OUH Health Inequalities Programme

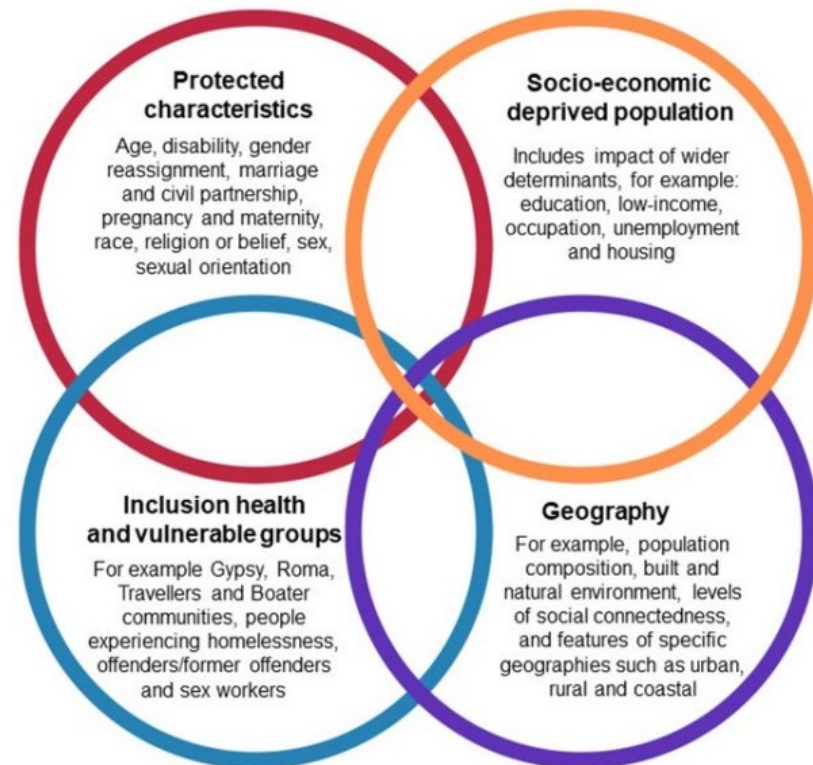**Council of Governors**

January 2024

Content

Overview of Health Inequalities; definition, drivers, national policy

Oxfordshire context
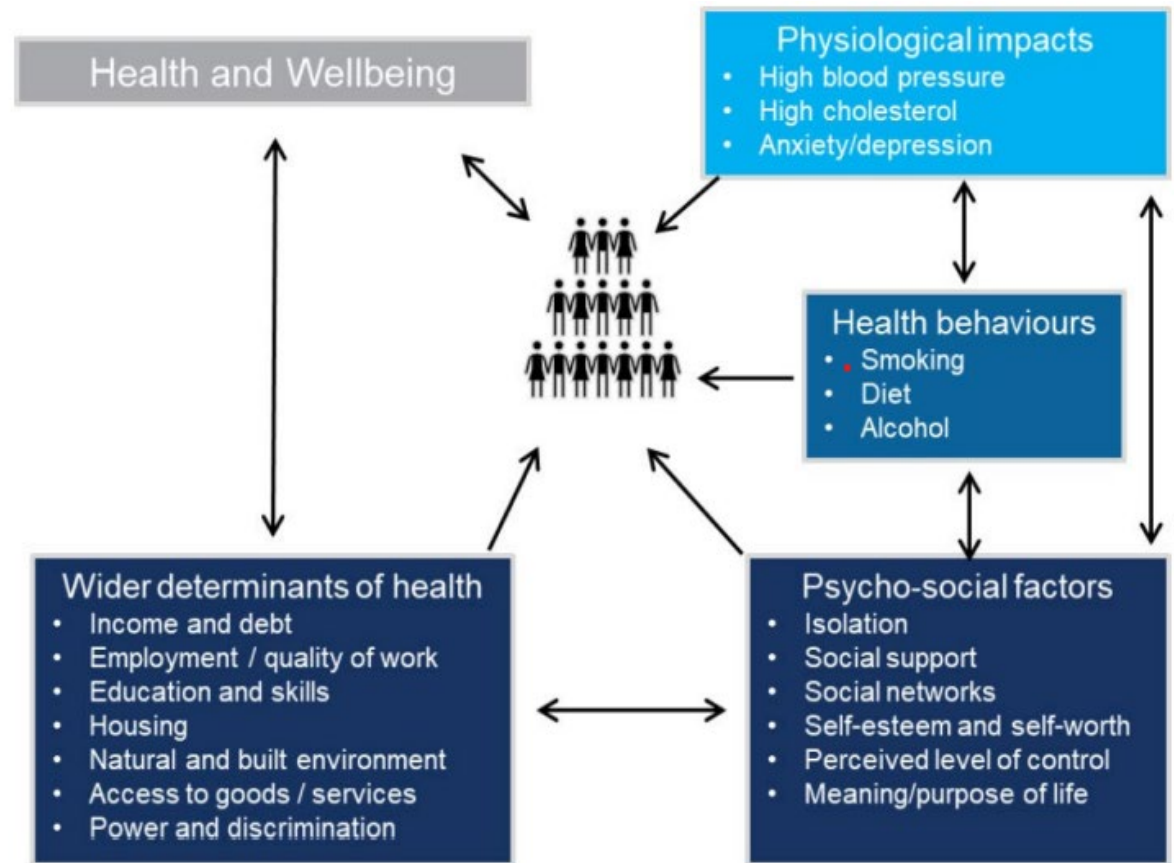
OUH Health Inequalities Programme

