

To: City Executive Board

Date: 6 April 2017

Report of: Scrutiny Committee

Title of Report: Health Inequalities

Summary and Recommendations

Purpose of report: To present the recommendations of the Health Inequalities Panel on health inequalities

Executive lead member: Councillor Ed Turner, Council Leader and Board Member for Corporate Strategy and Economic Development

Recommendation of the Scrutiny Committee to the City Executive Board:

That the City Executive Board states whether it agrees or disagrees with the ten recommendations set out in the body of this report.

Appendices

Appendix 1: Health Inequalities recommendations relevant to Oxford City Council.

Background

1. The Health Inequalities Panel followed on from the work of the Inequalities Panel by meeting on 7 March 2017 to consider the report of the Oxfordshire Health Inequalities Commission. The Panel comprised of Councillors Van Coulter (Chair), Sian Taylor, David Thomas and Liz Wade. The Panel would like to thank the following people for attending the meeting and contributing to the discussion:
 - Professor Sian M Griffiths, Independent Chair of the Oxfordshire Health Inequalities Commission;
 - Cllr Gill Sanders, Older People's Champion;
 - Val Johnson, Policy and Partnerships Manager;
 - Frances Evans, Strategy and Service Development Manager (Housing Services);
 - Chris Harvey, OD, Learning and HR Support Manager.

Summary and recommendations

2. The Chair of the Health Inequalities Commission said the fact that the meeting was taking place represented exactly the sort of response that the Commission had hoped for. She said health is not just a matter for the health service because it is a product of wider socio-economic factors and joint working is essential to addressing inequalities. Although inequality is easier to understand in a city context the County Council should not dismiss this work because inequality is an issue for the whole of Oxfordshire and some aspects need to be addressed at county council level or on a county-wide basis.
3. The Panel heard that the Commission took evidence from various sources and held a number of public meetings. There had been difficulties in obtaining data on particular groups due to national data gaps and this had made it difficult to accurately assess needs. The first eleven recommendations in the Commission's report relate to five common principles: strong partnership engagement, recognising the impact of poverty on health, a commitment to prevention, data collection and utilisation, and the need to allocate resources to reduce inequalities. These themes run through the Commission's report, as do the themes of beginning well, living well and aging well. The challenge is to focus on helping the poorest and knowing whether you have made a difference over time. Some measurable data is available on some indicators such as healthy life expectancy, low life satisfaction and educational attainment but there is a need to specifically monitor inequalities, keep it on the agenda and influence partners at a time when it is getting harder to do so due to funding cuts.
4. The Panel noted that almost all Council services can be seen as having some impact on health inequalities. Housing, homelessness and the work of the welfare reform team are the most obvious ones, but green spaces, safeguarding, anti-social behaviour, environmental health, licensing and air quality are also important. The main themes as far as the council is concerned are about income, education, employment, the material environment (including housing) and lifestyle (e.g. promoting physical activity). The Council is very active in these areas and does a lot of good work but there is a need to work in partnership, share knowledge and define gaps in order to reduce inequalities. The Panel voiced support for a number of specific council initiatives, such as; the council's approach to health and wellbeing for council employees, proposals to develop a food poverty action plan, the Healthy New Town at Barton Park, and the proposed extension of licensing across the private rented sector.
5. The Policy and Partnerships Manager provided a list of the Commission's recommendations that are most relevant to district councils (see Appendix 1). The Panel note that some of these recommendations require a partnership approach and that leading on their implementation would potentially have resourcing implications for the City Council (e.g. making benefits advice available in all health settings). The Panel hope however that the Council can support and embed these recommendations as a far as possible within existing resources.

Recommendation 1 - That the recommendations of the Health Inequalities Panel that have been identified as being most relevant to district councils

(see appendix) are supported as far as possible by the Council within existing resources.

6. The Chair of the Health Inequalities Commission said that the Council was doing lots of good work but was being hit by external factors, such as cuts to supported housing. The Council should continually ensure that it prioritises its resources in order to reach the most affected groups and maximise its impacts on health inequalities. She also urged the Council to also look at adopting the ‘health in all policies’ approach, as recommended by the Commission for all NHS and local authority organisations. This approach is about systematically taking into account the health implications of decisions, seeking synergies and avoiding harmful health impacts to improve the health of the population and health equity.

Recommendation 2 - That the Council supports reducing health inequalities and will adopt the ‘Health in All Policies’ approach, which is supported by government and the World Health Organisation.

