

# Executive

## ADDRESSING HEALTH INEQUALITY AND DEPRIVATION IN CHERWELL

6 April 2009

### Report of Strategic Director Environment & Community

#### PURPOSE OF REPORT

To consider the factors affecting health inequality and deprivation in the District and the approach to addressing these.

This report is public

#### Recommendations

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The Executive is recommended to:

- (1) Endorse the approach outlined in the report to address health inequality and deprivation in Banbury.
- (2) Agree to develop clear targeted outcomes for improvement.
- (3) Nominate the Portfolio Holder for Community, Health and Environment as the lead member

#### Executive Summary

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##### Introduction

- 1.1 The Council has agreed to support a multi-agency approach to improve the health inequalities and deprivation evident in Banbury. This report considers how that should be progressed based on the current relevant data.

##### Proposals

- 1.2 It is proposed that a multi agency group be established in order to share relevant data, commission further research if required, establish a base line from which specific and targeted joint actions with outcome based targets are agreed and improvement monitored over the long term

- 1.3 Whilst the focus could initially be on the wards of Grimsbury & Castle, Ruscote and Neithrop, all Banbury wards will be included as they each have differing issues relevant to them. From the data available, it is possible to identify issues specific to parts of individual wards from which targeted actions can be agreed.

### **Conclusion**

- 1.4 Addressing health inequality and deprivation can only be undertaken successfully on a multi agency and long term basis.

## Background Information

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- 2.1 In July 2008, the Executive received a presentation from the Oxfordshire Director of Public Health on his second Annual Report and the implications for the Cherwell District. In it, he outlined five strategic objectives which were:
- Demographic time bomb
  - Breaking the cycle of deprivation in:
    - a) children and families
    - b) specific places
  - Mental Health – avoiding a Cinderella service
  - Obesity – a major cause of long term disease and disability
  - Killer disease – TB, pandemic flu, superbugs
- 2.2 The meeting also considered the adoption of the Joint Public Health Strategy and Action Plan for Cherwell which was underpinned by the Cherwell data as a subset of the Oxfordshire data. Arising from this there were several key conclusions;
- There is a need to develop joint work with Oxfordshire Social Services around ill-health prevention in the elderly.
  - The good recreation provision and health promotion initiatives should continue to address the growing obesity issue.
  - There is a growing health inequality gap as measure by all-age, all-cause mortality between the best and worst wards in the District.
  - Health inequality has a very high level of correlation with deprivation and requires the cycle of deprivation to be broken.
  - There are serious enduring hot spots of deprivation in specific wards continuing down the generations which are disguised by the general picture of good health across the District.
- 2.3 At its July 2008 meeting the Executive agreed to support a geographically focussed multi-agency approach to improve health inequalities evident in Banbury. This report outlines progress to date and which proposals to take this forward. The proposals have been influenced by some data analysis jointly with the Oxfordshire Primary Care Trust (PCT).
- 2.4 Across Oxfordshire, this agenda is also gathering pace. The Oxfordshire Partnership, the Oxfordshire Public Services Board and the Oxfordshire Health and Well being Partnership have all agreed that deprivation and health inequality are key county wide issues which need to be addressed. The proposal to find local solutions for Banbury within a county framework is therefore consistent with the wider strategic view and will also ensure support from many agencies.
- 2.5 It must be remembered that the context for this exercise is that Banbury and indeed Cherwell generally has above national average levels of good health and the extent of deprivation is relatively small. Nevertheless, it is important that those in the Cherwell communities who have poorer health and general well being than others should be supported to improve their quality of life.
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## Key Issues for Consideration

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### What is meant by Health Inequalities?

3.1 The most common measure of this is the difference between the worst and best rates for all-age, all-cause mortality. When the Cherwell District is assessed in terms of the gap between the top 20% and the bottom 20% of wards, the gap is getting wider. This is because the better off continue to live longer while the worst off remain about the same. This is also the case in Oxford City which, together with Cherwell, has the effect of making the gap wider for the whole county even though the other Oxfordshire districts have gaps that are getting narrower.

3.2 The directly age-standardised mortality rate for wards in Cherwell which demonstrates the widening gap is as follows:

Year	Top 20%	Bottom 20%	Difference
2003/05	759.29	1,226.19	466.9
2004/06	671.70	1,189.60	517.90
2005/07	605.80	1,177.25	571.44

3.3 Health inequalities are the result of a complex and wide-ranging set of interrelated factors. People are more likely to suffer from poorer health and an earlier death compared with the rest of the population if they are on low incomes, in insecure employment, live in poor housing, have lower educational attainment, or are homeless.

