

# Oxfordshire Joint Health Overview & Scrutiny Committee Thursday, 8 March 2012

## ADDENDA

### **7. Health, social care and wellbeing in local government (Pages 1 - 28)** 10.45

Jonathan McWilliam, Director of Public Health will present a joint report (**JHO7**) from himself and the Chief Executive, Directors of Children Education and Families and Social & Community Services, Oxfordshire County Council.

Additional paper setting out the detail of the Public Health Services due to transfer to the County Council in 2013.

### **10. Forward Plan (Pages 29 - 32)** 12.10

The Chairman and scrutiny officer will present the draft 2012 work programme (**JHO10**) for the committee. Members are requested to bring forward any additional proposed items for consideration for inclusion.

This paper is an updated version from the originally circulated.

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**Public Health Services required for transition to  
Oxfordshire County Council and their interplay  
with existing Local Government services and  
initiatives.**

**February 2012**

## Introduction

This paper aims to share with councillors the types of commissioned services that the Public Health Team currently commission and which, according to national guidance, are likely to transfer with Public Health into the Local Authority in 2013.

There are five mandatory functions, these are

- Ensure Access to Sexual Health Services
- Ensure an effective Childhood Measurement Programme, to monitor effectively levels of childhood obesity
- Deliver an NHS Health Checks programme across Oxfordshire
- Ensure that there is a local offer to the NHS from Public Health
- Ensure that local protection plans for screening, outbreaks and emergency planning are effective

Next year, 2012/13 will be a year of transition. Each topic will need to be examined, local needs understood and priorities decided upon so that services transferring over to local authority are configured to meet local needs and resources. However, in some areas, such as screening and immunisation, there is lack of clarity about what the Public Health role will be. This is because there is overlap between the NHS Commissioning Board and Local Authority roles. We expect more guidance in the coming months to begin to establish the roles and responsibilities which will fall to individual organisations, until this becomes clearer it is important to ensure effective programmes.

## Contents

1. Accidental Injury Prevention	4
2a. Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as adult SCREENING PROGRAMMES	5
2b. Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as Childhood, Adolescent & Adult IMMUNISATION PROGRAMMES	6
3. Alcohol and Drug misuse services	8
4. Population level interventions to reduce and prevent birth defects such as ANTE NATAL AND NEWBORN SCREENING PROGRAMMES	11
5. Local initiatives that reduce public health impacts of environmental risks	12
6. Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19), and in the longer term all public health services for children and young people including Healthy Child Programme 0-5.	14
7. Public mental health services	15
8. NHS Health Check assessments	16
9. Interventions to tackle obesity such as community lifestyle and weight management services including nutritional initiatives	17
10. National Childhood Measurement Programme	18
11. Dental public health services	18
12. Behavioural and lifestyle campaigns to prevent cancer and long-term conditions – physical activity	19
13. Local initiatives to reduce excess deaths as a result of seasonal mortality	20
14. Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)	22
15. Tobacco Control and Smoking Cessation services	26
16. Public health aspects of promotion of community safety, violence prevention and response	27



## 1. Accidental Injury Prevention

### General Description

Accidents are responsible for 14,000 deaths and millions of injuries across the UK each year, costing the country an estimated £150 billion per annum. In the UK accidents are the main cause of death up to the age of 39 and the biggest single causes of death in the UK for children aged over the age of one. Preventable injuries are a contributory factor to health inequalities as people from lower socio-economic class, children and young people living in deprivation, older people and those who are most vulnerable are at increased risk

There is a financial cost to the NHS, Social Care and wider society, hospital admissions cost NHS Oxfordshire £500,000 per year. In comparison, accident prevention is easy to implement and inexpensive to deliver.

### Directly Commissioned Services

#### Injury Minimisation Programme in Schools (I.M.P.S.)

The Injury Minimisation Programme for Schools is underpinned by the belief that children and young people should be given the opportunity to take personal responsibility for their own safety and that learning emergency life skills strengthens their confidence and self-esteem. The programme is managed by the Oxford University Hospital Trust and is delivered in 80% of primary schools across Oxfordshire. The programme includes a visit to Accident & Emergency or Minor Injuries Unit, safety education, CPR and emergency management information. Approximate 5000 children access the programme each year.

#### 'Choosing Health' Health Visitors

A core part of the Health Visiting service is to deliver the Healthy Child Programme and provide general advice, including safety advice to new mothers and parents. Choosing Health, Health Visitors, which are based in Children Centres in areas of deprivation, offer a higher level of support to vulnerable families including supporting activities around Child Safety Week and supporting the delivery of the child safety pack. *See Healthy Child section.* This will be a PH/LA responsibility from 2015

### Services delivered in Partnership with Oxfordshire County Council

#### Children's Centres and Early Intervention Hubs

We work together to help deliver the Healthy Child Programme including parenting programmes, drug and alcohol awareness, reinforcement of safety messages and participation in child safety week

#### DAAT - Harm Minimisation Service

Dedicated harm minimisation service for adults offering advice to anyone who has concerns about their alcohol and drug use or for friends and family members. The service delivers a range of harm reduction techniques and support, workshops and needle exchange services.

#### DAAT - Young Addaction

This service works with young people aged 11-19 across Oxfordshire with 1-1 support, and outreach targeted work for drugs and alcohol. They also support young people affected by parental/family substance misuse.

### Wider Partnership work

#### Electric Blanket Testing

We work in partnership to offer electric blanket testing across the county once a year at

accessible venues in Oxford , Banbury, Witney, Didcot, Abingdon, Bicester, Chipping Norton, Thame, Wantage.

### **Cherwell Health Bus**

Health promotion activities are taken directly to communities and this includes injury prevention & personal safety education.

### **Falls Prevention**

Physical activity and falls prevention advice is offered in the community for older people to keep them healthy, fit and mobile.

### **Street Pastors**

We work together to support voluntary community safety initiatives such as street pastors schemes

## **2a. Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as adult SCREENING PROGRAMMES**

### **General Description**

Screening has the potential to save lives or improve quality of life through early diagnosis of serious conditions. It is a process which identifies people at risk of a disease or condition. The screening test identifies if a person is at risk of the disease or condition. The patient can then be offered information, further tests, and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition.

All screening programmes will be commissioned by the NHS Commissioning board. The public health team will have a role in ensuring that programmes are delivered effectively and meet national quality standards to protect the local population. Currently it is not clear how this will be delivered.

### **NHS Commissioning Board Services**

#### **• NHS Cervical Cancer Screening Programme**

Cervical screening detects abnormalities of the cervix (the neck of the womb). Abnormalities if left untreated can lead to cervical cancer. All women aged 25 and 49 are eligible for screening every three years, and aged 50 to 64 every five years.

