

Oxfordshire Health & Wellbeing Board – 5 March 2015

Health Inequalities Commission Presented by Joe McManners, GP, Clinical Chair Oxfordshire Clinical Commissioning Group

1. Purpose of this paper

To ask the Health & Wellbeing Board to endorse and support the aim, objectives and actions in the following proposal, which are to determine how we go about addressing health inequalities in Oxfordshire.

Tackling Health Inequalities in Oxfordshire

2. Background

1. In its 5 year strategy, Oxfordshire Clinical Commissioning Group has committed to working with statutory and voluntary sector partners to tackle health inequalities in Oxfordshire. It is also a requirement of the Health and Social Care Act 2012, clinical commissioning groups must, in the exercise of their functions, have regard to the need to (a) reduce inequalities between patients with respect to their ability to access health services, and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.'
2. Oxfordshire has a record of Health and Local Government working to reduce health inequalities. However significant health inequalities persist across the County.
3. Earlier this year, Dr Joe McManners, OCCG Clinical Chair announced his intention to the Health Improvement Board to launch a 3 month multi-agency Health Inequalities Commission for Oxfordshire, to answer the question: 'what does Oxfordshire need to do over the next 5 years to reduce health inequalities?':
With the specific objectives of:
 - a) Undertaking work with local community groups and organisations to improve our understanding of barriers to accessing health services, and the causes for poor health outcomes.
 - b) Reviewing existing initiatives across the UK, and assessing their impact, evidence base and cost.
 - c) Improving shared understanding of our mutual objective for reducing health inequalities across Oxfordshire.
 - d) Recommending a programme of work to be jointly delivered by health, local government and third sector partners over the next 2-5 years, as outlined below.

The Health Improvement Board, Oxford Strategic Partnership, Cherwell District Council and OCCG Executive Board have endorsed this broad approach.

This paper is looking to get general support for this approach from the Health and Wellbeing Board, with the recognition that to properly address some of these issues we need the input and support from all the public agencies, community groups and voluntary and faith groups.

3. Recommended next steps in this process:

- A Chair to be recruited externally, who has extensive experience in addressing health outcomes, and an understanding of the links between healthcare and broader society. Recommendation is this nomination is delegated to the Chair and Vice-chair of the Health and Wellbeing Board.
- The commission to be made up of invitees to represent the key stakeholders, including local authorities, the voluntary sector and patient groups.
- Support for the Commission to come from OCCG staff, Public Health teams and Local Authorities.
- Terms of Reference to be drawn up to address the broad question above.

Objectives

The Commission will be a 'task and finish' group with specific objectives:

- a) To review existing initiatives and best practice in addressing inequalities across the UK, assess their impact, evidence base and cost. The scope is to look broadly across health and society to determine what best evidence is to address the determinants of poor health.
- b) To review current programmes in Oxfordshire to support and learn from successes and to recommend next steps.
- c) To take evidence and views from stakeholders and patients/public to tackle the problem.
- d) Chair to author a report based on findings with recommendations.

Outcomes (six months after commencement of the project)

- a) Report to be presented at an event consisting of key stakeholders, for opportunities to comment on the report.
- b) Final report to be presented to the Health & Wellbeing Board (H&WBB).
- c) Final report and H&WBB recommendations to be presented to local partners.
- d) Relevant organisations to incorporate recommendations and actions into their programmes and projects for delivery and evaluation.

- e) Actions and outcomes reported via the refreshed Health & Wellbeing Strategy.