7. The Policy and Partnerships Manager said that there is a challenge in measuring the impacts of numerous council activities through a health inequalities lens. The Council employs a data analyst but is limited in what it can measure due to national data gaps (e.g. health data specific to BME groups). The high level of population churn in the city is also a factor. The Council is however very aware of health inequalities. Officers do look at data and try to create measures when introducing new policies or refreshing existing policies. There are opportunities to join up better with other agencies and the stronger communities groups – involving the Council, CCG, Public Health and DWP – are good examples of this partnership approach already happening.
8. The Housing Strategy and Service Development Manager said that Housing Services have a duty of care and are required to take account of health issues when housing people. Housing Services also do a lot of work with the Welfare Reform Team and organisations such as Shelter and CAB. They have referral systems in place and provide information on accessing services to people in housing need such as those living in temporary accommodation and those at risk of homelessness. Where people are placed in private sector accommodation, Tenant Liaison Officers act as mediators if problems occur and tenants are provided with coaching on how to sustain tenancies. Landlords are subject to fit and proper person tests and properties are inspected for suitability and hazards. All of this support can help people through or prevent suffering but the impacts on health and wellbeing are not currently measured. A health and wellbeing impact question could potentially be added to existing satisfaction surveys.

Recommendation 3 - That the Council looks at how it can improve monitoring the health and wellbeing impacts of key services that impact on health and wellbeing.

9. The Older Person’s Champion said that loneliness amongst the elderly is a huge issue in the city and that the withdrawal of subsidised buses has compounded this problem. There is a need to build accommodation that older people want to live in if they are to be tempted to move out of larger properties and potentially

further from their friends and soft networks. The Council has been doing a lot of work in this area and overall is working very hard supporting things like supported accommodation, which has been cut by the County Council. However, the Council needs to be realistic about the task ahead and what can be achieved given that funding will continue to diminish and the demographic challenges facing public services will continue to increase. The advice agencies are doing a brilliant job in encouraging people to claim benefits they are entitled to and the Council should continue to support them.

Recommendation 4 - That consideration is given to whether more could be done within existing resources to tackle loneliness and isolation among the city's growing elderly population through community services.

Recommendation 5 - That the Council continues to support and encourage advice agencies in helping people to claim the benefits they are entitled to.

10. The Panel raised the importance of early years and child health. The 1001 Days Critical Manifesto highlights the importance of acting early to enhance outcomes for children, and supports that every child deserves an equal opportunity to lead a healthy and fulfilling life. County Council cuts to children's centres are a big concern and the Council has committed some money to mitigate some of the worst impacts in the city. The Panel heard that the Commission visited a children's centre in Banbury, looked at a range of data and tried to reflect these serious issues in their report.

Recommendation 6 - That consideration is given to how the 1001 Critical Days Manifesto, which focuses on the importance of the conception to age 2 period, is relevant to the work of the Council.

11. The Panel commented that some schools in the city are really suffering due to a lack of funding and heard that the Council is involved with partners in looking at attainment in the city. Proposals are being developed and there is a small budget but addressing poor educational attainment in city schools is a huge challenge. The Panel also noted that the introduction of universal free school meals has made it very difficult for schools to maximise their pupil premium funding.

Recommendation 7 - That the Council looks again at whether it could provide funding for struggling city schools with poor levels of attainment, perhaps focused on sports provision or other activities that can reduce health inequalities.

12. The Panel commented that low income combined with the very high cost of housing is a major issue for many people in the city who typically pay 50-60% of their income in housing costs. The Panel questioned whether the Council can do more to promote the Oxford Living Wage (OLW) to other employers in the city given that one in five jobs don't pay the OLW, and considered whether this would be a good use of Council resources. The Panel heard that the Council requires payment of the OLW through procurement and grant funding and has convinced the local health trust, which has some 1400 employees, of the benefits of paying the OLW to their staff. The Panel noted that there is an opportunity to push the

OLW again given that the Westgate Shopping Centre will be reopening later in the year, creating 3000 jobs, and that shops and restaurants are reportedly struggling to fill these posts. The Panel suggest that the OLW should become a more widely recognised scheme for employers to sign up to, with increased visibility of the scheme online and in shop windows around the city, for example.

Recommendation 8 - That the Council redoubles efforts to publicise, promote and enhance the visibility of the Oxford Living Wage scheme (as well as other good employment practices), given that the new Westgate Shopping Centre will reopen in autumn 2017.

13. The Panel also noted that there may be opportunities for the Council to maximise social value through procurement in other ways, for example by requiring that contractors adopt other progressive employment policies. The Panel commented that Manchester City Council has developed good procurement practices that the Council should look to learn from.

Recommendation 9 - That the Council uses procurement as a tool for tackling poverty and to extracting measurable social value, drawing on good practice from Manchester City Council, and reinforces rules for contractors to pay Oxford Living Wage

14. The Panel questioned the progress of a social prescribing pilot at Bury Knowle Health Centre and heard that while there is a strong local interest in social prescribing, the national evidence base supporting such interventions is not yet particularly strong. The Panel noted that the most deprived communities tend to be the areas with the fewest facilities to support social prescribing and suggest that the Council-owned community assets could be utilised to support health services.

Recommendation 10 - That the Council continues to engage constructively with partners about delivering more health services in community facilities and improving access to health and other services in estates.

15. In discussion the Panel identified the following actions for the Scrutiny Committee to consider:
- a) Keeping health as an underlying principle when considering issues of inequality;
 - b) Considering the emerging food poverty action plan at a future meeting (expected in autumn 2017);
 - c) Requesting a 12 month progress report on the implementation of agreed recommendations.

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