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To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Monday, 2 February 2015 at 1.00 pm

Cherwell Room, Kings Centre, Oxford

Peter G. Clark
County Solicitor

Published: 23 January 2015

Contact Officer: ***Sophie Kendall, Policy & Partnership Officer***
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Membership

Chairman – District Councillor Mark Booty
Vice Chairman - City Councillor Ed Turner

Board Members:

Ian Davies	Cherwell & South Northants District Council
Cllr Hilary Hibbert-Biles	OCC – Cabinet Member for Public Health & Voluntary Sector
Paul McGough	Public Involvement Network
Dr Jonathan McWilliam	Director of Public Health
Cllr Judith Nimmo Smith	South Oxfordshire District Council
Dr Paul Park	Oxfordshire Clinical Commissioning Group
Cllr G.A. Reynolds	Cherwell District Council
Aziza Shafique	Public Involvement Network
Cllr Alison Thomson	Vale of White Horse District Council
Jackie Wilderspin	Assistant Director for Public Health

Notes:

- ***Date of next meeting: Thursday 23 April 2015***

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned….."*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes"*any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or contact Glenn Watson on (01865) 815270 or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

1. Welcome by Chairman, District Councillor Mark Booty

2. Apologies for Absence and Temporary Appointments

3. Declaration of Interest - see guidance note opposite

4. Petitions and Public Address

5. Minutes of 25 September Meeting (Pages 1 - 6)

To approve the minutes of the meeting held on 25 September 2014 and receive information arising from them.

6. Minutes of Last Meeting (Pages 7 - 20)

1:05pm
5 minutes

To approve the minutes from the meeting held on 20 October 2014 and the summary minutes presented to the Health and Wellbeing Board, and receive information arising from them.

7. Housing Related Support Update (Pages 21 - 22)

1:10pm
10 minutes

Report presented by: Natalia Lachkou, Oxfordshire County Council

A report to update the Health Improvement Board on the housing-related support implementation plan.

8. Public Involvement Network Update

1:20pm
5 minutes

Verbal update from: Jackie Wilderspin, Oxfordshire County Council

A verbal update to the Health Improvement Board on the Public Involvement Network.

9. Performance Report (Pages 23 - 44)

1:25pm
45 minutes

People responsible: Members of the Health Improvement Board

Performance Report presented by: Jonathan McWilliam, Oxfordshire County Council

GP Health Checks Report Card presented by: Eunan O'Neill and Stephen Pinel, Oxfordshire County Council

Bowel Screening Report Card presented by: Paula Jackson and David Munday, NHS England

Smoking Cessation Report Card presented by: Rebecca Cooper, Oxfordshire County Council

A report of progress against the targets of the Health Improvement Board, to include three report cards on GP health checks, bowel screening, and smoking cessation.

10. Draft Alcohol and Drugs Partnership Strategy (Pages 45 - 78)

2:10pm
20 minutes

People responsible: Members of the Health Improvement Board

Report presented by: Jackie Wilderspin, Oxfordshire County Council

The draft Alcohol and Drugs Partnership Strategy 2015-18, which aims to reduce the harm caused to individuals and society by the misuse of drugs and alcohol.

The Health Improvement Board is recommended to approve the strategy.

11. Fuel Poverty and Affordable Warmth Network Update (Pages 79 - 84)

2:30pm
20 minutes

Report presented by: Kate Eveleigh, Oxfordshire County Council and Kathryn Sheppard, Affordable Warmth Network

A report on the progress of the new fuel poverty outcome measure and a brief outline of the work of the Affordable Warmth Network against the action plan.

12. Making Every Adult Matter Pilot Progress Report (Pages 85 - 88)

2:50pm
15 minutes

Report presented by: Shaibur Rahman, Oxford City Council

A report to update the Health Improvement Board on the progress of the Making Every Adult Matter pilot, which aims to influence policy and services for adults facing multiple needs and exclusions.

13. Public Health Campaigns Report (Pages 89 - 92)

3.05pm
10 minutes

Report presented by: Councillor Hilary Hibbert-Biles, Oxfordshire County Council Cabinet Member for Public Health & Voluntary Sector

A report to update the Health Improvement Board on the major public health campaigns of 2014 and to share the planned campaigns for 2015.

14. Forward Plan (Pages 93 - 94)

3:15pm
5 minutes

Presented by: Councillor Mark Booty, Chairman

A discussion of the forward plan for the Health Improvement Board.

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HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on Thursday 25 September 2014 commencing at 2.00 pm and finishing at 4.00 pm.

Present:

Board Members:

Councillor Ed Turner (Vice Chairman), Oxford City Council
Councillor Hilary Hibbert-Biles, Oxfordshire County Council, Cabinet Member for Public Health & Voluntary Sector
Councillor Alison Thomson, Vale of White Horse District Council
Councillor George Reynolds, Cherwell District Council
Councillor Bill Service, South Oxfordshire District Council (temporary appointment in place of Councillor Anna Badcock)
Aziza Shafique, Public Involvement Network Representative
Paul McGough, Public Involvement Network Representative
Jackie Wilderspin, Public Health Specialist

Officers:

Whole of meeting	Val Johnson, Oxford City Council Phil Ealey, South Oxfordshire and Vale of the White Horse District Councils Sophie Kendall, Oxfordshire County Council
Part of meeting Agenda item 6	Kate Terroni, Oxfordshire Clinical Commissioning Group Natalia Lachkou, Oxfordshire Clinical Commissioning Group
Agenda item 7	Rachel Coney, Healthwatch Oxfordshire
Agenda item 8	Rebecca Cooper, Oxfordshire County Council Chris Freeman, Oxfordshire Sports Partnership
Agenda Item 9	Paul Wilding, Oxford City Council

These notes indicate the outcomes of this meeting and those responsible for taking the agreed action. For background documentation please refer to the agenda and supporting papers available on the Council's web site (www.oxfordshire.gov.uk.)

If you have a query please contact Sophie Kendall (Tel 01865 32 8530; Email: sophie.kendall@oxfordshire.gov.uk)

	ACTION
1. Welcome The Vice-Chairman, City Councillor Ed Turner, welcomed all to the meeting.	
2. Apologies for Absence and Temporary Appointments Apologies have been received from Cllr Mark Booty, Cllr Anna Badcock, Ian Davies, Dave Etheridge and Dr Jonathan McWilliam. Cllr Bill Service will represent South Oxfordshire District Council, in Cllr Anna Badcock's absence.	
3. Declaration of Interest No declarations were received.	
4. Petitions and Public Address No petitions or public addresses were received.	
5. Note of Decision of March Meeting The minutes of the May meeting were approved. Cllr Ed Turner proposed an update on the social fund arrangements.	
6. Housing-related Support Services Consultation Update Natalia Lachkou gave a verbal update on the housing-related support services consultation and next steps: - The consultation ran for 12 weeks, from 26th June until 17th September. - 17 meetings were held with service users, providers and other stakeholders. Over 65 service users shared their views at these meetings. - Two events were held especially for providers, one for local providers and one for regional and national providers. - 80 responses were received through the website and via post. - A wealth of information, case studies and data were received in relation to the Service and Community Impact Assessment. It will be revised to reflect this. - The full report will be made available on the website in due course. - The Health and Wellbeing Board will make a recommendation to Cabinet, on the proposal going forward. The meeting takes place on 17th November. - The decision on the final proposal will be taken by Cabinet in in the new year.	

