Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

Bristol Clinical Commissioning Group Action on Health Inequalities	
Author, including organisation	Adwoa Webber and David Soodeen, Bristol Clinical Commissioning Group (CCG)
Date of meeting	Wednesday 17 February 2016
Report for Information and Discussion	

1. Purpose of this Paper

1.1 The purpose of this paper is to inform the Health and Wellbeing Board about the actions that Bristol Clinical Commissioning Group (CCG) is taking to address health inequalities.

2. Executive Summary

3. Context

3.1 Bristol CCG has both stated commitments to and a range of obligations around reducing health inequalities. These include: statements in our previous two and five year plans and the Bristol Health and Wellbeing Strategy; a legal duty on the CCG to have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved; requirements in the NHS outcomes framework; NHS England's assurance of our 2015/16 plans.

3.2 We created a Health Inequalities Group whose purpose is to:

- Agree the CCG's objectives on reducing health inequalities, focussing on the impact that health commissioning and healthcare delivery (as opposed to some of the wider determinants of health such as housing and education) can have on reducing health inequalities
- Have oversight of activities across the health and social care system that relate to reducing health inequalities
- Raise the profile of the CCG's responsibilities
- Nurture and develop the capacity and capability of Bristol CCG to address health inequalities.

Members of the group include GPs on the CCG's Governing Body and Locality Executive Groups, CCG director and also a public health consultant from Bristol City Council. The group is accountable to the CCG's Quality and Governance Committee which is a formal sub-committee of the Governing Body.

4. CCG approach to agreeing and delivering a plan

4.1 Step 1 – Set specific ambitions / objectives

Use public health information and feedback from member GP practices and the public to establish a limited number of health inequality problems that **health specifically (as opposed to those who impact on / have influence over the wider / social determinants of health) can address**. For example, this may be outcomes related to premature deaths from cardiovascular disease or issues around drugs and alcohol.

4.2 Step 2 – Formal Bristol CCG approval on the ambitions

Seek the approval of the Governing Body.

4.3 Step 3 – Ensure clarity on responsibility and accountability

Assign responsibility and accountability within the CCG for delivering the ambitions. This may be with the relevant steering group and / or localities and in partnership with others.

4.4 A key principle of this approach is that the CCG will work closely with partners and communities to ensure that work complements other work happening in Bristol. The work will also be done in line with the CCG values.

5. Progress to date

5.1 **Review of information**

The Health Inequalities Group has done a review of the information gathered to date. This included feedback from member practices and Bristol City Council's health trainer lead; people's access requirements and the gaps; the group's views on internal CCG commissioning processes (prioritisation, decision making, etc.); themes contained in the Bristol health and Wellbeing Strategy; public health information on gaps in outcomes based on various characteristics including social gradient.

5.2 **Choosing priority areas and proposing next steps and actions**

Using this information, the group developed a long list of 17 priority areas. The group then took into account which ideas would have the

greatest impact on reducing health inequalities and what the CCG was directly responsible for.

Table 1 below describes what was agreed as the areas that the CCG should base its health inequalities objectives on and the proposed next steps and actions. To reiterate, these are based on a judgement of what would have the greatest impact on reducing health inequalities that is within the responsibility and influence of the CCG.