#### **• NHS Breast Cancer Screening Programme**

Breast screening is a method of detecting breast cancer at a very early stage. The first step involves a digital x-ray of each breast - a mammogram. This can detect small changes in breast tissue which may indicate cancers which are too small to be felt either by the woman herself or by a doctor. Screening every three years is available for all women aged 50-70. Women aged 47-49 and 71-73 are invited for screening as part of an age extension programme.

#### **• NHS Bowel Cancer Screening Programme**

Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective. Bowel cancer screening can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing. All men and women aged 60 to 69 are offered screening every two years.

#### **• NHS Diabetic Eye Screening Programme**

Diabetes can affect the small blood vessels in the back of the eye. This is called diabetic retinopathy and can cause sight loss. All people with diabetes are at risk. Diabetic retinopathy

may not cause symptoms until it is advanced which is why screening is important. All people aged 12 and over with diabetes (type 1 and 2) are offered annual screening appointments.

- **NHS Abdominal Aortic Aneurysm (AAA) Screening Programme**

The aorta is the main blood vessel that supplies blood to the body. Occasionally, the wall of the aorta in the abdomen becomes weak, expands and forms an 'abdominal aortic aneurysm'. Large aneurysms are rare but can be fatal. Screening allows aneurysms to be found early, monitored or treated. This greatly reduces the chances of the aneurysm causing serious problems. The programme is new and will soon be available to all men in their 65<sup>th</sup> year who have not previously been diagnosed with an aneurysm.

### **Wider Partnership work**

Not everyone eligible for screening takes up the offer and there are considerable variations across the county according to a variety of factors including age, deprivation, gender and ethnicity. Initiatives to increase uptake often need to involve key partner agencies, for example services for people with learning disabilities are currently working with the screening programme managers to increase uptake in this vulnerable group. There are many opportunities for future partnership working to raise awareness of screening and encourage people to attend screening appointments.

## **2b. Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as Childhood, Adolescent & Adult IMMUNISATION PROGRAMMES**

### **General Description**

Immunisation is the most effective way of reducing death and disability from infectious diseases. An immunisation schedule, designed by a scientific committee is available and our ambition is to ensure every child who can, receives effective immunisation against disease. The aim of an immunisation programme is:

- To protect those at highest risk ( a **selective** immunisation strategy)
- To eradicate, eliminate or contain disease ( a **mass** immunisation strategy)

All immunisation programmes will be commissioned by the NHS Commissioning board. The public health team will have a role in ensuring that programmes are delivered effectively and meet national quality standards to protect the local population. Currently it is not clear how this will be delivered.

### **NHS Commissioning Board Commissioned Services**

- **Childhood Immunisation Programme**

The routine UK childhood immunisation programme as recommended by the Department of Health is delivered primarily through GP practices as part of the Primary Medical Services (Directed Enhanced Services) Directions 2010 (GP Contract).

- **Adolescent immunisations**

The immunisations which are part of the childhood programme and given during adolescence are primarily delivered through a school based programme which is commissioned from community providers. GP practices deliver a small number of these.

- **Adult immunisations**

Seasonal influenza and pneumococcal immunisations are mainly delivered through GP practices – the PCT currently commissions this service from practices. A small number of other providers are used for particular groups of people – e.g. patients in community hospital settings are



immunised by their care providers

**Public Health role** in immunisations will be to ensure that immunisation uptake remains high and that all vulnerable groups receive adequate immunisation programmes.

### **Services delivered in Partnership with Oxfordshire County Council**

- **Residential & Nursing Care Homes**

Seasonal flu and pneumococcal immunisations are offered to residents and nursed patients in care homes by the GP practice. The care home staff have a role to promote immunisation and keeping records of those residents (and staff) who have been immunised.

- **Children's Centres**

Early discussions have started with the Children's Centres Health Lead around the role of the centres in publicising and promoting immunisation – initially with an information display.

### **Wider partnership work**

Need a bit about work with practices, Health Visitors and School Health Nurses on delivering and promoting immunisations

## **3. Alcohol and Drug misuse services**

### **Alcohol Misuse Service General Description**

Many adults in Oxfordshire exceed recommended drinking levels and one in five consistently drinks at hazardous levels. Alcohol affects all parts and systems of the body and can play a role in numerous medical conditions including liver disease, some cancers, heart disease and neurological disorders. Alcohol misuse is also associated with accidents, assaults, addiction and mental health problems and can have negative social consequences for individuals, partners, families and wider society.

Reducing overall alcohol consumption and tackling the culture of binge drinking is important in reducing disease, the number of alcohol related admissions to hospital, attendances at A & E and associated anti social crime and disorder.

### **Drug Misuse Services General Description**

Misuse of illegal drugs continues to be a social and health issue. Taking and using illegal drugs, especially class A drugs (Ecstasy, LSD, Heroin, cocaine, crack, magic mushrooms and amphetamines (if prepared for injection) is associated with detrimental health effects such as increased risk of blood borne viruses, overdoses, mental illness and death. Drug abuse can lead to socio-economic problems which include increased crime and antisocial behaviour, increased fear of crime.

There is increasing use of so-called "party drugs" which are adding to the complexity of substance misuse. Young people using ketamine or "legal highs" or designer drugs such as mephadrome are presenting with health problems to emergency departments.

Drug use is also frequently associated with alcohol abuse and, when combined with mental health problems, gives a complex condition dubbed "dual diagnosis"

### **Directly Commissioned Alcohol Misuse Services**

- **Community Safety Practitioner Role**

Screening by staff in the Emergency Department at the John Radcliffe and Horton Hospitals identifies alcohol related attendees and these patients are provided with general alcohol information and advice or face to face appointments as appropriate. The service offers support and onwards referral to a range of other services for clients who are identified as vulnerable and/or frequent users of accident and emergency services as a result of their drinking.

- **Alcohol Identification and Brief Advice Training**

Practitioner education about the impact of alcohol misuse, assess drinking levels in clients and helping them to make decisions about behaviour change. The training equips staff with the key concepts and skills to deliver effective screening and brief interventions for alcohol misuse.

- **Communication Campaigns**

Countywide alcohol awareness and social marketing campaigns, linked to national campaigns such as Change4Life or local priorities help to raise awareness of the public health impact of alcohol consumption in the Oxfordshire population.

### **Alcohol Misuse Treatment Services delivered in Partnership with Oxfordshire County Council**

Alcohol treatment services are currently commissioned by the Drug and Alcohol Action Team (DAAT) and influenced by Public Health and partners. From April 2012 alcohol treatment services in Oxfordshire will be part of the national 'Payments by Results' pilot. Services include:

- **LAZARS (Local Area Single Assessment and Referral Service)**

Provides an independent assessment (including criminal justice assessment) and referral service for adults who are misusing drugs and alcohol

- **Harm Minimisation Service**

The service offers brief interventions for alcohol users (aged 18 or over) who are drinking at a level that is harmful to their health and/or have committed an alcohol related offence in Oxfordshire. The service also provides information, advice and support for families and carers of people misusing alcohol as well as participating in campaigns.

