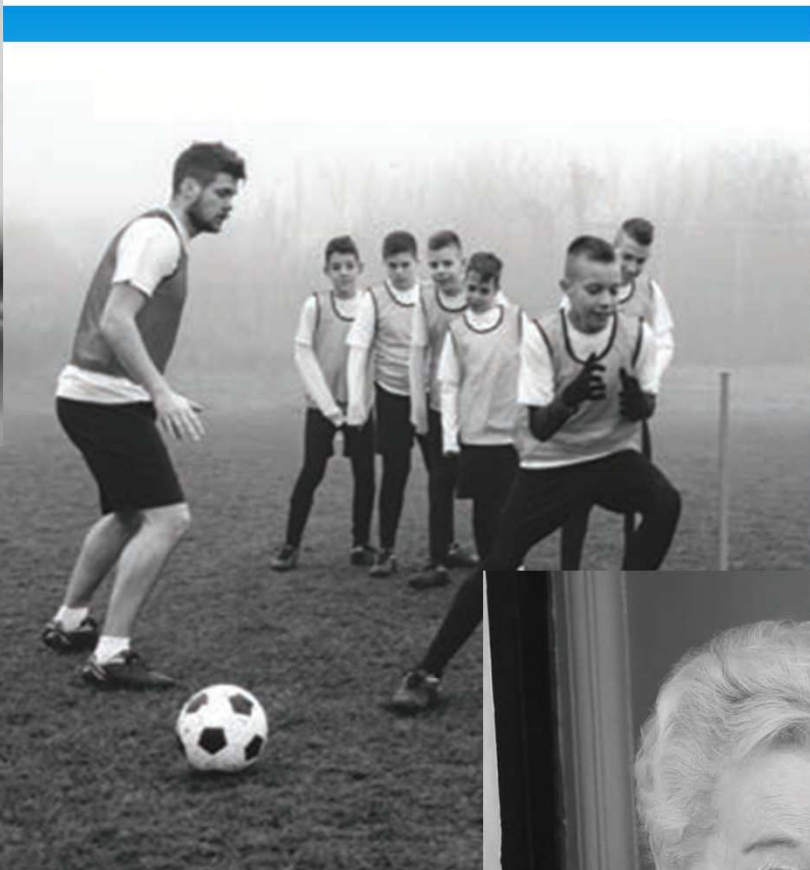


Health Inequalities in Oxfordshire

Report of the Commission into Health Inequalities in
Oxfordshire

March 7th Oxford City Scrutiny Committee

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15/12/16

Context :

- Right now, if you're born poor, you will die on average nine years earlier than others. If you're black, you're treated more harshly by the criminal justice system than if you're white. If you're a white, working-class boy, you're less likely than anybody else to go to university.”
- “If you're at a state school, you're less likely to reach the top professions than if you're educated privately. If you're a woman, you still earn less than a man. If you suffer from mental health problems, there's too often not enough help to hand. If you're young, you'll find it harder than ever before to own your own home.”
- *Source: Teresa May, Prime Minister, first day in office 2016*

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LOCAL situation :

- Unacceptable inequalities in health persist in Oxfordshire.
- These inequalities affect the whole of society and they can be identified at all stages of the life course from pregnancy to old age.
- The weight of scientific evidence supports a socioeconomic explanation of health inequalities.
- This traces the roots of ill health to such determinants as income, education and employment as well as to the material environment and lifestyle.
- It follows that our recommendations have implications across a broad front and reach far beyond the remit of the health services.

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Objectives

The objectives of the Commission were to:

- raise the profile of health inequalities in Oxfordshire
- inform strategic planning and operational delivery by gathering evidence from multiple organisations and individuals in the county by advising on tangible actions
- produce a report for the Oxfordshire Health and Wellbeing Board , to be shared with other relevant bodies, with recommendations for concrete, achievable activities with monitorable expected outcomes.
- ensure the recommendations for action are based on the best available evidence so as to improve the likelihood of reducing health inequalities in Oxfordshire over the next decade.