Table 1 – Priority areas and proposed next steps

Priority area and rationale	**Proposed next steps and actions and reason**
Providers to have access to the resources that already exist to support their patients and service users. The public have told the health service in Bristol that providers of care don't always / consistently respond to their needs, e.g. translators, communication in a way that works with their sensory impairment, gender, etc.	• Ask providers what they need and whether they have it because at the moment we don't know what the gaps are • Share our Equality Impact Assessments with relevant providers because they will contain information that they should find useful • Clarify public health's provider role in this by talking to Barbara Coleman because there is some confusion about what is available
Access to health services (language, health literacy, LGBT, sensory impairment, learning difficulties) The public has told the health service in Bristol that they sometimes have problems accessing services (that we have commissioned) for a number of reasons. We also know that commissioners and providers are prone to developing services that would work for them without always taking into account people who aren't like them.	• Agree with the CSU to agree with providers what it is they already provide to improve access. Other providers to be covered by CCG commissioners and NHS England. • Inequalities group to review and discuss how this might be further improved
Embedding reducing health inequalities in commissioning The CCG needs to incorporate consideration of health inequalities into its 'business as usual' to a) reduce the risk of making decisions that have an unhelpful impact on reducing health inequalities and b) ensure that we	• Clarity in what steering and other groups are responsible for, e.g. terms of reference • Clinical / Governing Body lead for health inequalities (David Soodeen) to talk to the clinical leads for the groups that are responsible for doing 'change' to help them understand this area where needed • Annual report from each group

Priority area and rationale	Proposed next steps and actions and reason
recognise and act on opportunities to make improvements.	responsible for stating explicitly on what they have done to reduce health inequalities • Add to Key Messages template or Finance, Planning and Performance / Governing Body agenda as a standing item (6 monthly?) to review progress on this year's proposed actions
CCG deciding how to link into the agendas / work / actions from outside and where we're meant to be working in partnership (for example with alcohol and smoking cessation) and who will do this. Are we maximising our contribution?	• Those involved in co-commissioning need to take the time to consider how it can be used to reduce health inequalities • CCG are presenting this work to Health and Wellbeing Board in February. Agree how that would best complement council and voluntary sector action.
Inequalities in cancer outcomes Cancer is a strategic priority for the CCG and the public health information indicates that there are inequalities in outcomes across the city.	• The CCG's cancer steering group is working with Public Health England and a small number of practices to see how organisations and the community and work together to increase screening uptake. The work that will be done to deliver the Living Well With and Beyond Cancer Strategy will address the findings from its equality impact assessment. This should result in a plan to extend the learning to other practices.
Cardiovascular disease (CVD) in young Asian men Information from public health and practices in the inner city has highlighted this as a specific area where there is inequality in health outcome for this part of the population.	• Both of CVD and respiratory disease are in the early stages of confirming what work will be delivered in 2016/17 (and beyond). If the CCG is to use the Right Care approach to making improvements, these areas of inequalities must be incorporated into the work, particularly in terms of the outcomes, e.g. it will be difficult to say that we've made improvements to respiratory disease care if people with learning difficulties still have disproportionately poor outcomes compared with the rest of the population. • Groups will need support to do this. Part of this can be done by clinical lead / Governing Body lead (David Soodeen) attending a group's meetings to explain in person but other support will be
Disease outcomes in people with learning difficulties We know that outcomes (morbidity, mortality for people with learning difficulties are a great deal worse than for others). While it will always be difficult to distinguish between a worse health due to disability against worse health due to inadequate treatment	

Priority area and rationale	Proposed next steps and actions and reason
and support we need to consider what meaningful action we can take as commissioners to make the problem less.	needed.

5.3 The priority areas and proposed next steps and actions will be presented at the CCG's Governing Body meeting on Tuesday 23 February 2017 for formal approval.

5. Key risks and Opportunities

5.1 There is a risk that this area of work is seen as separate (and needing separate, extra resource) to the rest of the CCG work. The priority area of embedding reducing health inequalities in the commissioning process is designed to address this and we will need to keep talking to colleagues about ways in which this can be done (for example, going further than a heading in a template and encouraging debate about our decisions, etc.).

6. Implications (Financial and Legal if appropriate)

6.1 Any financial resource required to achieve the objectives will be requested as part of the CCGs business planning processes.

6.2 Doing this work will increase the likelihood of the CCG meeting its legal duty to have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved.

7. Recommendations

7.1 Bristol CCG is asking the Bristol Health and Wellbeing Board to note the actions that it is taking to reduce health inequalities.

7.2 The Health and Wellbeing Board to discuss the actions and advise how the work can complement Bristol City Council and voluntary sector action on reducing health inequalities for people living in Bristol.