

# **Report to Health Scrutiny Committee**

# **Health Inequalities Plan**

# **Portfolio Holder:**

Councillor Brownridge, Cabinet Member Health and Social Care

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5<sup>th</sup> December 2023

#### **Reason for Decision**

To update to the Health Scrutiny Committee on the progress made from the health inequalities plan.

# **Executive Summary**

Oldham residents experience many inequalities across the wider determinants of health that contribute collectively to the difference in life expectancy and healthy life expectation that we observe. In June 2022, Oldham's Health and Well-being board agreed the 6 themes and associated actions that underpin the local health inequalities plan that was intended to be achieved over a 2-year period. This report seeks to provide an update on the progress made to date.

# Recommendations

Health Scrutiny Committee are asked to consider the progress made on the local health inequalities plan.

#### Health Scrutiny Committee

#### Health Inequalities Plan

#### 1 Background

- 1.1 Oldham Life Expectancy for men is 77.2 years, compared to the national average of 79.4 years (PHOF 2018-20). By contrast, Westminster has an average life expectancy of 84.7 years. The difference in life expectancy for men, between Alexandra ward (most deprived) and Saddleworth South ward (least deprived) is 12 years.
- 1.2 Oldham Life Expectancy for women is 80.5years compared to the national average of 83.1 years (PHOF 2018-20). By contrast, Kensington and Chelsea has an average life expectancy for women of 87.9 years The difference in life expectancy between Alexandra ward (most deprived) and Saddleworth South ward (least deprived) is 12.9 years.
- 1.3 The inequalities that we observe for life expectancy and for healthy life expectancy in Oldham are not just associated with deprivation but are also present between different ethnicities.
- 1.4 In November 2021, the Health and Wellbeing Board members discussed the development of a Health Inequalities plan for Oldham. This process took key recommendations from the Greater Manchester review 'Build Back Fairer: Health Equity and dignified lives' and GM Independent Health Inequalities Commission report and broadly mirrored the six thematic areas;
  - Income, Poverty, Housing and Debt
  - Housing, Transport and Environment
  - Work and Unemployment
  - Health in all Policies / Communities and Place
  - Health and Wellbeing, and Health Services
  - Children and young people

#### 2. Current Position

- 2.1 Each of the six thematic areas was underpinned by a series of actions (a total of 57), and senior sponsor(s) assigned. The Health and Wellbeing board agreed the action plan in June 2022, and that Public Health in Oldham Council would continue to drive and oversee developments. The inequalities plan was considered to be achievable over a 2-year time period.
- 2.2 A tracker tool has been developed, detailing all the actions and progress of each area within the Health Inequalities plan. Action owners have been invited to review and update the progress made towards each of the actions utilising commentary boxes and RAG ratings to provide a visual review of where programmes are on track, stalling or behind.
- 2.3 During the period of September 2022 to March 2023, all six thematic areas presented focused reviews to the Health and Wellbeing board. This allowed for the sharing of good practice across Oldham partnership organisations, opportunity to accentuate programmes that reduce inequalities and as a system provide a safe place to discuss barriers to delivery. The focused reviews have been well received with helpful discussion and opportunity to provide collective support for system challenges, or opportunities to maximise on good practice.
- 2.4 Each of the six thematic areas has one or more senior sponsor from cross the Oldham system. Where personnel has changed within organisations, new sponsors have been recruited, for example, within the theme 'Housing, Transport and Environment', the Director of Economy and

the Director of Environment for Oldham Council have adopted this role and are considered to be well placed to oversee progress of work.