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Recommendations 1-11

Common Principles to address health inequalities

- 1. The profound *influence and impact of poverty on health* needs to be widely recognized and systematically addressed.
- 2. Commitment **to prevention** needs to be reflected in policies, resources and prioritization
- 3. **Resource reallocation** will be needed to reduce inequalities
- 4. Statutory and voluntary agencies need to be **better coordinated** to work effectively in partnership organizations using the **Health in All Policies approach**
- 5. **Data collection and utilization** needs to be improved for effective monitoring of health inequalities

∞

Common Principles

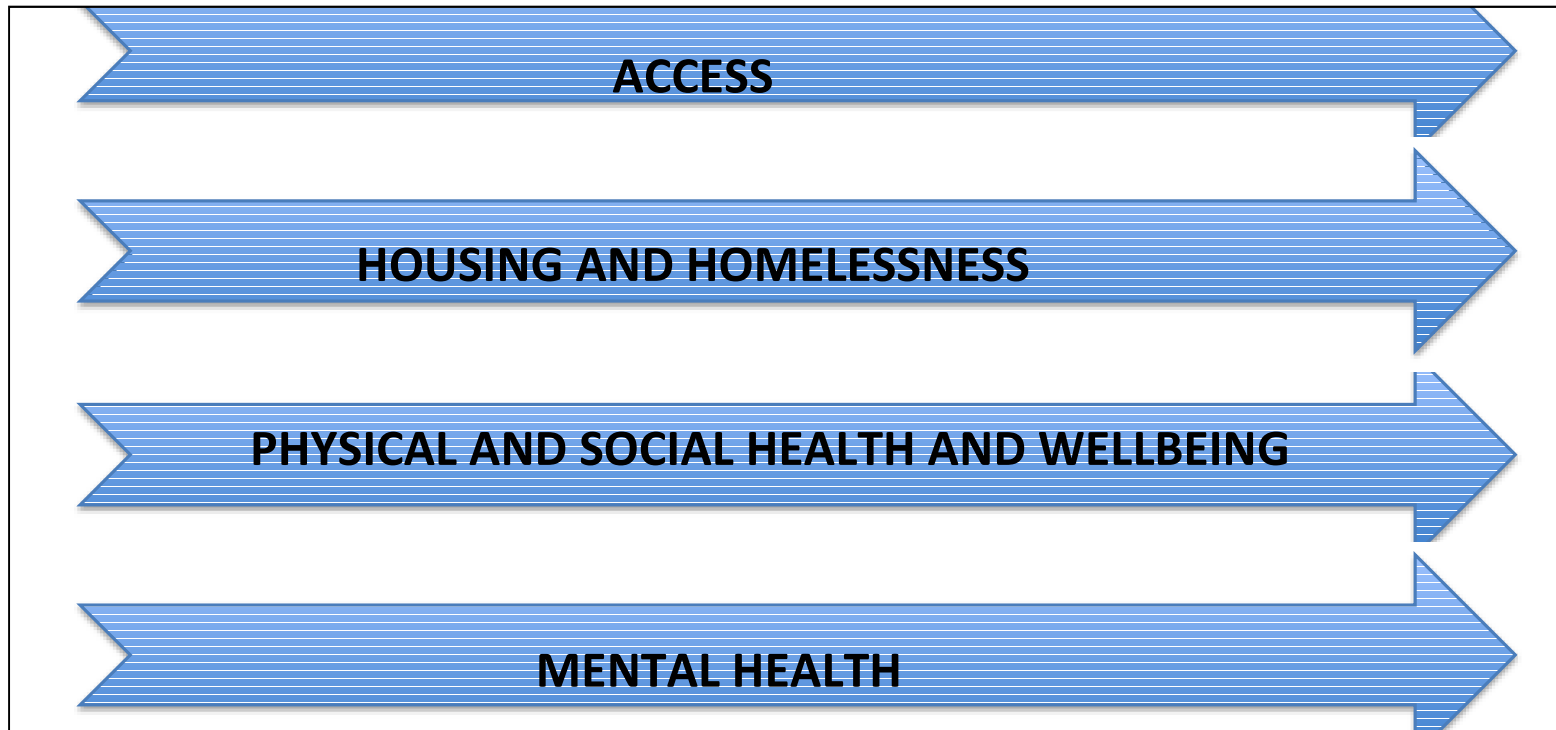
- * **These principles should inform policy, resource allocations and practice across the county if health inequalities are not to become further entrenched or grow.**
- * **Action : Health in All Policies**

