

Health Inequalities - Phase 2

Oxfordshire Public Sector Partners

Audit 2008/09

Date

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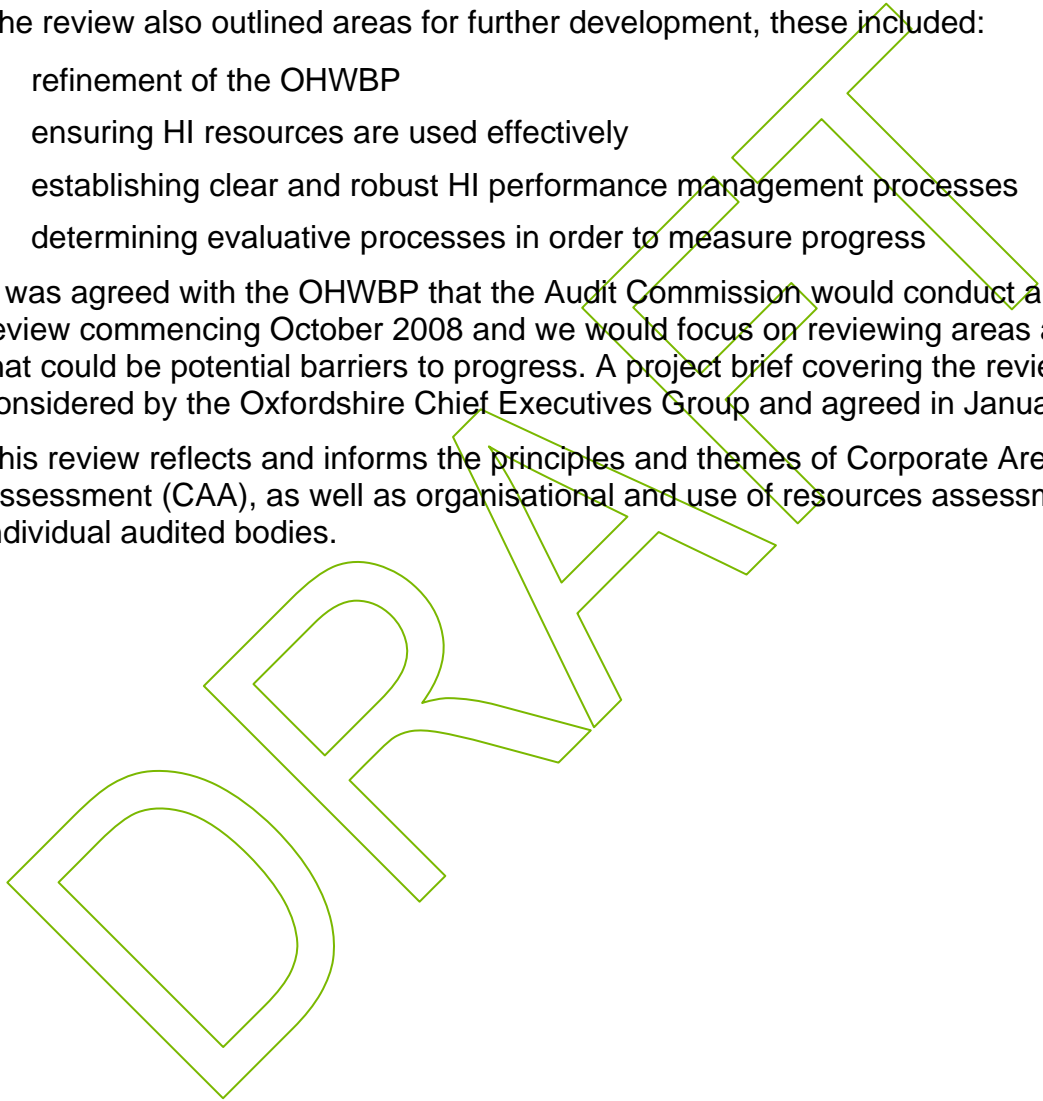
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- any director/member or officer in their individual capacity; or
- any third party.