Case study on Maternity

Health inequalities = Avoidable, unfair and systematic differences in health between different groups of people
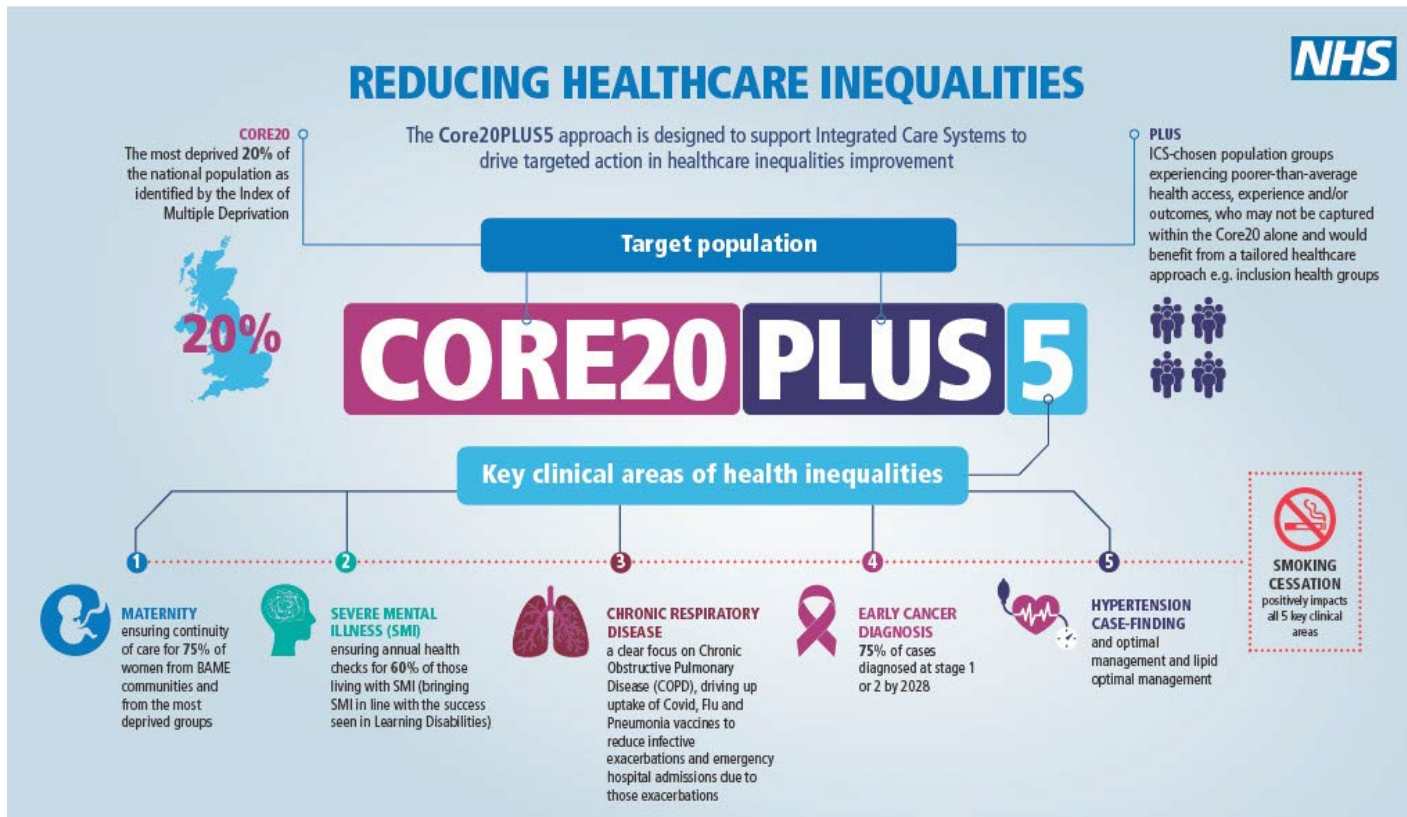
What drives health and health inequality?

