

## Health Improvement Partnership Board

This sheet must be completed and attached to the front of all papers to the Health Improvement Partnership Board so that the paper is submitted is one continuous document.

**Date of meeting:** Thursday 29<sup>th</sup> May 2014

**Title of report:** Tackling Health Inequalities in Oxfordshire

<b>Is this paper for:</b>	<b>Discussion</b> X	Decision	Information
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**Purpose of Report:**

To inform Health Improvement Board members of Oxfordshire Clinical Commissioning Group's approach to tackling health inequalities in Oxfordshire (particularly the establishment of a Health Inequalities Commission) and to gather feedback on the proposals.

**Action Required:**

Partners are asked to note that this work is underway, and to feedback comments on the proposals as set out in this short briefing paper.

**Impact on Public:**

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## **Tackling Health Inequalities in Oxfordshire**

### **Background**

1. In its new 5 year strategy OCCG has committed to working with NHS England, OCC, local District Councils and other partners to deliver a joint approach to tackling health inequalities in Oxfordshire by targeting support and resources in 2014/15 to a small number of practices in each locality, whose patient populations experience significant health inequalities. A detailed joint working proposal has been drafted and is attached at Appendix 1.
2. OCCG's new Clinical Chair has subsequently announced his intention to launch multi-agency Health Inequalities Commission for Oxfordshire, with the objectives of:
  - a) Undertaking work with local community groups to try and improve our understanding of barriers to accessing health services and public health interventions.
  - 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 tightly defined programme of work to be jointly delivered by health, local government and third sector partners over the next 2-5 years, in addition to the action plan already agreed and attached.
3. Work now needs to begin to:
  - a) Define the TOR and membership for the Commission.
  - b) Share the Commission proposals with a wider group of stakeholders and gain the necessary formal agreements to participate from relevant organisations.
  - c) Establish a multi-partner programme board that can oversee delivery of the already agreed practice based action plan as set out overleaf.
4. OCCG has asked the AD Localities (City and NE), to draw these development threads together, and to develop and manage this programme, under the Clinical Leadership of Dr Paul Park and Dr Merlin Dunlop.

Partners are asked to note that this work is underway, and to feedback comments on the proposals as set out in this short briefing paper.

### **Immediate next steps**

5. In order to progress this work the CCG will:
  - a) Meet with and brief the relevant staff in the OCCG locality teams ( 22/4/14)
  - b) Meet with and brief District Council Leads (1/5/14)
  - c) Meet with and brief Locality Clinical Directors for OCCG (8/5/14)
  - d) Arrange to brief the OCCG Executive in late April/early May
  - e) Brief the Health Improvement Board
  - f) Work with partners to shape the nature and scope of the proposed commission

- g) Establish a multi-partner programme delivery group, with representation from OCC, NHS England Thames Valley, District Councils and the third sector to progress detailed action and milestone planning for the agreed action plan set out overleaf.

## **Extract from OCCG 5 year strategy – already agreed action plan**

### **1.1 Supporting measure 1: Improving health and reducing health inequalities**

1.1.1 OCCG, OCC and NHS England have agreed a joined up approach to improving health and tackling health inequalities in Oxfordshire, which is described briefly below. This model follows the 5 steps recommended in Commissioning for Prevention and is designed to close the gap for those population groups who experience worse outcomes, by supporting delivery of agreed Health and Wellbeing Board targets and trajectories, which can be found here: <http://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/plans/performancepolicy/oxfordshirejointhwbstrategy.pdf>. These priorities are derived from the data in the JSNA.

1.1.2 The steps we will take are:

- a. Each OCCG locality will identify a small number of practices where there are populations that have been agreed as priorities because they have worse outcomes. These are:
  - i. Children in poverty
  - ii. Ethnic minorities
  - iii. Carers
  - iv. Lonely old people
  - v. High number of mental health service users
  - vi. People with physical and learning disabilities
- b. These practices will then be reviewed using OCC, NHS England and practice data to identify those which also have :
  - i. Low uptake of core PH prevention interventions (smoking cessation, breastfeeding, weight loss, screening, immunisations, healthchecks)
  - ii. Populations with potential to benefit from improved blood pressure, cholesterol, anti-coagulation and blood sugar control. (National Audit Office recommendations)
  - iii. Low carer registration
- c. Those practices which fit both categories (and which we expect to include practices in areas of deprivation) will form the target group for offers of intensive support to tackle health inequalities and provide early intervention and prevention services from OCC's providers, NHS England's screening and immunisation providers and locality teams.
- d. Local PPG fora will be asked to endorse the proposed selection of target practices.
- e. An implementation group will be established to ensure that OCC, NHS England provider and locality teams will work together in joint teams as below:
  - i. Locality Support Pharmacists will work in priority practices to identify individuals who would benefit from individualised outreach to encourage take up of prevention and early intervention measures (taking burden off Practice Managers).
  - ii. CCG (City team) will work with CSU and OCC to get a flag on all GP systems for members of the countywide Troubled Families initiative and will ensure GPs have access to contact information for case workers for each member of a Troubled Family, to assist with this identification/outreach work and to support whole system working around our most disadvantaged citizens.

- iii. CCG Locality Equality and Access teams will undertake targeted outreach work to encourage identified individuals/families and or communities to take up these services.
  - iv. ADLs / Locality Clinical Directors will work with GPs in these priority practices to encourage increased delivery of specific clinical interventions , including those recommended by the National Audit Office to reduce health inequalities:
    - Increased prescribing of drugs to control blood pressure;
    - Increased prescribing of drugs to reduce cholesterol;
    - Increased anticoagulant therapy in atrial fibrillation;
    - Improved blood sugar control in diabetes
    - Registration of carers
    - Increased referral to healthy lifestyle interventions
    - Early interventions and prevention for maternal and child health.
  - v. OCC/OCCG joint commissioning lead for children and maternity will be asked to get Health Visitor and breast feeding support services to target work with the priority practices.
  - vi. OCC will target smoking cessation, and other prevention measures at priority practices/identified individuals.
  - vii. NHS England will prioritise support to increase uptake of screening and immunisations within targeted practices.
  - viii. CCG locality teams will manage relationships with practices on behalf of joint OCC/NHSE/CCG so practices are not overwhelmed.
  - ix. CCG locality teams will focus PPG development work on same priority practices.
- f. In addition to the above, CCG Equality & Access teams will focus on neighbourhood based strategic partnership programme work, work with carers and work with military and veteran communities.
- g. For vulnerable children and adults, NHS England, OCC and OCCG will:
- i. Deliver joined up services to prevent, detect and intervene early where children are being exploited or at risk of being exploited.
  - ii. Deliver a 'core offer' for all children who are Looked After or Leaving Care so that there is consistent assessment of their health needs, early intervention where necessary and speedy access to more specialist services (such as Child and Adolescent Mental Health Services) when required.
  - iii. Explore the potential for co-commissioning with NHS England to meet the primary and community care needs of our homeless population and to develop services for vulnerable adults in frequent contact with the criminal justice system.