- 2.5 One of the thematic areas 'Health and Wellbeing and Health Services' continues to be reviewed as it would maximise impact if the actions could be better aligned to the Integrated Care Partnership (ICP) priorities outlined within the ICP 5-year strategy and to ensure that the actions are reflective of existing programmes contributing to the reduction of health inequalities.
- 2.6 A tracker tool has been developed, detailing all the actions within the agreed Health Inequalities plan. Action owners have been invited to review and update the progress made towards each of the actions utilising commentary boxes and RAG ratings to provide a visual review of where programmes are on track, stalling or behind. Each of the sponsors has access to the tracker tool for oversight and review of their thematic area.
- 2.7 Of the 57 agreed actions, 30 have been rated as green, meaning they are on track or have been completed. 22 have been assessed as amber meaning that although they are within existing workstreams the programme has experienced some challenges or setbacks, but that mitigations are in place. The remaining 5 actions are considered to be rated as red, meaning that challenges have been experienced, and that there is risk that they will not be completed within the 2-year plan.
- 2.8 Challenges associated with those that have been marked as amber, include but are not limited the impacts of short-term funding, staff recruitment and capacity issues, and demand exceeding capacity of commissioned services.
- 2.9 Each theme has been progressed the work uniquely for example within the Children and Young people theme a governance structure already exists and can utilises existing forums, where as other areas such work and unemployment have held a workshop with key partners to explore the work in more detail.

#### 3. Key Issues for Health Scrutiny to Discuss

3.1 Health Scrutiny Committee is asked to consider the Oldham Health Inequalities plan and how it aims to reduce health inequalities and improve population health outcomes across a broad set of themes and organisations.

#### 4. Key Questions for Health Scrutiny to Consider

4.1 Health Scrutiny is asked to consider the actions and outcomes against a back drop of cost of living crisis.

#### 5. Links to Corporate Outcomes

5.1 The Health Inequalities Plan is owned by the Health and Wellbeing board and as a partnership approach, fully supports the delivery of Corporate Plan objectives of residents focused, placebased working, digitisation and a preventative approach, alongside the Oldham Plan to uplift every resident.

#### 6. Consultation

6.1 Oldham's Health and Wellbeing board members were consulted on the themes and proposed actions that underpin the plan. This was inclusive of a broad cross section of organisations. Regular updates have been taken to the Health and Wellbeing board in the form of topic specific presentations and written updates.

#### 7. Appendices

#### 8.1 The agreed Health Inequalities actions by thematic areas

### Children and Young People

Sponsor Gerard Jones, Managing Director of Children and Young People's Services

| Objective  | Action   |
|--|--|
| Strengthen mental<br>support and<br>preventative offer for<br>young residents                          | Develop a pathway for 2-5 years olds for MH support.   |
|  | Supporting more 18 and 19 year olds to get into employment,<br>encouraging public sector employers to take on more vulnerable<br>residents and use more equitable recruitment practices (linked to<br>action in employment section). |
|  | Build and expand on the work the MH in education team are doing with parents around anxiety.   |
|  | Revisit outcomes from previous poverty proofing the school day audits<br>and develop and develop further actions to ensure education is as<br>responsive to poverty as it can be.  |
| Improve access to<br>physical health support<br>and preventative<br>services for those in<br>most need | Develop a targeted physical activity offer for low income families (driven by data which highlights who should be targeted).   |
|  | Work with schools and early years education providers on approaches<br>to healthy weight, healthy eating and physical activity (linked to action<br>under wellbeing on Healthy Weight).  |
| Identify food insecure residents at an earlier age (I.e. before FSM)                                   | Develop systems and pathways that lead to the earlier identification<br>of, and action on, early years and primary school age food insecurity.   |
| Improve Childhood<br>Mortality in Oldham<br>following latest data<br>released                          | Act on infant mortality review being carried out to understand Oldham's highest rates of infant mortality in GM.   |
| Address inequalities<br>experienced by Looked<br>After Children  | Review CYP and health data and ensure that where possible it is being looked at through a LAC lens to help drive further action.   |