3.4 Annex 1 contains a high level summary of the key health and deprivation data for Banbury. From this, a number of conclusions can be drawn which are:

- Grimsbury & Castle has a nationally high and rising teenage conception rate, which is the worst in Oxfordshire. Neithrop, Ruscote and Hardwick are also high.
- Grimsbury & Castle and Neithrop have the worst average life expectancy in the District.
- Ruscote, Neithrop and Grimsbury & Castle consistently feature as the wards in greatest need according to the 2007 indices of deprivation.
- Different wards have different issues. As a consequence, it will be necessary to look across all Banbury wards to identify issues of concern which are or could contribute to health inequality in order to address.
- Further analysis and potentially further research/data gathering will be necessary to establish all relevant data to ensure that there is consistent and robust relevant health specific data at a local level.

3.5 The 2007 Indices of Deprivation is made up of seven domains which relate to income, employment, health and disabilities, education skills and training, housing, living environment and crime. When a more detailed analysis of the individual localities within each ward is undertaken using these domains, it becomes clear that the localities have issues specific to them see Annex 1 with its accompanying map of the town showing the breakdown of each ward into smaller lower super output areas (LSOAs). It is possible therefore to identify specific localities to target action and intervention most relevant to them and not to adopt a 'one size fits all' approach.

## **Key Principles to be Adopted**

- 3.6 In approaching this exercise, there are a number of key principles which should be considered. They are as follows;
- Focus on health inequality issues, actions and interventions. This will by its very nature need long term economic, social and environmental actions to be fully effective.
  - Be clear on the outcomes sought underpinned by good data and a clear baseline position. It is important to seek outcomes which are relevant to the communities targeted and which address specific health inequality issues.
  - Use positive terminology throughout. This will be important for partner, media and, most relevant, public engagement.
  - This is an ongoing programme, not a project and as such, there will be a need to embed options in mainstream service provision of all participating agencies.

## **Stages in the Process**

- 3.7 The first stage in the process should be to identify the communities most in need. From the analysis undertaken to date, Banbury is the initial focus but within that, the wards of Ruscote, Neithrop and Grimsbury & Castle feature strongly. Further more detailed analysis will be required on a multi-agency basis to determine what are the most important issues to address and where in each of the wards.
- 3.8 Because different wards have different issues and if real improvement is to be achieved, then targeted action will be necessary. It may be necessary to adopt a phased approach over several years. From the initial data, the following wards/LSOAs can be identified as the potential areas of the first phase of activity. Annex 1 clearly indicates that there are many other wards and LSOAs which are also worthy of action and these may be in subsequent phases. However, it must be stressed that further multi agency data sharing and analysis must be undertaken before any form of phasing and commitment to ensure that the focus of attention is correct geographically and for the type of activity.
- Ruscote ward (all bar LSOA 005C for education skills and training, crime and living environment.
  - Grimsbury and Castle LSOAs 004A and 004B for employment, health and disability, teenage pregnancy, education, skills and training plus crime and living environment
  - Neithrop LSOAs 003A and 003D for education skills and training, health and crime
- 3.9 The next stage should be one of formally engaging partners and providing leadership. For an exercise of this nature, local partnerships and local leadership within a county framework is suggested. From this, work with local communities to identify local needs, prioritise actions to address them and to facilitate partnership working at a strategic and local level will emerge.

Through the Cherwell Community Planning Partnership, the following co-partners should be engaged;

- **County Council** – in respect to the needs of children and young people in relation to education, training and youth provision and to adults needing social care.
- **The Primary Care Trust** – to tackle health and inequalities through the development of local health Improvement Plans.
- **The Police** – to tackle crime, fear of crime and antisocial behaviour through the development of local Community Safety Plans and the NAGS
- **Banbury Town Council** – to contribute to the delivery of many local actions, particularly associated with the voluntary sector, and environmental improvements.
- **Cherwell & North Oxfordshire College** – to promote local training opportunities and develop local plans for estate based education and training outreach.
- **Job Centre Plus** – to provide information and advice, job seeking skills and support for employers and employees to tackle entrenched unemployment.
- **Voluntary Sector Organisations** – in delivering the desired outcomes, including social enterprises, Registered Social Landlords, volunteering opportunities, faith groups and churches, community groups and associations, sports clubs, youth clubs
- **Role of the Private Sector** – through providing business support, working with Business Parks and Enterprise Hubs, involvement in training and skills development programmes, the provision of work experience and job placement schemes.
- **Local Schools** – to engage directly with children and families.
- **Local GPs** – to influence key local health issues and to assist in delivering targeted interventions.