The Board agreed to hold an additional meeting to discuss the Council's response to the consultation, and make a recommendation to the Health and Wellbeing Board on the proposed way forward. It was agreed to include officers and hold the meeting in public. **ACTION:** **An additional meeting will be scheduled for October**	**SK**
7a. Asian Women's Wellbeing Project Report Aziza Shafique and Rachel Coney introduced the report, which identifies the key health issues that affect Asian women in Oxfordshire and provides a set of recommendations to the county's health care providers. Members welcomed the report. Areas discussed included: the role of peer support and volunteer schemes; access to GP practices; the importance of training; and taking the findings and recommendations into account in developing the County Council's Mental Wellbeing Strategy. Rachel Coney informed the Board that Healthwatch will hold Oxfordshire County Council, Oxford City Council, Oxford Health, Oxfordshire Clinical Commissioning Group and NHS England to account on progress made in addressing the issues raised. Healthwatch is also able to support volunteers to carry out similar projects and is inviting individuals to come forward with proposals. **ACTION:** **Healthwatch will bring a progress report back to the Board in a year's time.** **A link will be made with an ESOL language course pilot currently taking place in Oxford and Banbury.** **Members will support Healthwatch in promoting the opportunity for volunteers to carry out research projects.**	**RC/SK** **VJ** **Elected members**
7b. Public Involvement Network Report Paul McGough introduced the report, an update on the work he and Aziza are undertaking to gather public opinion on key areas of health improvement. In response to his query about how dementia services are coordinated, Paul McGough was informed that there is a joint Oxfordshire County Council and Oxfordshire Clinical Commissioning Group Dementia Strategy and associated Action Plan. It was proposed that the issues raised by the members of the public (detailed within the report) are taken forward with the officers leading this work, through the Older People's Partnership Board.	

ACTION: **Paul McGough will be put in touch with the relevant Oxfordshire County Council and Oxfordshire Clinical Commissioning Group officers.**	**PM/SK**
8. Healthy Weight Strategy and Action Plan Rebecca Cooper introduced the draft Action Plan, which sets out proposed activity for 2014-15 to implement the Healthy Weight Strategy. She thanked members for attending the workshop in July, and updated the Board on further progress since in developing the plan in partnership with stakeholders. A Healthy Weight Steering Group has been formed to oversee progress, with representation from the range of partners. Chris Freeman presented an overview of the work of the Oxfordshire Sports Partnership, in contributing to this plan. Members welcomed the draft plan and the update on the work of the Oxfordshire Sports Partnership. Concerns were raised that there is no mention in the plan of support for the work being done by the Oxfordshire Sports Partnership, particularly the 'Go Active' initiative. Rebecca Cooper advised members this was an omission from the draft which will be amended. Concerns were also raised that the strategy does not reflect the partnership approach evident in the draft plan. Rebecca Cooper informed members that it would be amended to reflect these developments. Further suggestions included: to take into account the findings from the Asian Women's Wellbeing Project Report; to link to the Children and Young People's Plan; and to add a footnote clarifying the focus on obesity and signposting to where eating disorders are addressed. The Board endorsed the plan, subject to the amendments agreed. **ACTION:** **Rebecca Cooper will amend the strategy and draft action plan as agreed above and take forward the further suggestions.**	**RC**
9. Welfare Reform Update Paul Wilding introduced the paper, an update on Oxford City's welfare reform projects. Members welcomed the update. In response to a query on when the implementation of Universal Credit is expected, Paul Wilding advised it is not anticipated ahead of 1st April 2016. Paul Wilding also offered to take questions from officers and members across the County, who are supporting people to access the changing benefits system.	

10. Performance Report Jackie Wilderspin introduced and explained the performance report, the first to include the revised indicators following the refresh of the Joint Health and Wellbeing Strategy 2012-16. Areas RAG-rated red were highlighted. The data for bowel screening (8.1) is not included as the information has yet to be made available by NHS England. The Board agreed to the Vice-Chairman's proposal of writing to NHS England to address this. The Health Checks target (8.3) has yet to be reached. Work is underway to address this, including an awareness-raising campaign. Members noted concern about the substantial variation across the Districts and agreed to receive a report card at the next meeting. The smoking cessation target (8.4) has been missed for the first time, for which there is no explanation evident. The Board agreed to keep it under review and request a report card if it has not improved next time. The target for non-opiate users successfully leaving treatment (8.6) has not been met, however there are signs of improvement and long-term progress. The Public Health directorate is working with Public Health England on a comprehensive recovery plan. In relation to target 9.2, the Sports England Survey shows that nationally, the proportion of people who are not physically active is increasing. The rough sleeping baseline target (10.5) has been set at 74 and will be reported on annually. **ACTION:** **Agreed a letter will be sent to NHS England, to request the bowel equity audit data for indicator 8.1 and to invite them to present it at the next meeting. Cllr Hilary Hibbert-Biles will also raise this with NHS England representatives at the Public Health Protection Forum** **A report card on bowel screening (8.1) will be brought to the next meeting.** **A report card on Health Checks (8.3) will be brought to the next meeting.**	**JW/HH** **EO/SK** **EO/SK**
11. Forward Plan Corrections were identified, including adding dates and removing the item on children's centres. The Vice-Chairman proposed that any workshops should be held in addition to Board meetings and that the draft agenda be circulated to Board members in advance.	

ACTION: **Amend and re-publish the Forward Plan following the meeting.** **For future meetings, circulate the draft agenda to Board members in advance.**	**SK** **SK**
The meeting closed at 4:00 pm.	

..... in the Chair

Date of signing .....

Health Improvement Board Meeting

Housing-related support proposals

Monday 20th October 2014, 9.30-11 am,
Oxford Spires Four Pillars Hotel

Minutes of the meeting

1. Welcome by Chairman, District Councillor Mark Booty
Apologies for Absence and Temporary Appointments
Declarations of Interest – see guidance notes attached

The Chairman, Councillor Mark Booty, welcomed all to the meeting.