Introduction

- 1 The Audit Commission concluded the Health Inequalities (HI) Phase 1 review for Oxfordshire in September 2007. This review focused primarily on the work of Oxfordshire Health and Well Being Partnership (OHWBP) and found that good progress had been made throughout Oxfordshire in establishing some important building blocks.
- 2 The review also outlined areas for further development, these included:
 - refinement of the OHWBP
 - ensuring HI resources are used effectively
 - establishing clear and robust HI performance management processes
 - determining evaluative processes in order to measure progress
- 3 It was agreed with the OHWBP that the Audit Commission would conduct a phase 2 review commencing October 2008 and we would focus on reviewing areas and issues that could be potential barriers to progress. A project brief covering the review was considered by the Oxfordshire Chief Executives Group and agreed in January 2009.
- 4 This review reflects and informs the principles and themes of Corporate Area Assessment (CAA), as well as organisational and use of resources assessments in individual audited bodies.



Background

- 5 Local public services have varying roles and responsibilities for closing health gaps throughout Oxfordshire. Although our phase 1 review focused on the development of the OHWBP, it was clear that there are numerous ways in which local partners contribute to the Oxfordshire HI agenda.
- 6 Since our phase 1 review the OHWBP has met several times and has defined its intended strategic approach. The OHWBP has established itself as a commissioning group with good representation from all stakeholders throughout the county. In addition the OHWBP has conducted its own internal review of its function, engagement and progress and has found the results to be positive.
- 7 Oxfordshire public sector partners have agreed a number of health inequality related targets as part of the Local Area Agreement (LAA). In addition the importance of effective partnership working is recognised by the Oxfordshire Public Services Board which has commissioned a review of governance arrangements in those partnerships that contribute to the delivery of LAA targets.

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Audit approach

- 8 Our audit planning risk assessment that underpins the phase 2 review was based on findings from the phase 1 review and subsequent discussions with the OHWBP lead and the Oxfordshire Chief Executives Forum indicated further areas to address. The approach was set out in an agreed project brief.
- 9 As a result of our risk assessment we were able to develop objectives and agree four key lines of enquiry (KLOE) on which to base our review. These KLOEs were as follows:
 - are partners HI objectives and strategic direction aligned with each other, with those of the OHWBP, and in line with the needs of the population?
 - are partners providing effective performance management to address HI needs and outcomes?
 - can partners demonstrate that resources are being utilised in a cost effective manner?
 - how effectively are partners and the OHWBP contributing to ensuring health inequalities have reduced and are reducing within Oxfordshire?
- 10 In addition, throughout our review, we sought to identify both recognised good practice and potential barriers to progress. A full list of KLOEs and the underpinning sub KLOEs can be found in Appendix 1.
- 11 The review utilised both desk and field research and involved the following approaches:
 - a review of strategic documentation, including links with other Audit Commission audit reviews and inspection
 - A review of performance management systems and processes
 - A focus on available outcome measures
 - Interviews with key personnel in participating audited bodies
 - Establishing the effectiveness of partnership working through case studies
 - Identification of good practice
 - Highlighting barriers to progress
- 12 The review considered all aspects of health inequalities within Oxfordshire and was not confined to the activities of the OHWBP. This enabled us to establish a more robust external view of the OHWBP as well as a more in-depth assessment of partner contributions.

- 13 This work was carried out in conjunction with other formal audit and inspection work (i.e. Direction of Travel, Use of Resources, and Comprehensive Area Assessment) and cross referenced. The report outlines high level generic issues related to health inequalities and illustrative examples of initiatives. Specific issues arising at individual audited bodies will be discussed with those bodies and not included in the generic report.

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Summary

- 14 The strategic objectives of the OHWBP are aligned with those of other partners and in line with the needs of the population. The Joint Strategic Needs Assessment (JSNA) work undertaken throughout the county has been used to formulate the strategic approach to health inequalities. This has culminated in the formation of three strategic strands (i.e. Mental Well Being, Obesity and Successful Ageing) within the OHWBP. The strategic direction of the OHWBP has been agreed by all audited bodies and demonstrates a well understood, cohesive approach to health inequalities within the county with good leadership and commitment.
- 15 The performance management framework related to health inequalities is not well developed within each of the audited bodies. There is high level reporting on health inequality performance, which is reflected through the LAA and OHWBP reports, but the strategic strands are currently developing their individual performance management frameworks. Data streams and outcome measures that inform performance management are being discussed, defined and agreed amongst partners, but to date performance information has been limited.
- 16 Partners have not yet been able to demonstrate that their resources are being used in a cost effective manner. Some health inequality initiatives are underpinned by robust business cases with in-built evaluation, such as Slimming on Referral, but this tends to be the exception.
- 17 There are indications that health inequalities are reducing in Oxfordshire and this possibly can be aligned to the work of partners and OHWBP in some cases. There have been gains in the area of reducing obesity and a reduction in the all cause mortality gap. There have also been gains in adult participation in sport and improvements in delayed transfers of care, all of which help to reduce health inequalities.



