the rates of successful completion of drug treatment in non opiate users</li> <li>- the rate of parents in drug treatment</li> <li>- the rate of people in substance abuse programmes who inject drugs who have received a hep C vaccination</li> <li>- the rate of children facing a fixed period of exclusion due to drugs/alcohol use</li> <li>- NPS use</li> </ul>	<p><b>Good Progress: Public Health</b></p> <p>Drugs and Alcohol Treatment services in Oxfordshire are still fully resourced and there have been no changes made to the range of provision.</p> <p>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.</p> <p>Work on identifying the numbers of children who are excluded from school as a result of substance misuse is yet to be completed.</p>
<p><b>Recommendation 42</b> Use of food banks needs to be carefully monitored and reported to HWB</p>	<p><b>Complete: Good Food Oxford</b>  A map showing the location and accessibility of Food Banks and other providers was published on</p>

	the Good Food Oxford website <sup>2</sup> in summer 2017. This complements the Feeding the Gaps report and other work of Good Food Oxford.
<p><b>Recommendation 45</b> 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 &amp; families from deprived areas and identified disadvantaged groups</p>	<p><b>In progress: Oxfordshire County Council and other partners</b> 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.</p> <ul style="list-style-type: none"> <li>- To date, over £750,000 has been awarded to 26 community-led groups enabling them to develop open access sessions for under 5s and their carers</li> <li>- 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</li> <li>- Health visitors are holding surgeries in many of the community venues</li> <li>- 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</li> <li>- Brighter Futures in Banbury continues to develop multi-agency work in the three most deprived wards in the Banbury area</li> </ul>
<p><b>Recommendation 47</b> Promoting the health of those in work should be a priority and examples of good practice shared by establishing a county wide network .</p>	<p><b>In Progress: Well at Work network and others</b></p> <ul style="list-style-type: none"> <li>• A network of businesses and other employers continues to champion well at work initiatives. They have recently established a Linked In network to increase their reach.</li> <li>• NHS employers have established a network of Workforce HWB leads</li> <li>• Brighter Futures in Banbury will be working with local employers to promote workforce wellbeing and Cherwell DC will work across the district to promote the Wellbeing Charter.</li> <li>• OxSPA promote the Workplace Challenge to increase physical activity</li> <li>• Unison and Oxfordshire County Council are holding a wellbeing conference in Nov 2017</li> </ul>
<p><b>Recommendation 53</b> The recommendations from the 2016</p>	<p><b>Complete: Director of Public Health</b> All recommendations from the 2016 report were</p>

<sup>2</sup> <http://goodfoodoxford.org/good-food-for-everyone/food-access-services-map/>

<p>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</p>	<p>reviewed and findings included in the 2017 report.</p>
<p><b>Recommendation 54</b> 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</p>	<p><b>Complete: New model of daytime support</b></p> <ul style="list-style-type: none"> <li>• Following a review of daytime support and council decisions, a new model of daytime support has now been implemented:</li> <li>• 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</li> <li>• Dementia Oxfordshire and the Community Information Network support people to access social opportunities available locally, including people with dementia and people in rural areas.</li> <li>• The County Council is funding community development work provided by the Community Information Network, to increase the opportunities available particularly in areas of priority need.</li> <li>• 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.</li> </ul>
<p><b>Recommendation 58</b> Promoting general health and wellbeing through a linked all ages approach to physical activity, targeting an increase in activity levels in the over 50s, especially in deprived areas, using innovative motivational approaches such as ‘Good Gym’ and Generation Games</p>	<p><b>Some progress: CCG, local authorities, Age UK</b></p> <ul style="list-style-type: none"> <li>• The CCG commission Generation Games and Dance to Health for older people and those at risk of a fall or who have had a fall</li> <li>• Cherwell DC work with Age UK to deliver activities in rural parts of the district.</li> <li>• District Council Sport and Activity Plan targets under-represented groups.</li> <li>• OxSPA bid to target inactive people was unsuccessful but work can be taken forward and will be a focus of the Health Improvement Board.</li> </ul>