# Income, Poverty and Debt

Sponsor; Sayyed Osman, Deputy Chief Executive Oldham Council

| Objective  | Action  |
|--|---|
| Reduce structural barriers<br>which perpetuate<br>inequalities, particularly<br>stigma and staff<br>perception/understanding<br>of those in poverty. | Develop and deliver front line staff training on the background and<br>residents' experiences of poverty/debt/benefits, constituting<br>workforce development around poverty. Include a focus on internal<br>workforce wellbeing, particularly in light of cost of living crisis. |
|  | Increase use of the Money Advice Referral Tool across front line<br>staff across the borough to improve signposting to support and<br>impact wider determinants of health.  |
| Support those in most need as utility prices continue to rise.   | Continue to support the delivery of, and funding for, Warm Homes<br>Oldham and highlight the gap in support resulting from the cost of<br>living crisis.  |
| Seek to prevent<br>problematic debt levels in<br>the borough.  | Through development of new council tax collection policy,<br>emphasise the impact on health of debt and the need to consider<br>health impacts in collection strategies.  |
|  | Develop wider programme of work aimed at preventing and reducing levels of problematic debt, including a focus on money management and rent arrears.  |

Housing, Transport and Environment Sponsors; Paul Clifford Director of Economy and Nasir Dad Director of Environment

| Objective  | Action  |
|--|---|
| Ensure every resident<br>can access housing,<br>while improving the<br>health of our homeless<br>population. | Continue to support the A Bed Every Night initiative and work to improve access to health and wider services for homeless population.   |
|  | Expand NHS Health Check eligibility criteria to all people who are homeless regardless of age.  |
|  | Continue development of substance misuse offer for people who are homeless.   |
| Strengthen housing<br>support around minor<br>repairs which can be<br>unaffordable for some<br>residents.    | Develop a housing and health approach so that the warm homes<br>team can signpost individuals with CVD or acute respiratory<br>conditions to 'Your Health Oldham' for targeted support  |
| Develop healthier<br>housing provision in the<br>borough.  | <ul><li>Proactively identify houses with defects, assessing for category 1 and category 2 hazards.</li><li>Roll out of free universal pest control to Oldham residential properties to understand the scale o the issue and direct action accordingly</li></ul> |
|  | Develop a forum for sharing good practice across providers and wider system in terms of making healthy improvements to homes  |

| Incorporate healthier<br>design principles into all<br>developments in the<br>borough. | Develop and include content on healthy planning and healthy green spaces in the new Local Plan  |
|--|---|
|  | Strengthen the use of health impact assessments as part of the planning process.  |
|  | Develop and embed a delivery strategy for key ambitions included in<br>the Oldham Transport strategy with actions and timeframes included |

#### Work and Unemployment

Sponsors; Charlotte Walker Assistant Director Adult Social Care Reform & Improvement, Majid Hussain NHS GM Director, Kelly Webb Director of customer services First Choice Homes Oldham

| Objective  | Action   |
|--|--|
| Ensure every resident<br>can access housing,<br>while improving the<br>health of our homeless<br>population. | Continue to support the A Bed Every Night initiative and work to improve access to health and wider services for homeless population.  |
|  | Expand NHS Health Check eligibility criteria to all people who are homeless regardless of age.   |
|  | Continue development of substance misuse offer for people who are homeless.  |
| Strengthen housing<br>support around minor<br>repairs which can be<br>unaffordable for some<br>residents.    | Developing a pilot funded by GM HSCP to improve minor repair<br>provision, linking in participants into health service offers and<br>measuring the impact of house repairs on resident health.                               |
| Develop healthier<br>housing provision in the<br>borough.  | Further develop the Healthy Homes element of the housing strategy<br>in the next iteration of the housing strategy action plan, including<br>strengthening links between health services and housing enforcement<br>support. |
|  | Develop a forum for sharing good practice across providers and wider<br>system in terms of making healthy improvements to homes  |
| Incorporate healthier<br>design principles into all<br>developments in the<br>borough.                       | Develop and include content on healthy planning and healthy green spaces in the new Local Plan   |
|  | Strengthen the use of health impact assessments as part of the planning process.   |

