

## **Response to Audit Commission Recommendations on the Health and Well-Being Inequalities Review**

### **Background**

The second stage of a review of partnership work to address health inequalities in Oxfordshire was completed by the Audit Commission in April-May 2009. The report of the review was presented at the meeting of the Health & Well Being Partnership (HWBP) in June 2009 and a list of recommendations was tabled.

Members of the Partnership agreed to defer discussion of these recommendations until the meeting in September 2009 to give more time for reflection. The HWBP Officer Group were asked to consider the recommendations and provide commentary for the Partnership.

### **Recommendation**

The Health & Well Being Partnership Board are asked to:

1. Discuss each recommendation from the Audit Commission and agree / amend / seek more information / reject as appropriate
2. Respond to the Audit Commission giving details of their decisions
3. Inform Chief Executives of the partner organisations of their decisions prior to the Audit Commission asking for sign-off of the review.

	<b>Recommendation</b>	<b>Comment from Officer Group</b>	<b>Suggested Action</b>
<b>R1</b>	Ensure that champions for each strategic strand (i.e. Mental Well Being, Obesity, Successful Ageing) are appointed in each of the audited bodies.	Use of the term "Champion" is difficult for some organisations who would prefer "named lead officer." Clarify that these would be existing officers, not new appointments.	Amend wording and accept
<b>R2</b>	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.	There is an existing plan to re-administer the self-assessment survey completed in June 2008 so that a comparison can be made.	Accept
<b>R3</b>	Ensure that effective performance management frameworks are developed for each of the strategic strands and involve champions 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.	The Officer Group agree that robust delivery plans and performance frameworks are needed for each strategic priority and work to produce these is in progress.	Accept
<b>R4</b>	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: <ul style="list-style-type: none"> <li>• Quantitative indicators</li> <li>• Qualitative indicators</li> <li>• Case studies</li> <li>• Naturalistic observation</li> <li>• Data from complimentary themes</li> <li>• Demographic data</li> <li>• Societal information and outcomes</li> </ul>	Some of the priority initiatives are further advanced than others in this work. The broad scope of data outlined in this recommendation is welcomed by the officer group as it will potentially add value to the work and take it beyond number-crunching to achieve targets.  The support and expertise of the Audit Commission in taking this work forward would be an advantage.	Accept and negotiate support from Audit Commission

R5	Determine the resources required to develop and administer the performance frameworks and systems for each strategic strand within the OHWBP	The Officer Group is keen to ensure robust performance management and this will be discussed at the Officer Away Day in Oct 09. Clarity needed on what this recommendation means in practice.	Request clarification of this point.
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.	<p>This addresses the need for systematic ways of working in taking initiatives forward and is welcomed by the Officer Group as an outline of best practice.</p> <p>The details of how we will achieve this will need to be discussed by the Officer Group in detail.</p>	Accept as an aspiration to adopt best practice.
R7	Develop a register 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.	The Officer Group reflected that there is already lots of work underway to map initiatives or activity on a range of topics but agree there is no overall register. There was a view that attempting to develop an overarching register might be onerous and difficult to maintain. Advice and clarification from the Audit Commission on how this could be implemented would be helpful.	Seek clarity on how this could be implemented before deciding whether it can be accepted