Main conclusions

Strategic approach

- 18 There is a strong strategic approach to health inequalities in each of the audited bodies which is based firmly on the needs of the population. The JSNA provides a good foundation for understanding population need and this is backed up by local knowledge and additional assessment. In addition, each of the three strategic strands of the OHWBP (i.e. Mental Well Being, Obesity, and Successful Ageing) are also based on topic-specific needs assessment reviews countywide.
- 19 All councils have developed, or are developing, strategic plans aligned to health improvement in their respective areas. There are differences in approaches between the councils which will present no future problems as long as they are agreed and clearly aligned to the county health inequalities agenda.
- 20 The strategic approach of the OHWBP is in line with the Local Area Agreement (LAA) and reflected in other partnerships. Each of the three strategic strands are subject to specific targets within the LAA. In addition there are several other countywide partnerships that interlink with OHWBP's strategic approach such as Go Active and the Obesity strategy.
- 21 There is good alignment between the OHWBP strategy and respective Local Strategic Plans (LSP). This can be illustrated via several initiatives such as the Oxford City Regeneration Plan (breaking the cycle of deprivation) and the Vale of White House community development initiative at Pinnocks way (links with mental well being and successful ageing). It is important that all bodies continue to align appropriate strategic plans and initiatives to the OHWBP strategy in order to sustain an integrated and co-ordinated approach to health inequalities throughout Oxfordshire.
- 22 There is a potential for the strategic direction of the OHWBP to be compromised if all health inequality initiatives throughout Oxfordshire are not co-ordinated. There are some health inequality initiatives currently running throughout Oxfordshire that could potentially conflict with others. For example, initiatives around enhancing rural communities, so that there is a degree of self sufficiency, could potentially conflict with a transport policy designed to improve people's access to larger towns. Clearly the two initiatives can exist side by side but there is a risk of conflict if they are developed and implemented in isolation. Without a co-ordinated approach through Oxfordshire, detailing all health inequality initiatives, such conflicts could happen.
- 23 All of the strategic strands are encompassed within the commissioning approach. The Mental Well Being strategy is addressed within the joint commissioning approach between the County Council and PCT covering mental health services. Obesity is underpinned by commissioning care pathways for both children and adults. Successful Ageing is contained within the commissioning arm for older people and is in the process of being formally signed off.

Main conclusions

- 24 Delivering the Successful Ageing strategy could have considerable resource ramifications for local government. A number of countywide initiatives are currently in place that relate to the strands of Mental Well Being and Obesity however Successful Ageing interacts with numerous services in the community. The main emphasis of Successful Ageing is around adding quality of life to years which has implications for several key areas, such as transport and community support throughout Oxfordshire. Because it has such a wide impact, all of the relevant bodies need to agree a comprehensive and integrated strategy to realise the full benefit of Successful Ageing.
- 25 The issues highlighted in the JSNA, and subsequent needs assessment reviews, are the drivers for the OHWBP's strategic approach. The key health and social pressure points (for example access to services, reducing the cycle of deprivation) have been encompassed within each of the strategic strands and are actively being addressed. Further examples include the social issues highlighted in mental health needs assessment reviews that are being addressed by developing initiatives within communities and the workplace. This is in line with the strategic approach to Mental Well Being.
- 26 Health inequality priorities are contained within, and are being addressed through, the various strategic approaches operating throughout the county. Particular attention is drawn to the targeted work on deprived communities in both Oxford and Banbury. In addition the PCT has allocated Public Health Practitioners to each of the audited bodies in order to enhance the focus on addressing key areas of health inequalities.
- 27 The strands of Mental Well Being and Successful Ageing reflect countywide priorities but detailed action plans covering the districts are not yet developed and agreed. The Obesity strand is more developed than the other two and this is reflected in the number of linked initiatives in each district. Without detailed and agreed action plans at district level resources cannot be allocated and prioritised thus affecting overall delivery.
- 28 The strategic direction of the OHWBP has been agreed by all audited bodies. The OHWBP has worked cohesively in order to agree and develop the strategic strands based on needs assessment. This has been achieved by widespread discussions and events, such as away days, involving all partners.
- 29 The OHWBP is viewed by its members as an inclusive informal forum that facilitates good officer involvement and aids decision making. This is confirmed through OHWBP meetings which show good levels of senior involvement and endorsement of the inclusive approach. The OHWBP is also endeavouring to appoint recognised representatives (lead officers) for each of the strategic strands within the audited bodies. Mental Well Being is at the early stages of this process but it would be beneficial to define lead officers for each of the strategic strands at the earliest opportunity. This will ensure lead officers are clearly defined from the outset leading to greater awareness and enhanced networking.

