

CEB response to Scrutiny report on Health Inequalities for City Executive Board - Tuesday 17 April 2018

7. Scrutiny Committee Report on Health Inequalities (Pages 3 - 8)

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To: City Executive Board
Date: 17 April 2018
Report of: Scrutiny Committee
Title of Report: Health Inequalities

Summary and recommendations	
Purpose of report:	To present Scrutiny Committee recommendations concerning Health Inequalities in the City.
Key decision:	No
Scrutiny Lead Member:	Councillor Andrew Gant, Chair of Scrutiny
Executive Board Member:	Councillor Marie Tidball, Board Member for Young People, Schools and Public Health
Corporate Priority:	Strong and Active Communities
Policy Framework:	Corporate Plan
Recommendations: That the City Executive Board states whether it agrees or disagrees with the recommendations in the body of this report	

Appendices
Appendix – Draft Executive Board response to Scrutiny Recommendations.

Introduction and overview

1. The Scrutiny Committee considered a report on Health Inequalities across Oxfordshire at a meeting on 5 April 2018. The Committee also reviewed an update on progress made by partners against the recommendations of the Health Inequalities Commission, and progress by the City Council against the Scrutiny Committee’s recommendations made in March 2017. The Committee would like to thank Councillor Marie Tidball, and Mish Tullar (Corporate Policy, Partnership and Communications Manager) for attending the meeting to present the report and take questions.
2. The Executive Board Member for Young People, Schools and Public Health introduced the report. Councillor Tidball drew attention to the 60 recommendations of the Oxfordshire Health Inequalities Commission, responsibility for which was shared with partner organisations. The recommendations had originally been presented to the Health and Wellbeing Board in 2016. The Committee felt that many of the recommendations made to partners had not been suitably addressed,

but the Board Member encouraged members to get in touch if there were specific matters where they thought more should be done.

3. The Committee noted the Board Member's request for their endorsement for providing additional resources to drill down into the health inequalities data more thoroughly and pulling together related areas of work in, for example, housing and adult social care.
4. Members of the committee noted the interrelatedness of various issues that contribute to health inequalities, and the need for work in these areas to be coordinated effectively. Specifically, these areas of concern were:
 - The absence of a clear pathway for those leaving prison;
 - Social prescribing for improved health and wellbeing;
 - Mental health service provision;
 - Fuel poverty;
 - Poor air quality;
 - Long term apprentice level pay (£3.70p/h)
 - The declining capacity of local children and young people services.
5. The Committee also noted from the Board Member that there were areas of deprivation within wards that might not otherwise be identified when considered against the overall affluence of a particular area.

Summary and recommendations

6. The principal purpose of the report presented to the Scrutiny Committee was to report back on the progress made against recommendations made to the Executive Board in March 2017. In hearing from the Board Member and reviewing the responses provided to the recommendations, the Committee have devised an additional 2 recommendations to the Executive Board as outlined below:
7. The Committee recognised that the majority of information provided to them was from the County Council, and supported the Board Member's suggestion that the City Council needed a better understanding of the local health inequality landscape. Accordingly, the Committee agrees that the Council should engage more resources to look in detail at the local health inequality situation. This includes developing a clear understanding of ward level, and sub-ward level deprivation.
8. Together with providing an analysis of the data, which should help inform local ward members about their communities, any additional resources should also be tasked with providing tangible outcomes and improvements for local services. This means working with frontline staff to help join up the pathways between services and promoting the 'Making Every Contact Count' initiative which helps to identify vulnerable residents and connect them with services.
9. ***Recommendation 1 - That the Council prioritises strengthening its policy development and research capacity in order to better understand and address health inequalities (and other inequalities) in the City, with a focus on providing tangible outcomes and improvements for local services.***

10. Members of the Committee are aware of individuals working in the city with partner organisations who have research expertise and knowledge about the operation of health inequalities. Therefore, the Committee is recommending that the Council engages with local universities and health partners to see whether there is scope to undertake joint work in this area. The Committee notes that it may be more appropriate to pool existing resources within the council to undertake this work, as opposed to creating a new officer post for external recruitment.

11. Recommendation 2 - That the Council engages with local universities and health partners to explore opportunities for pooling local data and expertise to better understand and address health inequalities (and other inequalities) in the City.

Further consideration

12. At this stage, the Committee has not indicated a desire to reconsider this issue in the next 12 months. However, there are various strands of work that link to this health inequalities, as outlined in paragraph 4, and the Committee may commission reports into some of these areas in the new Council year.

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Appendix

City Executive Board response to recommendations of the Scrutiny Committee made on 5 April 2018 concerning Health Inequalities provided by the Board Member for Young People, Schools and Public Health

Recommendation	Agree?	Comment
<p>1. That the Council should prioritise strengthening its policy development and research capacity in order to better understand and address health inequalities (and other inequalities) in the City, with a focus on providing tangible outcomes and improvements for local services; and</p>	<p>Partially</p>	<p>Tackling inequalities (including health inequalities) is a priority for the City Council, however we are not the body with statutory responsibilities and budgets for health, public health or social care.</p> <p>Our focus must therefore be on working with partners, including CCG, NHS and County Council to influence strategies, plans and targeted projects that deliver better outcomes on inequalities.</p> <p>We are already doing this in a number of ways, for example through our engagement in Health and Well Being Board, Health Improvement Board, Children’s Trust, Stronger Communities Partnership and the Mental Health Panel.</p> <p>In addition we are engaged in health specific projects including Barton Healthy New Town, The Council £100m funding for health inequalities projects match funded by the CCG.</p> <p>This work is supported by a small corporate policy and partnership team that handles this, along with many other issues.</p> <p>We will therefore ask officers to review health related activity, including inequalities to establish priorities, where we need to focus to have most impact on our objectives and what capacity and resources are needed to support this moving forward.</p>
<p>2. That the Council should engage with local universities and health partners to explore opportunities for pooling local data and expertise to better understand and address health inequalities (and other inequalities) in the City</p>	<p>Yes</p>	<p>We will pursue this as part of the work outlined above.</p>

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