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Recommendations 12-40

Cross cutting themes

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Cross cutting themes

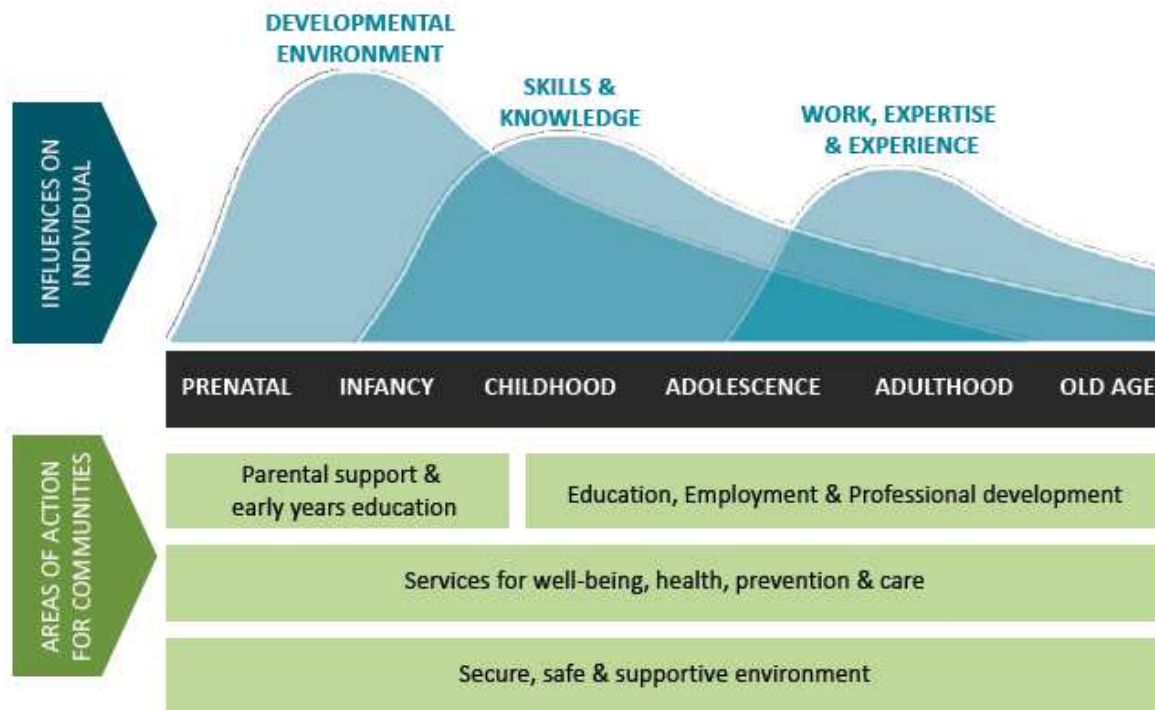
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- * **common themes across the lifecourse arose from the evidence sessions**
- * Draw together many of the threads common to the other sessions.
- * Take into account not only geographic communities but also communities of common interest, particularly vulnerable groups most likely to suffer from health inequalities.

Recommendations 41-60

Life course approach

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"Influences and actions along the life course"; model inspired by Fair Society, Healthy Lives

Stages of the Lifecourse

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- * ***Beginning well*** :pre-pregnancy, the antenatal and perinatal period, and childhood,
- * ***Living well*** :the middle years
- * ***Ageing well*** :the latter years of life.

Presented to HWB and CCG

- * We need to see **more focus on prevention** as well as investment in community based programmes
- **Not just health sector challenge** :Remember role of other sectors
 - E.g.increase residents' income and/or reduce their expenditure, such as debt, benefits or employment advice.
- HWB agreed to **monitor and assess progress** against these recommendations, including in the acute sector

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Indicators : we should at least be able to report

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- * Healthy life expectancy at birth – males and females
- * Life expectancy at birth – males and females
- * Inequality in life expectancy at birth – males and females
- * People reporting low life satisfaction

Childhood and Education

- * Good level of development at age 5
- * Good level of development at age 5 with free school meal status
- * GCSE achieved (5A*-C including English & Maths)
- * GCSE achieved (5A*-C including English & Maths) with free school meal status

Work

- * 19-24 year olds who are not in employment, education or training
- * Unemployment % (ONS model-based method)
- * Long-term claimants of Jobseeker's Allowance
- * Work-related illness

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Income /Lifestyle

- * Households not reaching Minimum Income Standard
- * Fuel poverty for high fuel cost households
- * Utilisation of outdoor space for exercise/health reasons
- * <https://fingertips.phe.org.uk/profile-group/marmot/profile/marmot-indicators/>

Challenge

- * Maintaining a focus on reducing inequalities
- * Taking innovative action – eg Social Impact Bonds
- * Consider reallocation of resources and doing things differently
- * Prioritisation
- * Monitoring and evaluation
- * Increasing awareness
 - * bmj.com/bmj/2017/02/23/sian-griffiths-et-al-inequality-matters/

Thanks to :

- * My Fellow Commissioners
- * The Secretariat
- * All those who submitted evidence either in writing or in person
- * The HWB and CCG for receiving the report