In attendance: Councillor Mark Booty; Councillor Ed Turner; Councillor Anna Badcock; Councillor Alison Thomson; Paul McGough; Jackie Wilderspin; Val Johnson; Ian Bottomley; Marianne North; Natalia Lachkou; John Jackson; Councillor Judith Heathcoat; Kate Terroni; Stephen Czajewski; Councillor Scott Seamons; Dave Scholes; Shaibur Rahman; Phil Ealey; Melissa Cripps; Jaffa Holland; Lesley Sherratt; Sophie Kendall.

Apologies were received from: Councillor Hilary Hibbert-Biles; Jonathan McWilliam; David Etheridge; Dr Paul Park; Councillor George Reynolds; Ian Davies; Aziza Shafique; Councillor Debbie Pickford; Councillor Roger Cox; Chris Stratford.

Marianne North notified the Chairman that she was authorised to speak on behalf of Cherwell District Council, in the absence of Councillor George Reynolds, Councillor Debbie Pickford and Chris Stratford.

Ian Bottomley attended in place of Dr Paul Park with the authority of the CCG to participate.

2. Housing Related Support Consultation Report –
Introduction and discussion
Natalia Lachkou, Interim Commissioning Lead for Younger Adults

Natalia Lachkou introduced the report, outlining the consultation process and the responses received. The Board were informed that the final report will be made available on the Council website.

The Chairman noted the report and thanked Natalia for the overview.

3. Housing related support services in Oxfordshire: Proposed way forward following the consultation –
Introduction, discussion and decision
Natalia Lachkou, Interim Commissioning Lead for Younger Adults

The Chairman proposed covering sections 2 to 8, returning to a discussion of principles and outcomes and next steps at the end. This was agreed.

Natalia Lachkou introduced each section of the paper, setting out the proposal going forward. The Chairman invited representatives from each District Council to respond in turn, followed by representatives from other stakeholders.

Section 2: Hostels

Oxford City Council

Councillor Ed Turner made the following points:

- Oxford City Council is extremely concerned about the level of reduction, as reflected in its consultation response.
- In light of homelessness increasing, Oxford City's position is that the County Council should have agreed a larger budget.
- Oxford City is retaining and maintaining homeless funding, as set out in its financial plan.

He asked the following questions:

- How is it currently working, when many are unable to access No Second Night Out beds?
- How will minimal rather than no support be paid for?
- Oxford City Council and the Clinical Commissioning Group currently provide additional funding for O'Hanlon House. Oxford City will continue to make this funding available – will the County Council and the Clinical Commissioning Group be doing the same? A joint approach to commissioning these services could be used.

Natalia Lachkou responded:

- Temporary measures are being used as a short-term response to the shortage of beds within the No Second Night Out service. The proposal going forward links the service model to outcomes-based commissioning, which will provide more than the 7 places currently available. The pathway overall currently has 150 bed spaces for adults with a history of homelessness. In the move to outcomes-based commissioning, the funding for low-level, medium-level and high-level provision will be integrated within one service model so that it can be used flexibly to meet needs.
- A joint approach to the design and commissioning of hostel provision with the Districts could be used.

Ian Bottomley responded on behalf of the Clinical Commissioning Group:

- Work is being done to develop outcomes-based contracts. It is important to have one plan to take this work forward. The Clinical Commissioning Group is very committed to this approach. Money from the Mental Health Pooled Budget currently goes into O'Hanlon House. This will continue in the transitional phase, after which it could be jointly commissioned with money from other sources too.

Councillor Scott Seamons added the following question:

- Will the proposed rate for commissioning support be a cap or a benchmark? How will a decision be reached?

John Jackson (Director of Adult Social Services for the County Council and Director of Strategy and Transformation for the Clinical Commissioning Group) responded:

- The proposed rate for commissioning support will be considered as part of the procurement process. The average price for home care in social care is £19 an hour, a key part of which is travelling time; the County Council cannot commit to insisting on the living wage as it would have significant cost implications in this

area. With regards to support provided in hostels, the proposed amount of £18 per hour could allow providers to pay the living wage as they will not have to pay travel time. However, no standard rate will be set as this must be decided by the provider.

Shaibur Rahman added the following point:

- Oxford City is putting in a significant amount of resource throughout the pathway. The additional spaces currently provided within No Second Night Out are currently commissioned by Oxford City.

West Oxfordshire District Council

Lesley Sherratt made the following points:

- West Oxfordshire District Council has similar questions to those already raised by Oxford City.
- West Oxfordshire welcomes the review of No Second Night Out.

She asked the following question:

- Could it be clarified whether the proposal is to reduce hostel funding by the same amount?

Natalia Lachkou responded:

- Yes, the proposal is to reduce hostel funding by the same amount.

Cherwell District Council

Marianne North made the following points:

- Cherwell District Council particularly welcomes the review of No Second Night Out
- Cherwell also particularly welcomes the additional emergency provision in Cherwell.

South Oxfordshire and the Vale of the White Horse District Councils

Phil Ealey made the following points on behalf of both Councils:

- The following are welcomed: the retention of support for Julian Housing; the focus on the right level of support for service users; and the additional emergency bed in South and Vale.

He asked the following question:

- Who would control access to the assessment centre?

Natalia Lachkou responded:

- There is no answer to this yet, as we are at the very early stages of designing the pathway. This will be worked on in partnership, using the available database.

Jaffa Holland added the following question:

- Will the single homelessness pathway just be for those coming via the assessment centre, or will it include those from the Districts who are not eligible for the emergency beds? Will it be just for Oxford City, or the whole of Oxfordshire?

Natalia Lachkou responded:

- These are very valid questions and we have not got the answers at this stage. However the suggestion is that it should be one pathway with multiple entry points and locally available responses.

Jaffa Holland added a further question:

- What will the level of support be within the emergency beds provision?

Natalia Lachkou responded:

- A November meeting of the lead officer group is being planned to pick these issues up.

Other stakeholders

Paul McGough, Public Involvement Network Representative to the Health Improvement Board, asked for more explanation on the assessment centre model, to which Natalia Lachkou responded that she would provide this outside of the meeting. He also expressed his support for the outcomes-based commissioning approach and emphasised the importance of coordinating and integrating support.

Jackie Wilderspin spoke on behalf of the Oxfordshire County Council Public Health directorate, who are commissioning the drug and alcohol services. Whilst they have just let the contract for alcohol and drugs treatment services to a new provider and are therefore not re-commissioning at this stage, they want to be part of any joint commissioning process to ensure services dovetail moving forward.

Recommendation to the Health and Wellbeing Board

The Chairman proposed to recommend to the Health and Wellbeing Board to take the amended proposal forward, but to note the detailed concerns documented in the minutes of this meeting. In particular

- ***Continued concerns about the reductions in available funding expressed by Oxford City Council***
- ***A proposed approach to joint commissioning in future***
- ***The welcome given to the proposed review of No Second Night Out***

This was agreed.

Section 3: Move on accommodation

South Oxfordshire and the Vale of the White Horse District Councils

Phil Ealey made the following points on behalf of both Councils:

- The focus on outcomes is very welcome, moving away from set periods of time to looking at needs.