- Healthcare is responsible for about 20% of the difference in health outcomes between groups

- So 'social determinants' are responsible for 50-80% of differences in health outcomes

- There is a complex interaction of a range of direct and indirect factors.

Health and Wellbeing

Physiological impacts
- High blood pressure
- High cholesterol
- Anxiety/depression

Health behaviours
- Smoking
- Diet
- Alcohol

Wider determinants of health
- Income and debt
- Employment / quality of work
- Education and skills
- Housing
- Natural and built environment
- Access to goods / services
- Power and discrimination

Psycho-social factors
- Isolation
- Social support
- Social networks
- Self-esteem and self-worth
- Perceived level of control
- Meaning/purpose of life

Addressing health inequalities through collaborative action: briefing note (publishing.service.gov.uk)

National Policy Context: Core20PLUS5

Core20PLUS5 is a national approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5

20%

Key clinical areas of health inequalities

1. **MATERNITY** ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)** ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3. **CHRONIC RESPIRATORY DISEASE** a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS** **75%** of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING** and optimal management and lipid optimal management

SMOKING CESSATION positively impacts all 5 key clinical areas

NHS

➢ **Core20**
Identify, then focus on the most deprived 20% of our population

➢ **PLUS**
ICS to identify our most pressing local needs in communities where disparities are the greatest

➢ **5 Clinical Areas**
Focus on these 5 clinical national priorities which require considerable improvement to address inequity in clinical outcomes

REDUCING HEALTHCARE INEQUALITIES
FOR CHILDREN AND YOUNG PEOPLE

NHS

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

20%

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1 ASTHMA
Address over reliance on reliever medications and decrease the number of asthma attacks

2 DIABETES
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3 EPILEPSY
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4 ORAL HEALTH
Address the backlog for tooth extractions in hospital for under 10s

5 MENTAL HEALTH
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

Oxfordshire is one of the most affluent areas of the country

But...10 wards are in the 20% most deprived in England

The 10 most deprived wards in Oxfordshire

1 Northfield Brook
2 Banbury Ruscote
3 Rose Hill and Iffley
4 Blackbird Leys
5 Banbury Cross and Neithropp
6 Banbury Grimsbury and Hightown
7 Carfax
8 Barton and Sandhills
9 Abingdon Caldecott
10 Littlemore

2019/20 Director of Public Health Annual Report 11

Oxfordshire JSNA 2022

Inequalities in Oxfordshire

- Males living in the more affluent areas of the county are expected to live around 11 years longer than those in poorer areas. For females, the gap in life expectancy is around 12 years.
- Almost 16,000 children are living in low-income households.
- 16% of the population are from ethnic minority backgrounds
- 52,674 (7.7%) of residents in Oxfordshire providing unpaid care
- The cost of renting in Oxfordshire is 49% higher than England.
- The cost of house-buying in Oxfordshire is 61% higher than England (based on lower quartile price paid).
- Two of Oxfordshire's small areas, Banbury Ruscote and Banbury Neithrop had significantly higher rates of hospital admissions for coronary heart disease than England. 33.
- Six of Oxfordshire's small areas had significantly higher rates of hospital admissions for heart attacks than England.
- People with learning disabilities (LD) are likely to have much higher rates of certain health conditions than the general population. Rates of Epilepsy are almost 30 times as high for people with LD.
- Some small areas of Oxfordshire experience significantly higher standard mortality ratios than the average with the high rates of deaths from cancer, circulatory diseases and stroke for people aged under 75.
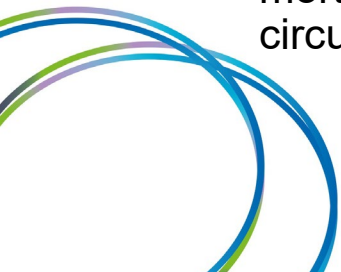
What can we influence as an Acute Trust?