3.10 Following this will be the key stage of developing with partners a clear plan for the delivery of targeted interventions and implementation.

### **Resources and Funding**

3.11 This is a critical exercise in addressing a local and Oxfordshire priority. Reference was made earlier to embedding actions in the mainstream services provided by all partners. This will require in many cases the effective diversion of current resources to those actions and areas associated with the greatest need.

3.12 In addition, new actions and initiatives will inevitably be required and which will need funding. An initial bid was made recently to the Public Services Board (PSB) jointly with the PCT and Oxford City to provide additional funding for this process whilst no decision has yet been taken. However, the view expressed by the PSB that projects which address issues of deprivation and support the local economy would be given priority is encouraging.

3.13 As the lead for the exercise, the Council will be expected to use its organisational capabilities in the following way:

- Utilise Council land and assets to drive the physical regeneration process.
- Utilise Council community development and tenant and resident networks to ensure effective community engagement in the process.

- Utilise its wide service base to contribute to the agreed actions and interventions.

### **A Wider District Perspective**

3.14 Whilst the focus is understandably on Banbury initially, it will be important not to lose sight of the rest of the District. It is acknowledged that there are localised issues of health inequality and deprivation elsewhere which should not be ignored. As a consequence, it is intended once the Banbury exercise is well established and with the benefit and experience of the lessons learnt from the process, that a similar analysis and approach will be applied to the rest of the District. In this way, actual and emerging issues affecting health inequality can be addressed in a proactive manner.

The following other options have been identified. The approach in the recommendations is believed to be the best way forward

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| <b>Option One</b> | The Council could attempt to address those issues relevant to its own services and function on its own. This is not recommended due to the wide and cross organisation nature of the health inequality issues.                   |
| <b>Option Two</b> | The Council could choose not to participate and leave the exercise to other bodies to pursue. Again, this is not recommended because left unaddressed, the inequalities and level of deprivation evident is likely to get worse. |

### **Consultations**

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| <b>Primary Care Trust</b>  | Initial dialogue has taken place with the PCT.  |
| <b>Oxford City Council</b> | The City Council has also been engaged due to the fact that it is also embarking on a similar exercise. |

### **Implications**

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**Financial:** There will clearly be some financial implications arising from this targeted work. However, in the first instance, it is intended to redirect existing resources and current services where appropriate and to supplement with additional funding hopefully via a successful Public Services Board funding bid for Local Area Agreement reward grant.

Comments checked by Karen Muir, Service Accountant, 01295 221545

**Legal:** There are currently no significant legal implications associated with the type of activity nor the intended partnership process for which this Council has good experience.

Comments checked by Liz Howlett, Head of legal and Democratic Services, 01295 221686

- Risk Management:** There are some risks associated with this exercise. The most notable are;
- that the exercise will create stigma and negativity due to the issues to be addressed
  - that there will be insufficient resource and partnership buy in to be fully effective
  - That there maybe in some cases a difficulty in measuring real outcomes because of so many inter related aspects.

It is intended that these risks be identified and managed by the local partnership when set up

Comments checked by Rosemary Watts, Risk Management and Insurance Officer, 01295 221266

**Equalities** At the heart of these proposals is the intention at the very least to reduce and ideally eradicate health inequality in Cherwell. In doing so, many other aspects of economic, social and environmental benefit will be addressed and greater equity of access to opportunity be provided.

Comments checked by Ian Davies, Strategic Director Environment and Community, 01295 221698

**Wards Affected**

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**All Banbury Wards**

**Corporate Plan Themes**

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**A District of Opportunity  
 A Safe and Healthy Cherwell District Council  
 A Cleaner, Greener Cherwell  
 Cherwell: An Accessible, Value for Money Council**

**Executive Portfolio**

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The lead for this exercise should be Councillor George Reynolds, Portfolio Holder for Community, Health and Environment. However, because the exercise is so wide ranging, it is expected that actions taken will require the input and support of a number of other portfolio holders.

**Document Information**

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Appendix No	Title
None	
<b>Background Papers</b>	
1.	IMD data provided by the Oxfordshire Data Observatory. <a href="http://www.oxfordshireobservatory.info/wps/portal/dataobservatory">http://www.oxfordshireobservatory.info/wps/portal/dataobservatory</a>
2.	The Health Needs Assessment for Banbury and Surrounding areas produced by the Better Healthcare Programme Board, Oxfordshire PCT, August 2008.



### 3. CACI Acorn Health Datasets

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