- 30 The OHWBP is well led with roles and responsibilities understood by partners. Evidence from OHWBP minutes and interviews show that networking with other partners is encouraged and resultant tasks and activities are well co-ordinated. A recent in-house partnership survey confirmed the clarity and cohesiveness that exists within the OHWBP. Administering a similar survey in the future that focuses on each strategic strand will give a more in-dept insight into the workings of OHWBP and progress made.
- 31 Attendance at OHWBP meetings is good but there is scope for improvement particularly from the District Councils. Analysis of attendance at OHWBP meetings reveals that, at times, not all Districts Councils are represented. This could be caused by a number of factors such as changes in personnel. Without maximum attendance of senior representatives awareness of current issues could be compromised, which will be of particular importance as the implementation of the health inequalities strategy progresses at district level.

Performance management

- 32 Performance management arrangements covering health inequalities in the audited bodies need further development in order that effective monitoring can be achieved and progress identified. This is a generally underdeveloped area in each of the audited bodies. Whilst some specific initiatives are performance managed, overall it was found that the performance management of health inequalities is at an initial stage. This situation should be easier to address now that the strategic strands have been defined and lead officers are being appointed. Good performance management systems covering health inequalities will enable each audited body to realise and report achievements.
- 33 Some performance management systems in each of the audited bodies are established and robust. There is sufficient evidence that all audited bodies have established performance management systems in other areas where learning and adaptation might inform the development of a performance management system covering health inequalities. A good practice example that could be adapted in this way is the Vale of White Horse Council's health improvement plan.
- 34 The performance management framework within the OHWBP operates at a high level only. Each of the strategic strands is in the process of developing and agreeing performance management frameworks but they are not yet co-ordinated. The frameworks for Mental Well Being and Successful Ageing are at the initial stage. The framework for Obesity is a little further developed but there is a need to agree final Key Performance Indicators (KPIs) and channels of reporting. Failure to develop these frameworks at the earliest opportunity will greatly impact on the ability to determine gains and overall effectiveness of the strategic strands.

Main conclusions

- 35 The OHWBP has not comprehensively defined the data streams it wishes to use to inform performance management. Although data streams are being identified there are still gaps in information and definitions are still being developed. The data streams that are available for performance management purposes only inform a few high level targets related to the LAA. It is important that data streams and sources of information are defined and agreed at an early stage in order that baselines can be established on which to measure progress. Often more than one data stream will be required to determine progress in a given area. Therefore comprehensively defining data streams gives rise to complimentary sources of information that can be used to cross validate.
- 36 The OHWBPs performance management resources are adequate for high level reporting but future demands could have a significant impact. Although the PCT leads on performance management within the OHWBP, more resources may be required once the frameworks for the strategic stands have been developed and implemented. This also needs to be considered further against any resource implications arising out of the PCTs separation of the commissioning and provider functions. Failure to determine future resource requirements now will affect the ability to performance manage effectively.

Cost effectiveness

- 37 The partners have limited information about costs of the initiatives that have been put in place to address health inequalities. Some specific health inequality initiatives, such as Mental Health First Aid, have detailed resource costs but generally robust resource costs are not available to partners. Without good information on resources it is difficult to determine the cost effectiveness of initiative and thus decide on an informed basis whether they should continue or not.
- 38 Business cases are developed from the outset for some health inequality initiatives, but this is not routine. Initiatives such as Slimming on Referral are underpinned by assessed and costed business cases but this is not widespread practice. Failure to employ the rigours of a business case on all health inequalities initiatives will compromise the ability to assess viability from the outset.
- 39 Evaluation of health inequality activities and initiatives is limited. This is in part related to the use of business cases. Whilst a few initiatives have evaluation in-built such as Adding Life to Years many do not. Without an adequate in-built process it is difficult to carry out effective evaluation.