Councillor Alison Thomson, Vale of the White Horse District Council, added:

- It is welcomed that the County Council has listened to people's responses and has been flexible in amending the proposals accordingly.

Cherwell District Council

Marianne North made the following points:

- Cherwell welcomes the proposals to: speed up move on; work in partnership; and to provide additional resources.

West Oxfordshire District Council

The Chairman Councillor Mark Booty welcomed how the proposal in this section has been amended, reflecting that the consultation responses have been well listened to.

Lesley Sherratt made the following points:

- West Oxfordshire is particularly concerned by the reduction of funding in this service area, with the proposal to reduce units in the district by half.
- West Oxfordshire would like to see provision of beds with low-level support as

part of move-on accommodation – in addition to the number of units proposed for the district.

Councillor Judith Heathcoat (Oxfordshire County Council Cabinet Member for Adult Social Care) responded that she would raise this at the Health and Wellbeing Board.

Other stakeholders
Nothing was added.

Recommendation to the Health and Wellbeing Board
The Chairman proposed to recommend to the Health and Wellbeing Board to take the amended proposal forward, but to note the detailed concerns documented in the minutes of this meeting. In particular

- ***West Oxfordshire asked for the provision of low-level support beds in move-on accommodation to be considered, in addition to the units proposed (in West Oxfordshire).***

Section 4: Community Floating Support
The Chairman stated that this is an extremely important service which if being reduced, will need to be replaced with something else. He asked that the Health Improvement Board be kept updated, throughout the process of commissioning new innovative models of community support.

Councillor Judith Heathcoat responded that *regular updates should be taken to the Health Improvement Board.* ***It was agreed that this be added to the forward plan.***

Oxford City Council
Councillor Ed Turner made the following points:

- Efficiencies have already been achieved in this area and it is not clear how any further will be made. Oxford City's view is that the reduction to this service area needs to be revisited.
- The City Council values this service and is prepared to offer funding accordingly, if this can also be offered by all the Districts and the County Council can maintain its level of funding.

Councillor Judith Heathcoat responded that she would take this forward to the Health and Wellbeing Board.

West Oxfordshire District Council
Lesley Sherratt stated that the proposals in this service area are of major concern to West Oxfordshire and asked the following:

- The proposal of phasing the reduction is welcomed; however it is unclear how this will work in practice as there may not be enough time to learn from the first phase before moving into the second?

Natalia Lachkou responded:

- This issue would be addressed as part of implementation and there will be regular updates to stakeholders.

John Jackson added:

- The procurement process will focus less on services and more on outcomes. We cannot know the outcome at this stage, as we are asking providers to come up

with ideas. The phasing accounts for this process. This is a particularly important area for the County Council and it is committed to ensuring high-quality floating support is available, but provided in a different way.

Cherwell District Council

Marianne North made the following points:

- Cherwell support the phasing approach, however they are also very concerned about the level of reduction in this area.
- Cherwell propose exploring the option of moving money away from the hostels and towards floating support.

South Oxfordshire and the Vale of the White Horse District Councils

Phil Ealey made the following points on behalf of both Councils:

- The concerns about the reduction in this service area are shared.
- South and Vale are willing to work with the other Districts and the Council on how the impact can be minimised.

Jaffa Holland added the following:

- This level of reduction could have negative implications for the intensive end of the pathway.

The Chairman Councillor Mark Booty responded that the recurring problem applies that it is hard to prove this owing to the difficulties of accurately measuring the effects of prevention.

Councillor Ed Turner proposed that as the concern about the level of reductions in this area is shared by all the Districts, a conversation about how funding might be provided should take place at the Health Improvement Board where all the Districts and the County are represented.

Other stakeholders

Stephen Czajewski, representing Thames Valley Probation, added that caution needs to be exercised in this area as reducing floating support could have major negative impact.

Paul McGough proposed that the Social & Community Impact Assessment requires particular scrutiny in relation to the impact of the proposals for this service area. He also sought clarification on the pathway processes, which Natalia Lachkou offered to provide outside of the meeting.

Ian Bottomley, representing the Clinical Commissioning Group, made the following points:

- The Clinical Commissioning Group is particularly concerned about reductions in this area.
- It is likely to impact upon other floating support provision, for example the mental health service which is already over-stretched.
- There is a need to coordinate the approach here and look into what factors put an individual's tenancy at risk; is it their mental health or their drug and alcohol use?

Recommendation

The Chairman proposed to recommend to the Health and Wellbeing Board to take the original proposal forward, but to note the detailed concerns documented in the minutes of this meeting. In particular

- **The City Council values this service and is prepared to offer funding accordingly, if this can also be offered by all the Districts and the County Council can maintain its level of funding**
- **As the concern about the level of reductions in this area is shared by all the Districts and other partners, a conversation about how funding might be provided should take place at the Health Improvement Board where all the Districts and the County are represented.**
- **Regular updates on the development of the service model and the commissioning process should also be discussed at the Health Improvement Board.**
- **Cherwell propose exploring the option of moving money away from the hostels and towards floating support. Oxford City Council did not support this.**

Section 5: Substance Misuse Services
All Districts accepted this proposal going forward.

Comments made were:
- There needs to be clarification on the proposals as some confusion was evident in the consultation responses.
- Councillor Ed Turner (Oxford City Council) acknowledged and welcomed the contribution made by the County Council Public Health directorate. The Chairman endorsed this on behalf of the Board.

The Chairman proposed to recommend to the Health and Wellbeing Board to take the amended proposal forward, but to note that clarification of the proposal was required.

Section 6: Domestic Abuse Services
Kate Terroni (Deputy Director Joint Commissioning, County Council) informed the Board that a domestic violence strategic lead will be appointed to outline the County Council's strategic vision and oversee a review of what is currently on offer. This will be carried out in an appropriate timescale.

<u>Oxford City Council</u>
Councillor Ed Turner made the following points:
- Oxford City welcome the proposal for a review and hope the timetable for that review will be clarified at the Health and Wellbeing Board.
- Oxford City welcomes this more comprehensive approach.
- It is hoped that the outcomes of the review will be published in time to inform budget setting processes for the County Council. It would also be advisable to have contingency plans in case efficiency savings are not viable.

John Jackson responded:
- This is not just an issue for the County Council; it is only one of a number of organisations funding these services alongside, for example, the police, Districts and so forth. These organisations individually and collectively need to engage in

a review. ***The County Council commits to producing a schedule by the Health and Wellbeing Board.*** The range of organisations involved illustrates the complexity of this area.

Cherwell District Council
Marianne North stated that Cherwell welcomes the review and is committed to participating in it.

South Oxfordshire District Council, Vale of the White Horse District Council and West Oxfordshire District Council agreed with Cherwell's position.