- **Recovery service**

The service includes a range of psychosocial and complementary interventions as well as safe and appropriate community detoxification for alcohol dependence. Interventions include:

- Counselling, psychotherapy and family therapy; provided in groups and one to one.
- Links to mutual aid, peer support and relapse prevention
- Social support including education, training and employment, debt management, housing and general life and social skills

- **Young Addaction**

This service provides a confidential service for young people needing information, advice, support or treatment. Young Addaction also offer support and advice to young people affected by other people's drug and alcohol use.

### **Wider Partnership work**

- **Alcohol Tactical Business Group**

Public Health leads a countywide alcohol business group, a sub group of the Community Safety Partnership which has developed a countywide alcohol strategy and annual action plans.

- **Communication Campaigns**

Working together we develop local alcohol awareness and social marketing campaigns, linked local health and community safety priorities to raise awareness of the impact of alcohol consumption and misuse and address behaviours in the Oxfordshire population.

- **Support to organisations working with higher risk groups**

Public Health and DAAT provide expert advice and support to organisations working with adults and young people at increased risk for example the armed forces, early intervention services,

carers, citizen's advice.

- **Community Safety**

We work together to support voluntary community initiatives such as street pastors schemes. *Please also refer to Public Health Aspects of Community Safety.*

- **Surveillance of alcohol related harm**

Public Health coordinates and produces a 'basket of performance indicators' for alcohol which is used to identify priorities, influence partners and develop annual action plans.

### **Where we are now with Drug Misuse Services**

As with Alcohol Misuse Treatment services from April 2012 new contracts with treatment providers will come into operation. These are based on a payment by result principle and are geared to increase recovery rates rather than keeping people on maintenance doses of opiate based substitutes. Again LASAR (Local Area Single Assessment and Referral Service) will be used to assess each client and refer them to appropriate services.

There are various services commissioned by the Drug and Alcohol Action Team (DAAT) these include:

- Community Drug Services
- Specialist harm reduction advice and support ,
- Women' s service,
- Young peoples service (for drugs and alcohol),
- Counselling.
- Shared care services with specialist nurses, GP's and pharmacists and Specialist community addiction services (through a Local Enhanced Service)
- There is a recreational drugs group developing a health promotion agenda which has commissioned animated films shown on youtube.
- Services for offenders in the community, often through court disposals (Drugs testing and treatment orders or Alcohol Treatment Orders).
- Addiction services commissioned for offenders in prison have recently become the responsibility of DAAT too and new contracts will be final by Sept 2012.

The Public Health role currently includes:

- co-commissioner with other partners through the DAAT. These partners include the County Council, who also contribute funding to the DAAT budget.
- The role of public health team includes membership of the DAAT Board
- Public health are members of the Joint Commissioning Group which has steered the changed to recovery based contracts as part of a national pilot scheme. Public Health participates in procurement panels for letting new contracts.
- Public health facilitates partnership work to ensure full engagement in the procurement of drugs treatment services in prisons

### **Future Direction**

National policy on future functions of public health lists "drug and alcohol treatment" among it's functions. The details of how this will be delivered in Oxfordshire has still to be worked out.

## 4. Population level interventions to reduce and prevent birth defects such as ANTE NATAL AND NEWBORN SCREENING PROGRAMMES

All screening programmes will be commissioned by the NHS Commissioning board. The public health team will have a role in ensuring that programmes are delivered effectively and meet national quality standards to protect the local population. Currently it is not clear how this will be delivered.

### **General Description – Infectious Diseases in pregnancy**

Testing for hepatitis b, Human Immunodeficiency Virus (HIV), Rubella and Syphilis is offered to pregnant women as they can cause serious damage to the baby. If the diseases are identified early, special care or medicine can be offered to reduce the risk of damage to mother and baby.

### **General Description – Antenatal Screening**

Antenatal screening is a way of assessing whether an unborn baby has an abnormality or condition (such as an inherited blood disorder) during pregnancy. Antenatal screening cannot diagnose conditions such as Down's syndrome. However, what it does show is how likely it is that the baby will develop the syndrome. If the risk of the baby having an abnormality (or any other condition) is shown to be high, further testing can then be arranged. If the test shows the baby has or is very likely to have a condition then the family is offered counselling to enable them to think about what this may mean for the family, the care that is available and if they wish to continue with the pregnancy.

### **General Description – Newborn Screening**

Newborn babies via their parents are offered a physical examination, hearing test and a (heel prick) blood test. These are designed to identify physical problems to enable early intervention to reduce the long term effects of any problem.

## **NHS Commissioning Board Commissioned Services**

- **Antenatal Sickle Cell and Thalassaemia**

A simple blood test is offered to pregnant women early in pregnancy. If they are identified as a carrier then their partner is also offered a test and counselling provided. It is also possible to test the baby to confirm if they have the disorder.

- **Infectious Disease Screening in Pregnancy**

HIV, Syphilis, hepatitis B, Rubella

Testing is offered at the first antenatal visit only one blood sample is necessary

- **Down's Screening**

Screening is offered to all pregnant women. The tests use blood samples from the mother, measurements from ultrasound scans or both. Where possible women are offered the combined test, but this is reliant on women booking early in their pregnancy as the combined test needs to be completed before 14 weeks of pregnancy.

- **NHS Fetal Anomaly Screening**

11 problems are looked for as part of the mid pregnancy ultrasound scan,

The problems are Anencephaly, open spina bifida, cleft lip, diaphragmatic hernia, gastroschisis, exomphalos, serious cardiac anomalies, bilateral renal agenesis, lethal skeletal dysplasia, Edwards' syndrome, Patau's syndrome).

- **Newborn Bloodspot screening**

About a week after the baby is born the midwife will prick the baby's heel to collect drops of

blood onto a card. If the baby is thought to have any of these diseases the parents will be contacted within a few weeks dependant on the condition

The disease identified by this screen are Phenylketonurea (PKU); Congenital Hypothyroidism (CH); Cystic Fibrosis (CF), Sickle Cell Disease (SCD), Medium Chain Acyl-CoA Dehydrogenase deficiency (MCADD)

- **Newborn Hearing Screening**

Babies are offered a hearing screening test within the first few weeks of life. In Oxfordshire this is usually done before leaving the maternity unit.

- **Newborn Infant Physical Examination**

When a baby is born the midwife will carry out some checks. Parents are then offered a more detailed physical examination of their baby within 72 hours of birth and again at 6-8 weeks old. A doctor, midwife, health visitor or nurse may carry these out.