Access to healthcare

Experience of care

Outcomes of care

Determinants of health
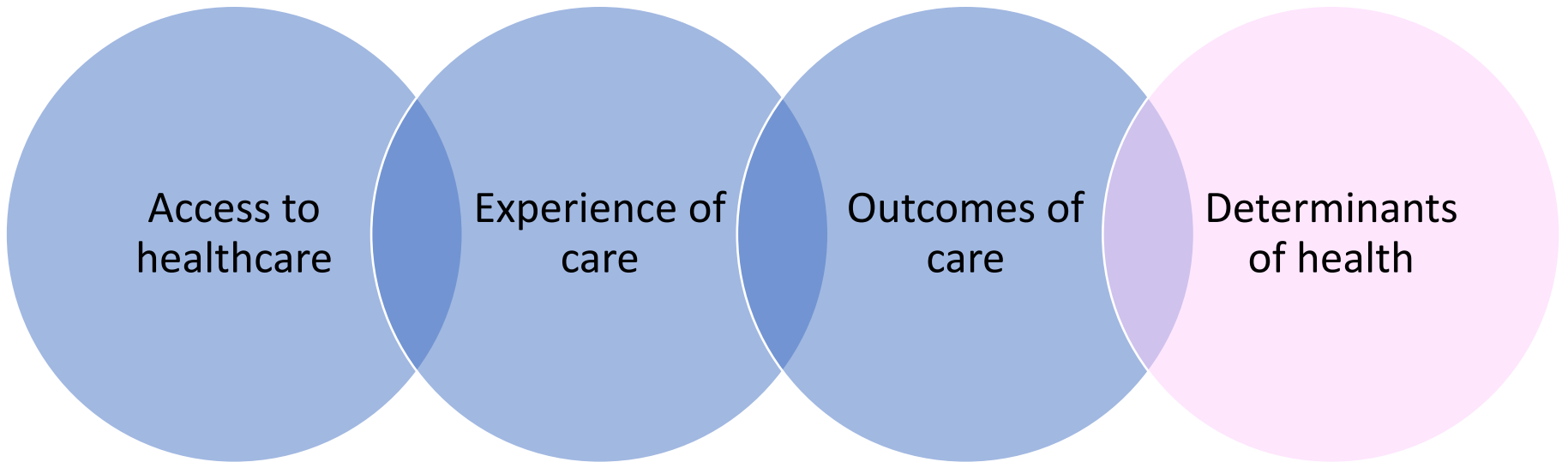
OUH Health Inequalities Programme

Programme Purpose

*"systematically identify health inequalities of **access, experience, and outcomes** across our services and support focused action across the Trust, and by working with partners, to reduce these"*

Programme Objectives

- **Objective 1 – Core20PLUS5:** To address health inequalities across our services, applying the Core20PLUS5 framework. We will standardise reporting on health inequalities data, ensure local champions across all services and share best practice across our organisation.

- **Objective 2 – Inclusive Recovery:** To ensure that we are mindful and take action to address health inequalities in our approach to elective recovery.

- **Objective 3 – Improved Population Health:** To build longer-term capability to promote the reduction of health inequalities and improved population health through working with partners in our local systems, developing population health management and recognising our role as an anchor institution.

Phase 1 Programme Delivery 2022/23

Objective 1: Core20PLUS5

- Trust-wide Health Inequalities Steering Group (HISG) established to oversee delivery. Trust lead for health inequalities in Children's and Maternity were identified.

- A data dashboard was developed to support teams in utilising data to understand inequalities in access and outcomes.

- Two quality priorities relating to health inequalities were approved by the Trust Board and first Equality Delivery System (EDS) report went to Board in May 2023.