Other stakeholders
Nothing was added.

The Chairman proposed to recommend to the Health and Wellbeing Board to take the original proposal forward, with the addition of requesting a full timetable for the domestic abuse review to be available at the H&WB meeting in November.

Section 7: Overall balance of reduction in funding
Section 8: Social and Community Impact Assessment
In addition to outlining the proposals, Natalia Lachkou informed the Board that it is planned to make the ***next version of the Social and Community Impact Assessment available for the Health and Wellbeing Board in November***. This was agreed.

Section 1 (principles and outcomes) and overall comments on the proposed way forward
Oxford City Council
Councillor Ed Turner added the following points:

- There is a general question about the next financial year and timescales. Oxford City recommends that the Health and Wellbeing Board addresses this
- The Health Improvement Board should monitor the impact very carefully.
- With pressures increasing, Oxford City does not support a reduction in hostel beds to reallocate resources towards floating support. Both services are needed.
- Whilst Oxford City has engaged positively in the consultation process and will continue to work with partners to minimise the impact of the reductions, it retains the view that the overall budget is not adequate.

West Oxfordshire District Council
Lesley Sherratt made the point on behalf of West Oxfordshire that the assurances about monitoring the impact as the changes come into effect need to be kept.

Cherwell District Council
Marianne North made the following points:

- Cherwell welcomes the additional resources allocated to them.
- Cherwell has contributed many of its own resources to address the shortfall.
- Cherwell will continue to work with all stakeholders to ensure the impact of the reductions is minimised.

South Oxfordshire and the Vale of the White Horse District Councils

Phil Ealey made the following points on behalf of both Councils:

- The changes to the proposals in light of the consultation responses are welcomed.
- They will work with the other Districts to minimise the impact of the funding reductions.
- The Health Improvement Board is a good forum for taking this partnership-working and joined-up thinking forward, with elected representation from across the Districts.

Jackie Wilderspin proposed asking the ***Housing Support Advisory Group to revisit the indicators currently being used*** *and advise the Health Improvement Board whether they are adequate or others should be added.* ***It was agreed to ask the Chairman, Gary Parsons, to take this forward.***

Jaffa Holland added that it is important that work is not duplicated and the implementation planning is kept simple.

Other stakeholders

Paul McGough stated that he welcomes the proposals to work more closely with other partners. His view is that some of the costs should be shifted to mitigate the savings that need to be made. As the Public Involvement Network Representative to the Health Improvement Board, he welcomes opportunities for involvement in reviews, strategic planning and monitoring.

The comments on the overall principles and proposals were noted.

4. Decision on recommendation to the Health and Wellbeing Board, which will have input into the final decision of the County Council Cabinet

The Chairman proposed that the Health Improvement Board recommend to the Health and Wellbeing Board to accept the proposed way forward, but to note the summary of this discussion where more detailed concerns have been raised and actions committed to. He proposed that the minutes and summary be circulated to members, so they can check they agree with the recording of the discussion.

Councillor Ed Turner added the following points:

- There was a strong message about concerns to reductions in floating support
- The domestic violence review was welcomed
- The question of where the pathway opens was raised
- There were slight differences of view, for example Oxford City's concern about the size of the overall envelope and not all of Cherwell's suggestions were shared.

He proposed the following:

- Including the minutes but adding a summary and making it clear that not all members agree.
- To "note" the proposed way forward rather than "endorse" it and recommend it go forward to the Health Improvement Board.

The Chairman Councillor Mark Booty did not support this proposal, and stated that the Health Improvement Board needs to either accept or reject the proposed way forward. He therefore proposed a vote. The majority were in favour of Councillor Mark Booty's proposal that the recommendations are endorsed by the Board, so the motion was carried.

The Health Improvement Board recommends the Health and Wellbeing Board to accept the proposed way forward, but to also note the summary of its discussion where more detailed concerns were raised and actions committed to.

5. Next steps and close

John Jackson proposed the following:

- ***Councillor Mark Booty will present the outcome of this discussion at the Health and Wellbeing Board.***

- ***The Health Improvement Board will be involved in the re-commissioning of community floating support and the domestic abuse review. These items will be added to the forward plan.***

- ***Transition arrangements will be discussed at the Housing Support Advisory Group in the first instance, and will be escalated to the Health Improvement Board where necessary or appropriate***.

These proposals were accepted.

Sophie Kendall, Joint Commissioning, Oxfordshire County Council
Sophie.kendall@oxfordshire.gov.uk
01865 32 8530

Health Improvement Board Meeting

Housing-related support proposals

Monday 20th October 2014, 9.30-11 am,
Oxford Spires Four Pillars Hotel

Summary notes of the meeting

1. Welcome by Chairman, District Councillor Mark Booty

Apologies for Absence and Temporary Appointments
Declarations of Interest – see guidance notes attached

The Chairman, Councillor Mark Booty, welcomed all to the meeting.

In attendance: Councillor Mark Booty; Councillor Ed Turner; Councillor Anna Badcock; Councillor Alison Thomson; Paul McGough; Jackie Wilderspin; Val Johnson; Ian Bottomley; Marianne North; Natalia Lachkou; John Jackson; Councillor Judith Heathcoat; Kate Terroni; Stephen Czajewski; Councillor Scott Seamons; Dave Scholes; Shaibur Rahman; Phil Ealey; Melissa Cripps; Jaffa Holland; Lesley Sherratt; Sophie Kendall.

Apologies were received from: Councillor Hilary Hibbert-Biles; Jonathan McWilliam; David Etheridge; Dr Paul Park; Councillor George Reynolds; Ian Davies; Aziza Shafique; Councillor Debbie Pickford; Councillor Roger Cox; Chris Stratford.

2. Housing Related Support Consultation Report –
Introduction and discussion
Natalia Lachkou, Interim Commissioning Lead for Younger Adults

Natalia Lachkou introduced the report, outlining the consultation process and the responses received. The Board were informed that the final report will be made available on the Council website.

- **Housing related support services in Oxfordshire: Proposed way forward following the consultation –**

Introduction, discussion and decision
Natalia Lachkou, Interim Commissioning Lead for Younger Adults

Natalia Lachkou introduced each section of the paper, setting out the proposal going forward. The recommendations and points raised at each stage of the meeting are summarised below.

Section 2: Hostels

Recommendation to the Health and Wellbeing Board

The Chairman proposed to recommend to the Health and Wellbeing Board to take the amended proposal forward, but to note the detailed concerns documented in the minutes of this meeting. In particular

- Continued concerns about the reductions in available funding expressed by Oxford City Council.
- A proposed approach to joint commissioning in future.
- The welcome given to the proposed review of No Second Night Out.