### **Services delivered in Partnership with Oxfordshire County Council**

Identification of problems early can lead to less support required long-term. For example:- since the introduction of newborn hearing screening; children have early interventions to maximise speech and language development at a crucial age and more can enter mainstream education.

### **Wider Partnership work**

The Health Visiting Service is instrumental in identifying children who have missed early screening or supporting those who need ongoing treatment

GPs provide invaluable support in providing newborn examinations when babies have left hospital early and in supporting those who need ongoing treatment

## **5. Local initiatives that reduce public health impacts of environmental risks**

### **General Description**

The Public Health Directorate plays a key role in protecting the health of Oxfordshire's population by contributing to the legal process run by the Environment Agency (EA) known as environmental permitting. It is a regulatory system that contains conditions that are designed to prevent or reduce pollution and harm to human health.

Public Health are statutory consultees for environmental permitting and therefore are consulted by the EA following an environmental permit application made by an operator: for example a waste management company. The operator includes a full description of the process, any hazards that may be produced and what monitoring and mitigation processes they will have in place to ensure that these do not pose a risk to human health or the environment.

Public Health assesses the location of the application from a health perspective considering the local population, their health status and any vulnerable groups present. This is based on health data and direct knowledge of, or input from, the local population. Health data is obtained from sources such as office of national statistics, cancer registry, Joint Strategic Needs Assessment (JSNA) and the census.

Public Health identify concerns, propose mitigation, ensuring it is in place to prevent the exacerbation or development of disease, or monitoring needed to ensure population safety or the PCT can object to the granting of a permit if there is a risk to health thus the PCT provides the Regulator with any advice they think would help the regulator to determine the application or to set appropriate permit conditions.

### **Directly Commissioned Services**

Not a directly commissioned service

## Services delivered in Partnership with Oxfordshire County Council

This is not a service jointly commissioned

### Wider Partnership work

Expert scientific advice is provided by Health Protection Agency's Centre For Radiation, Chemical and Environmental Hazards (CRCE) under a "memorandum of understanding" delivered within public health's work programme, supported by Informatics with analysis of health data, cancer registry, JSNA and other data sources. Public Health co-ordinates and analyses the reports undertaking additional health needs assessment of the local area as required.

### Future

We are unclear about the role of Environmental permitting in the future.

## 6. Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19), and in the longer term all public health services for children and young people including Healthy Child Programme 0-5.

### General Description

The Healthy Child Programme (HCP) is the evidenced based framework for improving the health and wellbeing of children, as part of an integrated approach to supporting children and families.

It is a complex programme with many components, delivered by a number of providers in health and the LA. Whilst some specific components of the programme are "commissioned" such as immunisations, breast feeding support and the National Child Measurement Programme, the success and quality of the HCP is dependent on strong local leadership, expert knowledge and strong multiagency partnership working.

The HCP is offered to all families and children in Oxfordshire from conception until age 19.

It has a strong focus on prevention particularly in the first years of life. The HCP offers every family a programme of screening test, immunisations, developmental reviews and information and guidance to support parenting and healthy choices.

Effective implementation of the HCP should lead to:

- Strong parent child attachment and positive parenting, resulting in better social and emotional wellbeing among children
- Care that helps to keep children healthy and safe
- Healthy eating and increased activity leading to a reduction in obesity
- Prevention of some serious and communicable diseases
- Increased rates of initiation and continuation of breastfeeding
- Readiness for school and improved learning
- Early recognition of growth disorders and risk factors for obesity
- Early detection of, and action to address, developmental delay, abnormalities and ill health and concerns about safety
- Identification of factors that could influence health and wellbeing in families
- Better short and long term outcome's for children who are risk of social exclusion

The HCP offers

- a core programme to all families
- targeted support to families with additional needs such as those requiring intensive support



In practice, at locality level, the leadership for 0 – 5 year programme rests with the Health Visiting service (provided by Oxford Health NHS Foundation Trust). The 5 – 19 years programme is led by a locality lead with appropriate public health, management and leadership skills.

### **Where are we now**

The strategic leadership for commissioning the Healthy Child Programme in Oxfordshire currently rests with Oxfordshire Primary Care Trust. The Head of Joint Commissioning for Children and Young People, is responsible for implementing this programme and is a joint appointment with the LA.

There has been strong partnership working between the NHS, Public Health, the joint commissioning team and other teams in the LA. The HCP can only be delivered through joint working across multiple agencies and partners. Oxford Health NHS Foundation Trust provide the universal children's clinical services (health visitors and school nurses) and Child and Adolescent Mental Health Services whilst Oxford University Hospital Trust provides Maternity services and childhood immunisations are commissioned from GPs. Elements of the HCP such as accident prevention, parenting support and healthy eating are delivered through partnership work in communities between health services, children's centres, early intervention hubs, schools and others including the voluntary sector.

### **Future direction**

The Health and Wellbeing Board will be responsible for commissioning of all children's services through the Children & Young People's Partnership Board. The priorities will be determined through the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy

From 2013 responsibility for commissioning the HCP 0 – 5 yrs will pass to the NHS commissioning board until **2015 when it will transfer to the Public Health in Local Authority** as part of the transfer of responsibilities. This delay in transfer will allow for the embedding of

- Increasing the number of health visitors working in local areas.
- Ensuring the newly trained health visitors are effectively deployed.
- Ensuring that this increase in staff improves support for families through delivery of the Healthy Child Programme.
- Maintaining (and expanding) the existing commitment to provision of the Family Nurse Partnership Programme.

At present it is not clear when responsibility for the HCP 5 – 19 yrs will pass to the LA, although it is clear that this responsibility will also transfer to Local Authorities.

## **7. Public mental health services**

### **General Description**

Good mental health (mental wellbeing) and resilience are fundamental to physical health, relationships, education, training, work and to achieving our full potential. One in six adults experiences mental ill health at any one time and one in ten children under 16 have a diagnosed mental health problem. More children, suffering from conduct disorders, continue to have mental health problems into adulthood. Poor mental health increases the risk of poor physical health and premature death. There are also inequalities in the distribution of mental health and it is the poorest and most deprived in our community who suffer the most. We work to ensure that there are services to improve public mental wellbeing, prevent and aid recovery from mental ill health.

### **Directly Commissioned Services**

- **Benefits in Practice** (See earlier table)

## Services delivered in Partnership with Oxfordshire County Council

- **MIND: Keeping People Well Service**

We work together to deliver a programme of public mental health work including:

- Information & education sessions delivered to a minimum of 300 people, per annum, to raise with awareness and understanding of mental health issues and how to improve mental wellbeing
- a minimum of two public communication campaigns promoted per annum across Oxfordshire
- Mental Health First Aid courses delivered to a minimum of 120 people per annum.