Reducing health inequalities

- 40** Outcomes and outcome measures are at various stages of agreement within the OHWBP and partners. Some Obesity outcome measures have been agreed but in some areas such as dietary habits there is very little baseline data. Successful Ageing outcome measures are being discussed and baselines developed with a view to initiating the first round of monitoring in 2009/10. Mental Well Being has the furthest to go as outcomes measures are not defined and agreed. There are recognised difficulties in establishing outcome measures, not least being time delays and availability of data. Nevertheless the definition and agreement of outcome measures from the outset provide a basis to assess whether health inequalities are reducing, even if modifications and/or refocusing are required at a later stage.
- 41** Although at an early stage, there are indications that health inequalities in Oxfordshire are reducing. The Obesity strand can demonstrate improvements in reducing weight amongst adults as a result of initiatives covering healthy weight and slimming on referral. The all cause mortality gap for Oxfordshire is reducing. There have also been gains in adult participation in sport and improvements in delayed transfers of care, all of which should have a positive impact on reducing health inequalities. The latter point also emphasises the need to ensure initiatives are subject to accurate evaluation with in-built techniques from the outset.
- 42** The partnership can demonstrate its effectiveness to date in certain available outcome measures and increases in initiatives designed to reduce health inequalities. Evidence contained within this report illustrates the positive impact that the OHWBP and other partnerships are having on reducing health inequalities within Oxfordshire. There are many initiatives running throughout the county and it is important that all partners are aware of these activities. In this way greater co-ordination between initiatives could be realised and the potential for conflicting initiatives reduced.

Recommendations

Recommendation	
R1	Ensure that lead officers for each strategic strand (i.e. Mental Well Being, Obesity, and Successful Ageing) are appointed in each of the audited bodies. Once appointed, develop and agree detailed action plans at district level for each of the three health inequality strands.
R2	Refine and administer the in-house OHWBP survey at the end of 2009 to ascertain views as to the cohesiveness and effectiveness of the partnership
R3	Ensure that effective performance management frameworks are developed for each of the strategic strands and involve lead officers from each of the audited bodies. Each framework should be underpinned by a timetabled action plan detailing key dates for task completion agreed by OHWBP

Main conclusions

- R4** Define the data streams, highlighting any potential data quality issues that will be required, in order that performance management systems can provide timely and robust outputs. Consideration should be given to the exact nature of data and information sources so that a clear view of progress can be ascertained. This is likely to involve capturing data within the areas of:
- Quantitative indicators
 - Qualitative indicators
 - Case studies
 - Naturalistic observation
 - Data from complimentary themes
 - Demographic data
 - Societal information and outcomes
 - The Audit Commission will support this recommendation by running a workshop on data sources and usage
- R5** Determine the resources required to develop and administer the performance frameworks and systems for each strategic strand within the OHWBP This will be linked to the Audit Commission review during 2009/10 of provider-commissioner separation within the PCT.
- R6** Ensure all health inequality initiatives are underpinned by business cases that determine from the outset resource costs, expected outcomes, potential benefits and key performance indicators. In addition the means and method of evaluation should also be included. Consideration should also be given to developing closer links and associations with the academic sector in order to potentially aid research and evaluation in a cost effective manner.
- R7** Develop a simple register (descriptive title and contact) to record health inequality initiatives and activities at community, district and county level across Local Government, Health and associated sectors. This will ascertain areas where there are opportunities for greater joint working and co-ordination as well as potential for conflict to arise.

Appendix 1 – Oxfordshire Health Inequalities Phase 2

KLOE 1 – Are partners HI objectives and strategic direction aligned with each other, with those of the OHWBP, and in line with the needs of the population?

1.1 Are the needs of the population reflected in the strategic approach to health inequalities in each of Audited Bodies?

1.2 Is the OHWBP Strategy in line with the LAA, with Oxfordshire LSPs and reflected in other relevant partnerships?

1.3 Is the OHWBP Strategy in line with the Commissioning Approach?

1.4 Does the OHWBP Strategy address the issues highlighted within the joint needs assessment exercise?

1.5 Will the Strategic Direction of partners and the OHWBP address the key health inequalities priorities within Oxfordshire?

1.6 Has the Strategic Direction of the OHWBP been agreed by all Audited Bodies?

1.7 Do all members of the OHWBP have adequate levels of involvement and influence within the partnership?

1.8 Is the role of the OHWBP's officer group clear, understood and agreed by Partners?

KLOE 2 – Are partners providing effective performance management, to address HI needs and outcomes?

2.1 Do performance mgt arrangements in individual Audited Bodies address HI effectively, and facilitate partnership as well as local objectives?