- The OUH Overseas Visitors Policy was reviewed by the HISG and amended to pay due attention to the impact of a policy of selective charging for NHS services on vulnerable ('Plus') population groups.

Objective 2: Elective recovery

- The inequalities data dashboard was enabled to analyse elective waiting lists across all services to identify potential inequalities in access (unrelated to clinical need) according to waiting times, waiting list removals, DNA and cancellation rates

Objective 3: – Improved Population Health

- A dedicated Trust Board workshop on health inequalities was held in November 2022.

- OUH is an active member of the Oxfordshire Prevention and Health Inequalities Forum.

- Commitment in the Clinical Strategy to developing OUH's role as an anchor institution, to deliver social value through employment, procurement, estate and asset management, and through our approach to partnership working and environmental sustainability.

- Signed pledges within the Oxfordshire Inclusive Economy Partnership, making specific commitments in relation to the delivery of inclusive recruitment, training opportunities and social value as a major local employer.

Phase 2 Programme Delivery 2023/24

Objective 1: Core20PLUS5

- Use the Health Inequalities data dashboard to identify unwarranted variation in access to, and outcomes of, care in services in the Core20PLUS5 population
- Integrate Health Inequalities in the implementation of the Clinical Strategy, into QI and into Performance management
- Improve the monitoring of patient ethnicity data (Trust Quality Priority 7)
- Develop and implement an approach on OUH as an Anchor institution
- Deliver the OUH Tobacco Dependency (TD)/Smoke Free Organisational Plan for 2023/24; ensuring there is an inequalities focus and embed this across the Trust.

Objective 2: Elective recovery

- Develop and Implement an OUH Clinical Priority Tool to support patient scheduling through considering factors associated with health inequalities
- Incorporate inequalities dashboards within a service overview and assurance report for elective pathways to support embedding health inequalities.

Objective 3: – Improved Population Health

- Work with ICS partners to develop a shared programme of work with the ICS on population health management and health inequalities

- Engage stakeholders to develop an OUH Anchor Charter. Initial event held, Sept 2023
- Deliver OUH commitments within the 'Oxford Inclusive Economy Partnership' pledges

- Work with ICS partners to scale up the use of Making Every Contact Count (MECC) and develop an implementation plan for OUH.

Example: Maternity

Based at Flo's, East Oxford

- Place-based community programme
- Builds on existing partnerships, relationships & network
- Co-production at heart of what Flo's does already
- Community Midwifery services located here several years

Specific objectives for ELES (initial funding BOB LMNS):

- Better access, experience and outcomes for women and birthing people in OX4
- Co-produced targeted and effective community based antenatal education and support for minoritized communities in OX4
- Coordinated place based social prescribing with an anti-poverty, legal literacy lens

Early Lives – Equal Start

A community-based project started in 2022 aiming to better support ethnically diverse women and birthing people in OX4 leading to improve access and experience of pregnancy and early parenthood, and improved outcomes for mothers and babies (maternal mortality, parental mental health, healthy babies, safeguarding)

Collaboration- OUH Maternity & Flo's & OX4 residents and groups

High levels of hidden need
- e.g. Timor-leste community in East Oxford.
Pressures on community midwifery services & impact ability to meet "non-clinical" need

"Early Lives"-> First 1000 days
- critical transition time for women, birthing people, families
- critical time window in child development.
- a time when other social and health issues comes to the fore.

Key Strands

- Accessible ante-natal education delivered locally with interpretation – increase health literacy, understanding of maternity services available, choices in childbirth etc

- Public/patient engagement - minority voices able to advocate and influence change to service delivery, experience and outcomes

- Maternal Justice – support with multiple factors - housing, immigration, food insecurity, access to information and resources

- Peer to Peer support – developing community resilience around postnatal support - often in the absence of extended families

- Governance and Funding – the benefits of public/vcs partnerships to community resilience (Vcs partners joining up too!) and to wellbeing and support of overstretched staff in the NHS. Trying out forms of co-production, Steering Group, service provider network etc.

Early lessons in journey & challenges

- Progress at rate of trust & coproduction takes time- challenges for evaluation
- Needs adequate resourcing- "pilotitis" – adverse impact on trust-building
- Cross-cutting action to address health inequalities- "silo" issues re funding sources