- **Unwind Your Mind**

GPs can refer patients to a series of self –help books are available via Oxfordshire Library Service

- **Health promotion in Schools, Early Intervention Hubs and Children Centres**

We work together to encourage health promoting environments including supporting schools to deliver Social and Emotional Aspects of Learning (SEAL) and Youth Mental Health First Aid training which aims to support professionals working with children and young people to identify and support children and young people experiencing mental distress.

## Wider Partnership work

### Optimising Space

Preserving and optimising the use of green, blue and public space and creating healthy environments can protect and improve public mental wellbeing. We work together to ensure improving use of space is included in planning and sustainable community strategies.

### Expanding opportunities to contribute

We work together to encourage and support volunteering organisations and individuals who contribute to the delivery of services across the county.

### Strong and Resilient Communities

We work together to engage, encourage and support local communities to come together to tackle common problems,

## 8. NHS Health Check assessments

### General Description

This programme aims to prevent cardiovascular disease (CVD) by early identification and management of individuals at increased risk. Vascular disease (heart disease, stroke, diabetes and kidney disease) is the largest single cause of long-term ill health and premature death in the UK. It is responsible for 36% of all deaths per annum. All adults aged between 40 and 74 without existing CVD are eligible for an NHS Health Check every five years.

### Directly Commissioned Services

In Oxfordshire, the NHS Health Checks programme is delivered by GP practices through a Locally Enhanced Service commissioned by the PCT. It is a relatively new service.

### Wider Partnership work

Not everyone eligible for a health check takes up the offer and it is anticipated that there will be considerable variations across the county according to a variety of factors including age,

deprivation, gender and ethnicity. Initiatives to increase uptake will need to involve key partner agencies including those working with people living in areas of socio-economic deprivation. There will be many opportunities for future partnership working to raise awareness of health checks and encourage people to attend appointments.

## 9. Interventions to tackle obesity such as community lifestyle and weight management services including nutritional initiatives

### General Description

Being obese puts people at risk of diabetes, heart disease and some cancers. Reducing obesity is important to reduce disease and therefore reduce costs in both health and social care services. We ensure that there are services which educate, offer advice on healthy eating and treatments for those who have weight problems. Obesity costs the NHS in Oxfordshire £2m per year, this does not include costs to local government, loss of working days or the social cost to individuals.

### Directly Commissioned Services

- **Slimming on Referral**

Patients with weight problems can access slimming on referral services, run by Slimming World and Weight watchers. GP's can prescribe a 12 week course where patients can learn the importance of healthy eating and exercise. These courses are for those who are obese.

- **Oxfordshire Weight loss service**

The OWLS (Oxfordshire Weight Loss Service) helps those who are morbidly obese manage their weight, by a series of interventions that include nutritional advice, exercise classes and psychological support. The service can see 600 patients per year

- **Breastfeeding initiative**

The best start a baby can have is generally to be breastfed. Those in deprived areas are less likely to breastfeed than those in more affluent areas. This initiative offers support to encourage those in areas of Oxford and Banbury to persevere with feeding until the baby is at least 8 weeks old. Breastfeeding forms part of the Public Health Outcomes framework

### Services delivered in Partnership with Oxfordshire County Council

- **Healthy Eating and Nutrition in the Really Young**

Good nutrition from an early age lays the foundations for good eating habits throughout life. Teaching mothers the essences of good nutrition and eating habits is therefore very important. The HENRY (Healthy Eating and Nutrition in the Really Young) helps parents with nutritional information, it is aimed at those with children aged from 0 – 3 and is delivered through Childrens Centres and Health visiting services.

### Wider Partnership work

- **Healthy Weight Implementation Group**

This group works together to develop an action plan, thus co-ordinating plans, ensuring all the local work is captured and we can learn and develop projects in partnership

- **Scores on the Doors**

Working together with colleagues from district environmental health teams, we are ensuring healthy eating messages, calories on menus and having fat content information available to enable consumers to choose sensibly when eating out.

- **Green Space planning**

Working together with planners, we are consulting on green space and play area plans to ensure that new developments create healthy environments which actively encourage walking and outside activity.

## 10. National Childhood Measurement Programme

### General Description

This is a mandatory service. All children in state schools are offered the opportunity to have their height and weight recorded so that parents can proactively monitor their weight. Heights and weights measuring are offered in year R (age 5) and year 6 (age 11). All parents receive an individual letter which also offers advice and support for those who need to manage their child's weight

### Directly Commissioned Services

In Oxfordshire, the NCMP programme is commissioned from Oxford Health and delivered through the school health nursing service. Specially trained nursing assistants measure the children between January and July. During September to December, these assistants work with families who require help in managing their children's weight issues

### Wider Partnership work

We work in partnerships with schools to ensure the programme has sufficient uptake. In Oxfordshire only two schools do not offer the programme during the school day. In these schools, parents are offered the opportunity to take part in the programme after school hours and in nearby premises such as village halls.

## 11 Dental public health services

### General Description

Oral health refers to the health of people's teeth, gums, supporting bone, and the soft tissues of the mouth, tongue and lips. Good oral health is an important part of general health and wellbeing as it allows people to eat and enjoy a variety of foods, speak and communicate effectively and socialise without pain, discomfort or embarrassment. It is linked to overall quality of life, self-esteem and confidence and overall physical and mental wellbeing.

If decay is not prevented, adults and children, particularly those who are more vulnerable, disadvantaged and socially excluded will continue to require their teeth to be extracted using local anaesthesia and sedation techniques in primary care or under general anaesthetic in hospital.

Oral disease such as mouth cancer and dental disease such as caries (decay of the tooth including holes) and periodontal disease (affect the tissues that support and anchor the teeth) are largely preventable. There is good evidence that promoting a healthy diet, limiting sugar intake, good oral hygiene and interventions such as fluoride applications are cost effective ways to reduce morbidity from oral disease.

Oxfordshire's Consultant in dental public health will transfer to Public Health England where the focus will be to include working with a range of partners to improve oral health and ensure patient safety and improved quality in dentistry.

### **Public Health Role in Oral Health**

Public Health in Local Authorities will contribute through strategic leadership on particular issues and participate in planning and influencing across a range of organisations to ensure that best practice is adopted and maintained in primary care with a range of partners. Public health will take on commissioning responsibilities for the oral health promotion team based in Oxford Health

### **Services delivered in Partnership with Oxfordshire County Council**

- **Oral Health needs for older people and people with learning disabilities**

Salaried NHS dentists work with domiciliary care providers to deliver a service to housebound patients who are unable to attend their dentist.