### Section 3: Recommendations for future implementation

A total of 20 recommendations will need more consideration so they can be taken forward. The recommendations are:

	<b>Recommendation</b>	<b>Next Steps</b>
<b>7</b>	<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"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<p>All Primary Care workplans are now required to address health inequalities.</p> <p>The fourth recommendation in this list concerns the Innovation Fund which is being taken forward and details are given in section 1 of this action plan. The wording of that part of the recommendation is:</p> <ul style="list-style-type: none"> <li>• <i>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.</i></li> </ul>
<b>8</b>	<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>	<p>There are already some good examples of Health In All Policies, e.g. Public Health working with Planners and Transport planners.</p> <p>Strategic leadership is needed if this is to be implemented across all organisations.</p>
<b>9</b>	<p>The presence of the NHS and of the voluntary sector should be strengthened on the Health and Well Being Board</p>	<p>Governance was discussed at HWB in November 2017</p>
<b>16</b>	<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</p>	<p>Some districts have been reviewing Housing Strategy and plans but this work has not been done jointly to date.</p> <p>Some examples of current work include</p> <ul style="list-style-type: none"> <li>• Cherwell DC update of Strategic Housing Land Area Assessment</li> </ul>

	<p>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>	<ul style="list-style-type: none"> <li>• Establishment of a Housing Company in the City.</li> <li>• Involving people with disabilities in developing the City Local Plan.</li> </ul>
<b>21</b>	An integrated community transport strategy should be developed	There is some coordination at district level. VCS groups are mapping current provision e.g. Communities First Flexible Transport Forum and Oxfordshire Research Partnerships looking at access to lifts and minibus services.
<b>22</b>	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.
<b>27</b>	Robust pathways to community services for community rehabilitation (including Community Rehabilitation Companies) on release, particularly for short term offenders, need to be developed	Discussion will take place with partners who lead the Reducing Reoffending Strategy through the Safer Oxfordshire Partnership.
<b>34</b>	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.]	Data on attendance of under 18 year olds will be presented to the Community Safety Partnership in Cherwell for their consideration and a proposal for establishing a CAP will be discussed.
<b>37</b>	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.
<b>39</b>	The under provision of resources for Mental health services should urgently be addressed	A review of Mental Health services is underway and further action will be based on the outcomes.
<b>40</b>	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.	
<b>41</b>	Perinatal mental health should be a priority with appropriate investment to improve	Further detail is needed on current provision and gaps. This may be available

	access to perinatal mental health services across Oxfordshire	through the Mental Health service review (see above). Brookes and Mind are collaborating on a relevant research bid.
<b>44</b>	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	Some good links with the community have been made by Oxford Academy. A more strategic approach is needed, as set out in recommendation 37 above. Oxford Academy is a partner on the Leys Health & Wellbeing Partnership group. The Back on Track project is a good example of work in this area (Mind and the Oxford Academy)
<b>48</b>	The NHS workforce should engage in equity audit and race equality standards should be routinely reported	All public bodies to be encouraged to undertake Equity Audit in addition to the statutory publication of race equality standards already in place. An example of good local practice is that Oxford Health are now engaged with the Workplace Equality Index with Stonewall.
<b>49</b>	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.
<b>51</b>	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	More information on current work is needed by the Implementation Group.  The 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
<b>52</b>	Support for carers , including their needs for respite care and short breaks , should be supported with resources by all agencies	
<b>55</b>	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"> <li>○ physically through a better coordinated approach to</li> </ul>	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.

	<p>transport across NHS, local authority and voluntary/community sectors</p> <ul style="list-style-type: none"> <li>○ digitally through a determined programme to enable the older old in disadvantaged situations to get online</li> <li>○ 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.</li> </ul>	
<b>57</b>		<p>The Implementation Group needs more information on current work.</p> <p>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.</p>
<b>60</b>	<p>The resources produced by PHE to support local action should be used as part of the formal review process.</p>	<p>Specific resources from PHE have to be identified but data has already been used to set up the Basket of Inequalities Indicators.</p>

**Produced by Jackie Widerspin**

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