#### Health in all Policies/ Communities and Place

Sponsors; Mike Barker Chief Officer Oldham Integrated Care and Laura Windsor Welsh Partnerships and Development Services Manager Action Together

| Objective   | Action   |
|---|--|
| Health and Health<br>Inequalities are<br>considered in all policies   | Embed Health and Health Inequalities into corporate reporting templates and embed into all new contracts that are commissioned.  |
|   | Review metrics which underpin Social Value Procurement as part<br>of the annual review to ensure focus on Health Inequalities,<br>including a focus on how we can add social value to places of<br>particular need and how we support smaller, local providers to<br>apply for competitive contracts which are open to wider tender. |
|   | Review the Equality Impact Assessment processes and how the EIAs inform decision making.   |
|   | Expand public health/licencing work to consider how health impacts can be a consideration in the range of licencing decisions in Oldham (e.g. gambling).   |
| Residents views<br>represented in all policies  | Embed resident engagement and codesign in system culture and<br>everything we do and supporting sustainable investment into it,<br>including sustaining investment into door step engagement teams.  |
|   | Develop infrastructure to draw together themes from multiple<br>different resident engagements ensuring that intelligence is used to<br>inform decision making at a corporate and a place based level.   |
|   | Involving people with lived experience in changing the way systems respond to, and support people, with multiple disadvantage, drawing on learning from Changing Future programme, Poverty Truth Commission and Elephant Trails.   |
| Enhance systems<br>awareness of health<br>inequalities and the role<br>staff and organisations<br>can play in reducing them | Provide workforce development sessions/training on Health<br>Inequalities to improve awareness of the impact in Oldham and<br>action required and make this a core part of the placed based<br>workforce development offer.  |
| Measure and track<br>progress in reducing<br>Health Inequalities  | Work with GM and local BI teams to develop a fit for purpose dashboard for Oldham that reflects key data at Oldham level and aligns with the GM Marmot recommendations.  |
| Better coordinate local<br>services in places that are<br>convenient and trusted for<br>residents.                          | Place-based boards to be developed for each place to help drive<br>this coordination of services and focus on prevention, early<br>intervention and tackling inequalities. Board to include reps from<br>employment support where appropriate.   |

# Health and Wellbeing, and Health Services

Sponsor; John Patterson Chief Clinical Officer NHS Oldham and Rebecca Fletcher Interim Director of Public Health Oldham Council These actions are under review, but included for completeness

Objective

Action

| Have a coordinated<br>approach to prevention<br>and early intervention,<br>supported by a<br>sustainable funding<br>model.                                  | Develop a coordinated whole system approach to delivering<br>Healthy Weight across Oldham to include a focus on schools.  |
|---|---|
|   | Reviewing existing provision, commissioning and grant<br>investment arrangements including sustainability of investment,<br>across whole early intervention and prevention system   |
|   | Develop a directory of services for the system to clearly<br>communicate what preventative and early intervention services<br>are available for residents to access, carefully considering the<br>capability and capacity of support available. |
| Strengthen mental health<br>offer in the borough<br>responding to increase in<br>need during and post<br>covid-19   | Further development of Oldham MH Living Well model,<br>transforming of community MH services. Focus on 'no wrong front<br>door' and MH teams working at a PCN level more focused on<br>population need.   |
|   | Increase capacity for, and equity of access to, addiction services, including developing dual diagnosis pathways.   |
|   | Include questions relating to MH in the NHS Health Check and link patients to appropriate support   |
|   | Evaluate and where appropriate identify funding to sustaining our<br>existing prevention resources e.g. TogetherAll, aligning this to the<br>wider early intervention and prevention review.  |
| Improve social support<br>around the health offer,<br>particularly around debt<br>and benefit advice and<br>referral into employment<br>support programmes. | Work to develop EMIS/elemental referral functionality to make it<br>easier for GPs to refer for social support and behaviour change<br>and showcase at GP training event.   |
|   | Collect and report on primary care data on referrals into social and employment support to target improvements in uptake.   |
|   | Ensure pathways to wider support exist for those who have<br>suffered a serious or unexpected illness which may impact their<br>finances.   |