- **Oral Health Improvement programme for children**

Delivering an oral health education programme to groups of vulnerable children in primary schools in Banbury and Oxford City which includes fluoride applications. Also working with relevant social care partners e.g. home school liaison, working with hard to reach families to promote key oral health promotion messages. There is work with Children's Centre to incorporate oral health guidance into Children's Centre Healthy Eating Policy and of training for staff.

### **Wider Partnership work**

NHS National Commissioning Board will be responsible for commissioning

- NHS Salaried Dentists from Oxford Health which includes minor oral surgery and restorative dentistry to restore diseased, abnormal or injured teeth in the community and more than extensive orthodontic surgery in hospital which would require sedation.
- Oral Health Promotion Service commissioned from Oxford Health to provide: improving diet and reducing frequency of sugar intake, encouraging preventative dental care by appropriate oral hygiene, increasing fluoride exposure, reducing smoking and alcohol misuse, reducing dental trauma, early detection of mouth cancer and provision of training to a wide range of organisations.

## **12. Behavioural and lifestyle campaigns to prevent cancer and long-term conditions – physical activity**

### **General Description**

Physical activity is a significant, independent risk factor for a range of long-term health conditions. Being physically active can:

- reduce the risk of major diseases such as coronary heart disease (CHD), hypertension, type 2 diabetes, chronic kidney disease and some cancers;
- reduce the risk of stroke, and be used to treat peripheral vascular disease and to modify cardiovascular disease (CVD) risk factors such as high blood pressure and adverse lipid profiles;
- protect against cancers of the colon, breast (post-menopause) and cancer of cervix.
- reduce the risk of and help manage musculoskeletal health conditions, including osteoporosis, back pain and osteoarthritis;
- reduces the risk of depression and promotes many other positive mental health benefits, including reducing state and trait anxiety; improves physical self-perceptions and self-esteem; and can help reduce physiological reactions to stress;
- be just as effective in the treatment of mental ill health as anti-depressant drugs and

psychotherapy;

- support weight management with physical activity and contribute to modest weight loss of around 0.5–1kg per month.

### **Directly Commissioned Services**

Public Health do not currently have any directly commissioned services, although we are contributors to the **Oxfordshire Sports Partnership**, we have a service specification in place for co-ordination of services that are delivered in partnership

**Change4life campaigns** DH campaigns delivered locally by Public Health locally.

### **Services delivered in Partnership with Oxfordshire County Council**

#### **Social Care Users Project**

This project, led by OCC, aims to improve access to leisure centres by people who use social care.

#### **Wider Partnership work**

- Get Oxfordshire Active/Active women programme: A lottery supported project working in partnership with all five local authorities to get more people, especially women, to become more active
- Exercise on Prescription : Referring eligible patients with low-medium risk medical conditions to discounted exercise
- Walk leader training : Working in partnership with the Walking For Health Initiative to develop local walks in Oxfordshire
- The development of children centre walking maps to make it easier for families with young children to access local green spaces
- Workplace Cycle Challenge: An innovative behaviour change programme encouraging local businesses and employees to take up cycling, this links with the green travel agenda

## **13. Local initiatives to reduce excess deaths as a result of seasonal mortality**

### **General Description**

There was significant seasonal variation in weekly death rates with a difference of about 30% between a summer trough and a winter peak. This variation is generally due to an increase in complications from underlying respiratory disease, stroke and coronary artery disease. An average 1°C decrease in temperature is associated with a 1% increase in deaths one week later. It is therefore important to ensure people have the resources to keep themselves warm and well during the winter months

### **Benefits in Practice**

The aim of the Benefits in Practice project is to provide welfare rights and legal advice information service to individuals in GP surgeries within Oxford City, Banbury and West Oxfordshire. Evaluation of the scheme suggests that the scheme has made significant financial & social benefits for individuals and GP practitioners. Optimising benefits or resolving legal problems can improve the physical and mental wellbeing of patients who are experiencing health problems that are exacerbated by their social circumstances.

### **Directly Commissioned Services**

#### **The Benefits in practices**

- **West Oxfordshire Benefits in Practice**

The service in West Oxfordshire operates in an areas where there are a high proportion of armed

forces personnel and their families. Clients can access advice sessions from Wychwood Surgery in Shipton-under-Wychwood and Broadshires Health Centre in Carterton, if they are registered patients. The service has capacity to support approximately 144 clients/cases a year.

- **Banbury Benefits in Practice**

The service in Banbury operates in deprived area of Banbury. Patients can access advice sessions from Hardwick and Horsehair GP Practices, if they are registered patients. The service has the capacity to support approximately 144 clients/cases a year

**Cold Weather Plans** – we, as have all other public organisations have developed cold weather plans and disseminate cold weather alerts to networks of practitioners, partners and voluntary sector agencies.

## **Wider Partnership work**

- **Oxford City Benefits in Practice**

The service, jointly provided by Oxford City Council, operates in areas where there is social deprivation and inequalities in health outcomes. Clients can access advice sessions from 10 GP surgeries across the city, if they are registered as patients in the participating practices. The service supports approximately 400 clients/cases a year.

## **General Work to prevent Seasonal Mortality**

We worked in partnership to access funding pots which ensure that vulnerable people can access grant funding. An example of this type of work is the current Keep Warm Stay Healthy Initiative. This is a DH programme which has seen Oxfordshire awarded £160,000 for 2011/12 to ensure vulnerable families, both young and old are able to keep the heating on this winter and allow them to improve properties so that they become more efficient to heat so that there is a lasting legacy. There are over 15 partners in this programme.

## **14. Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)**

### **General Description**

Sexual health includes all services that test and treat sexually transmitted infections (STI) such as Chlamydia, gonorrhoea, syphilis, HIV and services that provide contraception in the community. These services are mandated for local authority.

STI testing and treatment are an important part of protecting health as any person who is sexually active is at risk of catching an infection and we know that young people, gay men, some black and minority ethnic groups are at a higher risk of infection and spreading disease. Getting tested for STI's is easy and can help prevent health complications as left undetected and untreated sexually transmitted infections may result in serious health issues such as infertility in later life. The vast majority of sexually transmitted infections are preventable through taking basic 'safe sex' precautions.

We also have a duty to provide advice on contraception, medical assessment of people seeking contraception and the supply of contraceptive substances and appliances. There are 15 methods of contraception available and these need to be made available to prevent unintended or unwanted pregnancies including teenage conceptions. Only 5% of under 18 conceptions are to girls aged 14 or under, the 15-17 age group are the target population. All sexual health and contraception services need to be easy for people to get to and use, they also need to be confidential.

### **Directly Commissioned Services**

#### **Information on Sexual Health Services**

- Sexual Health Landing Page (provided by Public Health)

[www.yoursexualhealthoxon.nhs.uk](http://www.yoursexualhealthoxon.nhs.uk) provides information on all of the sexual health services available for people in Oxfordshire. Within each aspect of sexual health people will find information on the type of service that is provided, where they are and the opening times.