Section 3: Move on accommodation

Recommendation to the Health and Wellbeing Board

The Chairman proposed to recommend to the Health and Wellbeing Board to take the amended proposal forward, but to note the detailed concerns documented in the minutes of this meeting. In particular

- West Oxfordshire asked for the provision of low-level support beds in move-on accommodation to be considered, in addition to the units proposed (in West Oxfordshire).

Section 4: Community Floating Support

Recommendation to the Health and Wellbeing Board

The Chairman proposed to recommend to the Health and Wellbeing Board to take the original proposal forward, but to note the detailed concerns documented in the minutes of this meeting. In particular

- The City Council values this service and is prepared to offer funding accordingly, if this can also be offered by all the Districts and the County Council can maintain its level of funding.
- As the concern about the level of reductions in this area is the shared by all the Districts and other partners, a conversation about how funding might be provided should take place at the Health Improvement Board where all the Districts and the County are represented.
- Regular updates on the development of the service model and the commissioning process should also be discussed at the Health Improvement Board.
- Cherwell propose exploring the option of moving money away from the hostels and towards floating support. Oxford City Council did not support this.

Section 5: Substance Misuse Services

All Districts accepted this proposal going forward.

Recommendation to the Health and Wellbeing Board

The Chairman proposed to recommend to the Health and Wellbeing Board to take the original proposal forward, but to note that clarification of the proposal was required.

Section 6: Domestic Abuse Services

The Chairman proposed to recommend to the Health and Wellbeing Board to take the original proposal forward

- with the addition of requesting a full timetable for the domestic abuse review to be available at the H&WB meeting in November.

Section 7: Overall balance of reduction in funding
Section 8: Social and Community Impact Assessment
In addition to outlining the proposals, Natalia Lachkou informed the Board that it is planned to make the ***next version of the Social and Community Impact Assessment available for the Health and Wellbeing Board in November***. This was agreed.

Section 1 (principles and outcomes) and overall comments on the proposed way forward

Oxford City Council
Councillor Ed Turner added the following points:

- There is a general question about the next financial year and timescales. Oxford City recommends that the Health and Wellbeing Board addresses this
- The Health Improvement Board should monitor the impact very carefully.
- With pressures increasing, Oxford City does not support a reduction in hostel beds to reallocate resources towards floating support. Both services are needed.
- Whilst Oxford City has engaged positively in the consultation process and will continue to work with partners to minimise the impact of the reductions, it retains the view that the overall budget is not adequate.

West Oxfordshire District Council
Lesley Sherratt made the point on behalf of West Oxfordshire that the assurances about monitoring the impact as the changes come into effect need to be kept.

Cherwell District Council
Marianne North made the following points:

- Cherwell welcomes the additional resources allocated to them.
- Cherwell has contributed many of its own resources to address the shortfall.
- Cherwell will continue to work with all stakeholders to ensure the impact of the reductions is minimised.

South Oxfordshire and the Vale of the White Horse District Councils
Phil Ealey made the following points on behalf of both Councils:

- The changes to the proposals in light of the consultation responses are welcomed.
- They will work with the other Districts to minimise the impact of the funding reductions.
- The Health Improvement Board is a good forum for taking this partnership-working and joined-up thinking forward, with elected representation from across the Districts.

The comments on the overall principles and proposals were noted.

3. Decision on recommendation to the Health and Wellbeing Board, which will have input into the final decision of the County Council Cabinet.

The Health Improvement Board recommends the Health and Wellbeing Board to accept the proposed way forward, but to also note the summary of its discussion where more detailed concerns were raised and actions committed to.

4. Next steps and close

John Jackson proposed the following:

- ***Councillor Mark Booty will present the outcome of this discussion at the Health and Wellbeing Board.***

- ***The Health Improvement Board will be involved in the re-commissioning of community floating support and the domestic abuse review. These items will be added to the forward plan.***

- ***Transition arrangements will be discussed at the Housing Support Advisory Group in the first instance, and will be escalated to the Health Improvement Board where necessary or appropriate.***

These proposals were accepted.

Sophie Kendall, Joint Commissioning, Oxfordshire County Council
Sophie.kendall@oxfordshire.gov.uk
01865 32 8530

Housing related support update

This paper provides an update on the current position with re-commissioning of housing related support services in Oxfordshire. Post consultation the proposal for the future shape of these services was revised by the County Council and subsequently considered and approved by the members of the Health Improvement Board and Health and Wellbeing Board, in October and November 2014 respectively. This revised plan is on agenda for the County Council Cabinet on 27 January 2015 for final approval.

Contractual arrangements for 2015-16

We are negotiating new contracts with four provider organisations- A2Dominion Group, Oxford Homeless Pathways, Two Saints and Connection- to secure service continuation. Following initial discussions in November, all providers submitted written proposals showing how 1m of required savings could be delivered through a range of options:

- Delivering cashable efficiencies
- Re-structuring how services are delivered to maximise efficiencies
- Reducing service provision and utilising natural changes in staffing
- Using other funding sources and organisational reserves

County Council is on target to finalise these arrangements by the beginning of February.

De-commissioning of substance misuse services

Together with St Mungo's staff team we are planning the closure of two substance misuse services - Project 195 and Osney Court. Closure of Osney Court service is the direct result of the savings required in 2015/16. Closure of Project 195 has come about because Homegroup, the current landlord, plan to use this property for a different supported housing service from April 2015. We have developed robust exit strategies for 8 people supported in these two services and are expecting to move them on by end of March 2015. Options for providing future support for substance misusers in Oxfordshire are being taken forward by the Public Health commissioners.

Commissioning of services from 2016 onwards

New pathway of services is being designed with continuing strong engagement from all commissioning partners. We aim to publish the new pathway in March, go to tender in April, with new services starting in February 2016.

Monitoring impact and reporting process

On 14 January the Housing Support Advisory Group considered how implementation and impact of this re-commissioning work should be evaluated and monitored. They agreed to consider potential additional indicators once they know the agreed shape of services for 2015-16. This applies in particular to the floating support service, which at present does not have a specific target in the housing indicators we report on.

Natalia Lachkou, Commissioning Manager, Oxfordshire County Council, 22 January 2015

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Updated: 9th January 2015

Health Improvement Board
2nd February 2015

Performance Report

Background

1. The Health Improvement Board is expected to have oversight and of performance on four priorities within Oxfordshire's Joint Health and Wellbeing Strategy 2012-2016, and ensure appropriate action is taken by partner organisations to deliver the priorities and measures, on behalf of the Health and Wellbeing Board.

2. The four priorities the Board has responsibility for are:

   Priority 8: Preventing early death and improving quality of life in later years
   Priority 9: Preventing chronic disease through tackling obesity
   Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness
   Priority 11: Preventing infectious disease through immunisation

Current Performance

3. A table showing the agreed measures under each priority, expected performance and current performance is attached as appendix A.

4. There are 2 indicators that are only reported on an annual basis and these will be reported in future reports following the release of the data.