2.2 Does the OHWBP have a defined and agreed performance management framework?

2.3 Is the OHWBP's performance management system underpinned by adequate monitoring processes?

Appendix 1 – Oxfordshire Health Inequalities Phase 2

2.4 Is the OHWBP's performance management effective?

2.5 Has the OHWBP defined the data streams it wishes to use to inform performance management?

2.6 Is performance data available to the OHWBP on a robust and timely basis?

2.7 Are partners aware of and responding to gaps in performance data?

2.8 Has the OHWBP developed action plans to address gaps in performance data?

2.9 Is it clear within the OHWBP who is responsible for performance management?

2.10 Are the OHWBP's performance management resources adequate?

2.11 Are partners responsive to variance in performance?

2.12 Has benchmarking been used to determine the appropriateness of health inequalities targets within Oxfordshire?

KLOE 3 – Can partners demonstrate that resources are being utilised in a cost effective manner?

3.1 Are clearly defined and robust resource costs available to partners?

3.2 Are health inequality initiatives assessed, costed and included in business cases from the outset?

3.3 Do partners and the OHWBP evaluate health inequality activities and initiatives in terms of their cost effectiveness?

3.4 Do partners and the OHWBP have clear evaluation processes?

KLOE 4 – How effectively are partners and the OHWBP contributing to ensuring health inequalities have reduced and are reducing within Oxfordshire?

4.1 Are outcomes and outcome measures agreed by partners and the OHWBP?

4.2 Are health inequalities in Oxfordshire reducing?

4.3 Can the Partnership demonstrate their effectiveness?

Appendix 2 – Action Plan

	Recommendation	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Date
	Health Inequalities					
R1	Ensure that lead officers for each strategic strand (i.e. Mental Well Being, Obesity and Successful Ageing) are appointed in each of the audited bodies. Once appointed develop and agree detailed action plans at district level for the three health inequality strands	3	OHWBP Lead, Strategic Strand Leads, appointed Lead Officers	Yes	Lead officers in the process of being appointed	April 2010
R2	Refine and administer the in-house OHWBP survey at the end of 2009 to ascertain views as to the cohesiveness and effectiveness of the partnership	2	OHWBP Lead	Yes	Survey of views already completed	Dec 2009
R3	Ensure that effective performance management frameworks are developed for each of the strategic strands and involve lead officers from each of the audited bodies. Each	3	OHWBP Lead, Strategic Strand Leads	Yes		April 2010

Appendix 2 – Action Plan

	framework should be underpinned by a timetabled action plan detailing key dates for task completion agreed by the OHWBP					
R4	<p>Define the data streams, highlighting any potential data quality issues that will be required, in order that performance management systems can provide timely and robust outputs. Consideration should be given to the exact nature of data and information sources so that a clear view of progress can be ascertained. This is likely to involve capturing data within the areas of:</p> <ul style="list-style-type: none"> - Quantitative indicators - Qualitative indicators - Case studies - Naturalistic observation - Data from complimentary themes - Demographic data - Societal information and outcomes <p>The Audit Commission will support this recommendation by running a workshop on data sources and usage</p>	3	OHWBP Lead supported by the Audit Commission	Yes	Plans to run a workshop early in 2010	March 2010

R5	Determine the resources required to develop and administer the performance frameworks and systems for each strategic strand within the OHWBP. This will be linked to the Audit Commission review during 2009/10 of provider-commissioner separation within the PCT	2	OHWBP Lead, Strategic Strand Leads	Yes	Link to Audit Commission's provider-commissioner review	April 2010
R6	Ensure all health inequality initiatives are underpinned by business cases that determine from the outset resource costs, expected outcomes, potential benefits and key performance indicators. In addition the means and method of evaluation should also be included. Consideration should be given to developing closer links and associations with the academic sector in order to potentially aid research and evaluation in a cost effective manner	2	OHWBP Lead, Strategic Strand Leads	Yes	Academic links have already been made with Oxford Brookes University	Dec 09 - Ongoing
R7	Develop a simple register (descriptive title and contact) to record health inequality initiatives and activities at community, district and county level across Local Government, Health and associated sectors. This will ascertain areas where there are opportunities	1	OHWBP Lead	Yes	Currently being discussed as to most effective and efficient way forward	February 2010

Appendix 2 – Action Plan

for greater joint working and co-ordination as well as potential for conflict to arise					
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