#### **Services to prevent transmission of STI's**

- Condom Distribution Scheme (provided by Public Health)



Free condoms are made available to GP Practices, Universities, voluntary and charitable organisations to distribute them to young people, students, homeless people and gay men.

### **Services to test and treat sexual ill health**

- Genitourinary Medicine (provided by Oxford University Hospitals)

The Oxford and Banbury Sexual Health Clinics offer a full range of sexual health services. Advice and treatment is free and confidential. Services include information and advice on sexual health, testing, treatment and on-going management of all infections and other genital problems, screening for infections after sexual assault and rape, HIV/AIDS testing and advice and emergency contraception.

- Oxfordshire Chlamydia Screening Programme (provided by Oxford University Hospitals)

This is a national testing programme which aims to screen all sexually active 15 – 24 year olds annually. Chlamydia is the most common sexually transmitted infection in young people and can cause infertility. Venues that provide screening are diverse, young people can screen in GP practices, pharmacies, in community contraceptive services, through schools, in further education colleges, in universities, in early intervention hubs and there is also on line testing service where young people can request kits over the internet that are then delivered by post. Young people who are positive are treated with medication and given safer sex information.

- HIV testing in targeted Pharmacies

HIV testing and counselling will be available in targeted areas of Oxford City where rates of HIV are higher. This work will expand the availability of HIV testing and reduce the number of late diagnoses in the community. People will be able to request a test that provides results in 20 minutes, if positive cases are identified they will be referred into specialist sexual health clinics for support and treatment.

- HIV Paediatric Psychology Support (provided by Oxford University Hospitals)

The service will provide all children with a diagnosis of HIV or those affected by it, with direct access to one-to-one psychological assessment and treatment as required.

- HIV Community Liaison Service (provided by Oxford Health)

The aim of the service is to provide practical and emotional health related advice and support to people following a diagnosis of HIV or AIDS to clients in the community.

### **Services for contraception**

- Contraception & Sexual Health (provided by Oxford Health)

These services offer contraception advice and treatments such as injectable contraception, pills, emergency contraception, pregnancy testing and some sexually transmitted disease testing for example Chlamydia. These services are delivered across 9 venues in Oxfordshire. They also act as a referral centre for GP's who are experiences difficulties in providing contraception to women within the GP Practices.

- Free Emergency Hormonal Contraception in Pharmacies (provided by Oxford Health)

Young women aged under 18 years are able to get emergency contraception free of charge. There are currently 44 pharmacies involved on the scheme from all areas of Oxfordshire. Young women will also be asked to test for Chlamydia.

- Body Zones in secondary schools (provided by Oxford Health)

School health nurses and contraception trained nurses offer advice and support to secondary school pupils in schools during break/lunchtimes, some offer full contraceptive services whilst others offer advice and signposting. 14 services operate across the county

- Sex and Relationship Education in schools (provided by Oxfordshire County Council)

Targeted support is provided to 6 secondary schools where we now there are hotspots for

teenage pregnancy. There are interventions that are delivered on a whole schools approach, support for teachers delivering SRE and workshops for pupils in the school.

## **Services delivered in Partnership with Oxfordshire County Council**

Targeted services to reduce teenage conceptions are delivered in partnership.

- General Health Advice for Oxford & Cherwell Valley Colleges (provided by Oxford Health)

The nurses offer individual support and advice in the FE colleges in Banbury, Oxford and Bicester. 69% of the young people who have seen the nurse have used it for contraception purposes.

- Contraception Outreach Nurse (provided by Oxford Health)

This service works with vulnerable young women aged 18 and under who have just delivered their first baby or who have had an abortion to prevent second pregnancies. The nurse gives advice and support on long acting reversible contraception and will organise getting/having the contraception fitted. In some instances where the young women are particularly at risk of a repeat pregnancy, the nurse is able to provide them with their chosen method within their own home.

- Safety Card (provided by Early Intervention Hubs)

Free condoms are made available to young people aged 18 years and under. When young people register with the scheme, they will be instructed on how to use condoms and will be provided with a supply. Young people can obtain more condoms by showing a card at designated distribution points across the county. These are mainly within Early Intervention Hubs.

- HIV prevention (provided by Terence Higgins Trust)

This service is jointly commissioned and provides targeted work on prevention of HIV and STI's. Part of this work provides outreach in public sex venues across the county, including having an online presence in chat rooms.

## **Wider Partnership work**

- Sexual Health Network

The network aims to promote good sexual health through ensuring that each client experience of sexual health services within Oxfordshire is a good experience and that the overall sexual health of people improves in terms of knowledge, access to high quality services and freely accessible and available treatments.

- Teenage Pregnancy Strategy Group

This strategy group agrees strategic direction for targeted work to reduce teenage conceptions.

- HIV Commissioning Network

To ensure that HIV prevention, treatment, care and service development are considered within the wider development of sexual health services.

- Health Protection Unit

Surveillance and monitoring of sexually transmitted infections including HIV and outbreak management of sexually transmitted infections for Oxfordshire.

- Locally Enhanced Services for STI's and Contraception within GP Practices

These additional services in GP Practices increase the availability of chlamydia screening for young people aged 15-24 years and long acting reversible contraception to women of all ages (implants and coils).

- Child Poverty Strategy

Monitoring teenage conceptions is a key measure of health inequalities and child poverty.

Teenage parents are more likely than older mothers to have low attainment and experience adult unemployment. Their children experience higher rates of infant death, low birth weight, A&E admissions for accidents and a much higher risk of being born into poverty.

- Domestic Abuse and Sexual Abuse Strategies

The sexual assault resource centre will include people from Oxfordshire who have experienced domestic and or sexual abuse. This will involve children and young people and both males and females. Health professionals will screen for sexually transmitted infections, treatment to reduce the potential of HIV infection and provide pregnancy testing and referral to additional support services. The Sexual Assault Resource Centres are jointly commissioned with Thames Valley Police.

#### **Additional Sexual Health Services not commissioned by Public Health**

- Abortions and HIV drug treatment will remain within the responsibility of Oxfordshire Clinical Commissioning Group.
- The Thames Valley Sexual Assault Resource Centre will be commissioned by the NHS Commissioning Board.

## **15. Tobacco Control and Smoking Cessation services (Mandatory)**

### **General Description**

Smoking is the single greatest cause of preventable illness and premature death in the UK. It is linked to over fifty diseases, including cancer, CHD, stroke, circulatory diseases, COPD and asthma. Smoking causes 106,000 deaths each year in the UK. One in two smokers will die from a smoking related disease causing an average of eight years life lost from each smoking related death.