5. For the 13 indicators that can be regularly reported on, current performance can be summarised as follows:

   3 indicators are Green.
   1 indicator is Amber (defined as within 5% of target).
   8 indicators are Red
   1 indicator does not yet have information available for Q2 (proportion of households presenting at being homeless will be prevented from becoming homeless). This should be available for the next meeting.

6. All the indicators that form Priority 8 are currently rated Red. This includes 2 indicators that were Green in Q1
   a. 8.2 At least 15% of 40-74 people eligible for health checks will be invited to attend during the year. This has only increased slightly from 5.4% in Q1 (when it was over target) to 6.4% in Q2.
   b. 8.5 Opiate users successfully leaving treatment. The proportion has fallen from 7.1% in Q1 to 6.9%.

7. Annual data relating to the obesity levels of Year 6 pupils has been published. This shows that Obesity levels in Oxfordshire increased from 15.2% in 2013 to 16.9% in 2014. There

continues to be a wide variation between districts, from 15.2% in South Oxfordshire to 21% in Oxford City.

8. Report cards have been produced for indicators 8.3 – attendance at NHS Health Checks and 8.4 – quitting smoking for at least 4 weeks. These will be discussed at the next meeting in order that the board can see the work being undertaken to address these priorities.

Alison Wallis
Performance & Information Manager, Joint Commissioning
19/01/2015

Updated: 9th January 2015

Oxfordshire Health and Wellbeing Board
Performance Report

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 Oct-Dec	RAG	Q4 Jan-Mar	RAG	Locality spread	Notes
Priority 8: Preventing early death and improving quality of life in later years											
8.1 a NHS England	At least 60% of those sent bowel screening packs will complete and return them (ages 60-69 years) and an equity audit should be conducted to ensure all population groups are responding	**Expected** 60% **Actual** **54.2%**	R	**Expected** 60% **Actual**		**Expected** 60% **Actual**		**Expected** 60% **Actual**			Q2 data not yet available
8.1 NHS England	At least 60% of those sent bowel screening packs will complete and return them (ages 70-74 years) and an equity audit should be conducted to ensure all population groups are responding	**Expected** 60% **Actual** **56.2%**	R	**Expected** **Actual**		**Expected** **Actual**		**Expected** **Actual**			
8.2 OCC	Of people aged 40-74 who are eligible for health checks once every 5 years, at least 15% are invited to attend during the year. No CCG locality should record less than 15% and all should aspire to 20%	**Expected** 3.75% **Actual** 5.4%	G	**Expected** 7.5% **Actual** 6.4%	R	**Expected** 11.25% **Actual**		**Expected** 15% **Actual**		Q2 data. South West is currently the only locality to record above 15% Lowest – West Oxfordshire – 9.2%	
8.3 OCC	At least 66% of those invited for NHS Health Checks will attend (ages 40-74) and no CCG locality should record less than 50% with all aspiring to 66% (Baseline 46% Apr 2014)	**Expected** 46% **Actual** 42%	R	**Expected** 50% **Actual** **43.3%**	R	**Expected** 58% **Actual**		**Expected** 66% **Actual**		Q2 West Oxfordshire and North Oxfordshire are only localities currently reaching the 50% target. Lowest – 33.6%	

Updated: 9th January 2015

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 Oct-Dec	RAG	Q4 Jan-Mar	RAG	Locality spread	Notes
8.4	At least 3800 people will quit smoking for at least 4 weeks (Baseline 3622 in 13/14) Baseline women smoking in pregnancy (%) – 9% (Q4 1314)	**Expected** 868	R	**Expected** 1672	R	**Expected** 2574		**Expected** 3800			Women smoking in pregnancy – 8%
CCC		**Actual** 626 Women smoking in pregnancy – 8%		**Actual** **1133**		**Actual**		**Actual**			
8.5	8.6% of opiate users successfully leaving treatment by the end of 14/15 (baseline 6.5% 2013/14)	**Expected** 7.0%	G	**Expected** 7.5%	R	**Expected** 8.0%		**Expected** 8.6%			The number of non-opiates users successfully completing treatment is below the set target. Through the introduction of the Public Health Outcome Framework the performance measure has changed from counting drug users safely supported in services to counting those who successfully complete treatment. Current performance is being addressed with a comprehensive recovery plan with Public Health England support to develop and implement system wide action plans.
CCC		**Actual** 7.1%		**Actual** **6.9%**		**Actual**		**Actual**			
8.6	38.2% of non-opiate users successfully leaving treatment by the end of 14/15 (baseline 15.5% 2013/14)	**Expected** **21.2%**	R	**Expected** **26.9%**	R	**Expected** **32.6%**		**Expected** **38.2%**			
CCC		**Actual** **14.5%**		**Actual** **17.7%**		**Actual**		**Actual**			

Updated: 9th January 2015

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 Oct-Dec	RAG	Q4 Jan-Mar	RAG	Locality spread	Notes
Priority 9: Preventing chronic disease through tackling obesity											
9.1 OCC	Ensure that the obesity level in Year 6 children is held at no more than 15% and no district population should record more than 19% (Baseline 15.2% in 2013)			**Expected** 14.9% or less **Actual** **16.9%**	R					Oxford City – 21% Is the only locality above 19%. South Oxfordshire has the lowest obesity level – 15.2%	
9.2 District councils	Reduce by 1% the proportion of people who are NOT physically active for at least 30 minutes a week (Baseline for Oxfordshire 22.2% against 28.5% nationally, 2013-14 Active People Survey)							**Expected** **Actual**			
9.3 NHS England & CCG	63% of babies are breastfed at 6-8 weeks of age (currently 60.4%) and no individual health visitor locality should have a rate of less than 50%	**Expected** 63% **Actual** **60.3%**	A	**Expected** 63% **Actual** **60.5%**	A	**Expected** 63% **Actual**		**Expected** 63% **Actual**		Didcot has a low rate of 47.8%. This however is an increase from 44.1% in Q1	

Updated: 9th January 2015

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 Oct-Dec	RAG	Q4 Jan-Mar	RAG	Locality spread	Notes
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness											
10.1 District Councils	The number of households in temporary accommodation as at 31 March 2015 should be no greater than the level reported in March 2014 (baseline 197 households in Oxfordshire)							**Expected** 197 or less **Actual**			
10.2 OCC	At least 75% of people receiving housing related support will depart services to take up independent living (baseline 83.9% in 13/14)	**Expected** 75% **Actual** **91%**	G	**Expected** 75% **Actual** **91%**	G	**Expected** 75% **Actual**		**Expected** 75% **Actual**		The majority of people receive a service from a county wide service which means it isn't possible to accurately provide data on a locality basis	
10.3 District Councils	At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless (baseline 81% in 2013- 2014 when there were 2837 households known to services)	**Expected** 80% **Actual** 82%	G	**Expected** 80% **Actual** 86% prov		**Expected** 80% **Actual**		**Expected** 80% **Actual**			Data not yet available for Cherwell and City – hence indicator not yet rated.