Smoking is the single biggest cause of health inequalities. Half the difference in life expectancy between the highest and lowest socio-economic groups is attributable to smoking. The provision of high quality NHS stop smoking services is a high priority. NHS stop smoking services sit within an overall tobacco control programme and form part of wider action to reduce smoking prevalence. This is a mandatory function

### **Directly Commissioned Services**

#### **NHS Stop smoking service**

Oxfordshire operates a hub and spoke model of stop smoking support. Our local service has over 850 trained stop smoking advisers countywide. The majority are in primary care settings but also in secondary care, schools, workplaces, prisons and other community settings. A core team of Smoking Cessation Specialists based at the service HQ also provide interventions for specific client groups, e.g. pregnant smokers, workplace Stop Smoking Groups.

#### **GP Local Enhanced Service**

82% of 4 week quitters which count towards our target are from smoking cessation services operated by GP practices, who are paid for the service under a LES agreement (Local Enhanced Service). Enhanced services are those which are not covered fully by the GP contract and therefore the commissioner has to pay additional money to ensure the service is available.

### **Services delivered in Partnership with Oxfordshire County Council**

#### **Smoking Cessation in Children's Centres**

Stopping smoking is the single most effective step a pregnant woman can take to improve her own health and that of her baby. Smoking is the major modifiable risk factor contributing to low

birth weight. Babies born to women who smoke weigh on average 200g less than babies born to non-smokers. The incidence of low birth weight is twice as high among smokers as non-smokers. Estimates suggest that supporting pregnant smokers to stop is three to six times as cost-effective as treating smoking related problems in newborns. It is therefore extremely important for smoking cessation services to be available where our most vulnerable children and mothers are. Childrens centres have a key role to play in ensuring that mothers have the information available

#### **Wider Partnership work**

Tobacco Control – enforcing smoke free building legislation, under age sales and licensing of premises to sell tobacco. This work is led by Trading Standards depts

Campaigning – DH driven campaigns delivered locally such as change4life

Campaigning – legislation changes such as plain packaging

## **16. Public health aspects of promotion of community safety, violence prevention and response**

### **General Description**

Living in a safe community is a determinant of health - better health status in a population is linked to low crime and low fear of crime and the opposite is also true. Partnership work to reduce crime, reduce fear of crime and to work with victims of crime makes an important contribution to health improvement.

The public health contribution to community safety includes

- Analysis of population data and evidence of effectiveness
- Strategic leadership on issues such as substance misuse and domestic abuse
- An influencing role ensuring best practice is adopted and maintained in primary care
- Planning and influencing across a range of organisations.

### **Directly Commissioned Services**

See Alcohol and Drug Misuse sections.

### **Services delivered in Partnership with Oxfordshire County Council**

Support for DAAT in letting new prison substance misuse contracts (from Sept 2012). Public health facilitating a process which includes involvement of the Council procurement team.

### **Wider Partnership work**

**Domestic abuse** commissioning includes

- Champions network of trained practitioners from a range of agencies. Provide support for disclosure and action for victims of violence
- Independent Domestic Violence Advocacy service – supporting medium to high risk victims of domestic violence and preventing escalation.
- Outreach workers – based in Districts. Take up case work with victims of violence
- Children and young people services – including training for schools, children’s centres, youth services etc and the network of Domestic Abuse Champions. Linked to Safeguarding children work.
- Emergency Department referrals and support – through the Community Safety Practitioner making referrals to Social Care services

**Alcohol Strategy Group** (See Alcohol sheet)

- Public health leadership of the strategy group, including performance monitoring of partners, evidence based practice for new initiatives, adding value by working together, taking work into new settings e.g. armed forces
- Data supplied through Public Health enables Nightsafe partnerships to locate hotspots for alcohol related crime or injury. Licensing enforcement and police tasking can be focussed as a result of this analysis.

#### **Drugs abuse**

- Full participation in commissioning process for drugs treatment service through the DAAT
- Leadership of procurement of Drugs Treatment Services in prisons, through the DAAT, by enabling wider partnership participation.

#### **Offender Health**

Public health has led work to write and agree an Offender Health Strategy which is now embedded in the Reducing Reoffending Strategy of the Safer Communities Partnership. Work is being taken forward by the DAAT, mental health commissioners and prisons.

## Oxfordshire Joint Health Overview and Scrutiny Committee

Topic	19 Jan 2012	8 Mar 2012	24 May 2012	5 Jul 2012	27 Sep 2012	15 Nov 2012
Chairman			Election of the Chairman and Deputy Chairman			
Public Health	Director's Annual Report	Director's Update	Director's Update	Director's Update	Director's Update	Director's Update
LINK	Update	Update	Update	Update	Update	Update
Chairman's report	Update on meetings/activities between main meetings	Update on meetings/activities between main meetings	Update on meetings/activities between main meetings	Update on meetings/activities between main meetings	Update on meetings/activities between main meetings	Update on meetings/activities between main meetings
Community Mental Health Teams	Update on progress and future plans - Oxford Health					
Health aspects of early intervention hubs	How health matters will be handled through the hubs			Progress report on outcomes of service		
Planned care Project - disinvestment proposals and QIPP	Presentation on areas for savings; what, why and how. (PCT/CCG)					
Health and social care integration		The new agenda for "Health social care and wellbeing in local government" (Jonathan McWilliam)				

<b>Topic</b>	<b>19 Jan 2012</b>	<b>8 Mar 2012</b>	<b>24 May 2012</b>	<b>5 Jul 2012</b>	<b>27 Sep 2012</b>	<b>15 Nov 2012</b>
Future work programme		Proposals for the annual work programme				
SCAS		Update on new indicator data				
Chipping Norton First Aid Unit		Update on the pilot first aid unit				
Maternity provision in Oxfordshire			Update on service position and challenges (LINK/PCT presentation of the issues)			
Oxford Health Update			Progress since the merger; future plans/challenges; patient experience/outcomes etc.			
LD Annual healthchecks			Learning disabilities - annual healthchecks (report back from Jan meeting My Life My Choice highlighted issue)			
Dental services				Update (Follows on from July 2011 meeting. Deputy Head of Primary Care Contracted Services)		
Accessible Care for Everyone (ACE)				Update (from Nov 2011)		



<b>Topic</b>	<b>19 Jan 2012</b>	<b>8 Mar 2012</b>	<b>24 May 2012</b>	<b>5 Jul 2012</b>	<b>27 Sep 2012</b>	<b>15 Nov 2012</b>
Commissioning				A review of future commissioning practice in Oxfordshire (who, what, why etc)		
The new health set up					Health and Well-being board progress	Mapping the new health geography - how the OCCG, the County Council and the PCT cluster will fit together
Alcohol Addiction Services						Select committee style review of issues, challenges and possible means for improvement

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