Updated: 9th January 2015

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 Oct-Dec	RAG	Q4 Jan-Mar	RAG	Locality spread	Notes
10.4 Affordable Warmth Network	Establish a baseline of the number of households in Oxfordshire who have received significant increases in the energy efficiency of their homes or their ability to afford adequate heating, as a result of the activity of the Affordable Warmth Network and their partners. It is hoped that an aspirational baseline target of 550 households will be reached			**Actual** 712	G			**Expected** 550 **Actual**			
10.5 District Councils	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 74 in 2013-14					**Target** < 74 **Actual** 68	G				

Updated: 9th January 2015

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 Oct-Dec	RAG	Q4 Jan-Mar	RAG	Locality spread	Notes
Priority 11: Preventing infectious disease through immunisation											
11.1	At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 95.8%) and no CCG locality should perform below 94%	**Expected** 95%	G	**Expected** 95%	A	**Expected** 95%		**Expected** 95%		Two localities fall below the expected 94% target - Oxford City 93.2% (an increase from 92.8% in Q1) South East 93.6%. Highest – West Oxfordshire – 96.7%	
NHS England		**Actual** **95.2%**		**Actual** **94.6%**		**Actual**		**Actual**			
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 93.7%) and no CCG locality should perform below 94%	**Expected** 95%	R	**Expected** 95%	R	**Expected** 95%		**Expected** 95%		Only 2 localities (North East and South East) perform above the 94%. Lowest – Oxford City – 88.5%	
NHS England		**Actual** **92.6%**		**Actual** **91.9**		**Actual**		**Actual**			
11.3	At least 60% of people aged under 65 in "risk groups" receive flu vaccination (baseline 55% 13/14)							**Expected** 55%			
NHS England								**Actual**			
11.4	At least 90% of young women will receive both doses of HPV vaccination. (baseline to be confirmed)							**Expected** Over 90%			
NHS England								**Actual**			

Health Improvement Board: Report card

1. Details

Strategic Priority 8: Preventing early death and improving quality of life in later years

Strategic Lead: Dr Eunan O'Neill, Consultant in Public Health **Last updated:** November 2013

Overview: The NHS Health Check Programme is a national initiative to prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia through early identification and management of certain risk factors. In Oxfordshire, this is delivered through 80 GP practices.

Priority 8.2: Of people aged 40-74 who are eligible for a NHS Health Check once every 5 years (189,393), at least 15% (28,409) are invited to attend during the year. No CCG locality should record less than 15% and all should aspire to 20%

Progress measure: **Current indicator RAG Rating** Green

Priority 8.2		Actual		Cumulative	
		Q1*	Q2	Q1*	Q2
No. of eligible residents who have been offered an NHS Health Check	Planned	9470	9470	9470	18939
	Actual	9942	12037	9942	21979
% of eligible residents who have been offered an NHS Health Check	Planned	5.0%	5.0%	5.0%	10.0%
	Actual	5.2%	6.4%	5.2%	11.6%

Table 1: Actual and Cumulative Number and % of NHS Health Checks Invited for Oxfordshire as reported to Public Health England. *revised from what was reported for Q1, after Q2 data received

CCG Locality	Eligible Population	2014/15 Aspired Target (20% of Eligible)	Offered Check in 2014/15	Invited % of 2014/15 Aspired Target (20%)	Invited % of Eligible Population
South West	40147	8029	6076	75.7%	15.1%
Oxford City	41758	8352	4825	57.8%	11.6%
North East	22868	4574	2479	54.2%	10.8%
South East	27990	5598	2913	52.0%	10.4%
North	31267	6253	3176	50.8%	10.2%
West	23400	4680	2158	46.1%	9.2%
Oxfordshire	**189393**	**37879**	**21979**	**58.0%**	**11.6%**

Table 2: Number and % of NHS Health Checks Invited, broken down by CCG Locality

Priority 8.3: At least 66% of those invited for NHS Health Checks will attend (ages 40-74) and no CCG locality should record less than 50% with all aspiring to 66%

Progress measure

Current indicator RAG Rating Red

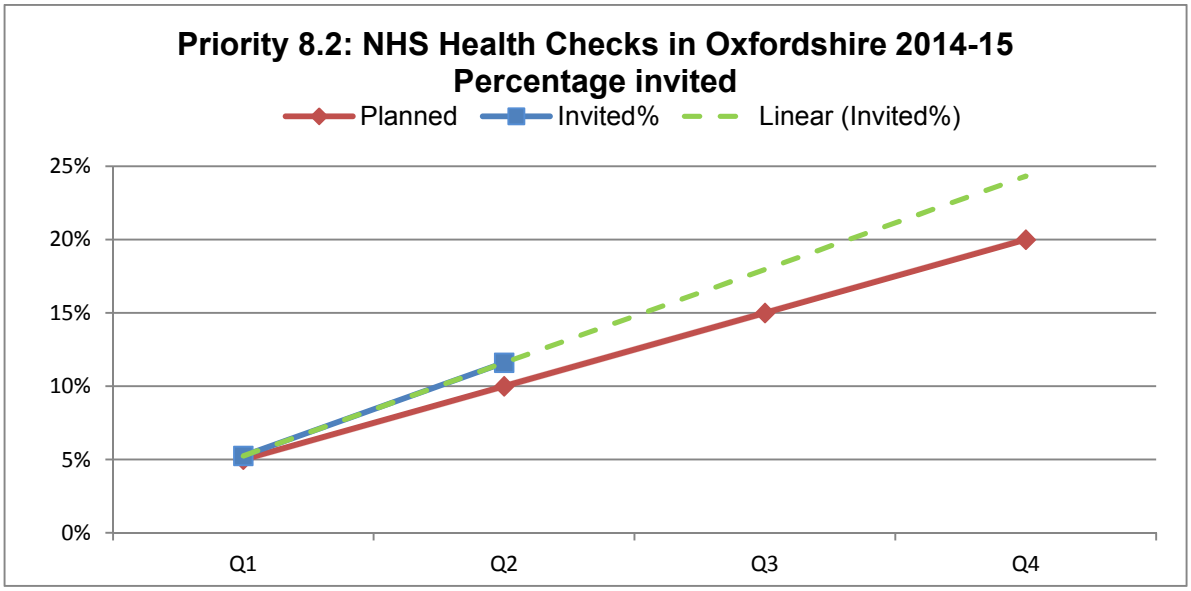
Priority 8.3		Actual		Cumulative	
		Q1*	Q2	Q1*	Q2
% Uptake of NHS Health Checks to people offered	Planned	66%	66%	66%	66%
	Actual	42.7	43.3	42.7	43.1

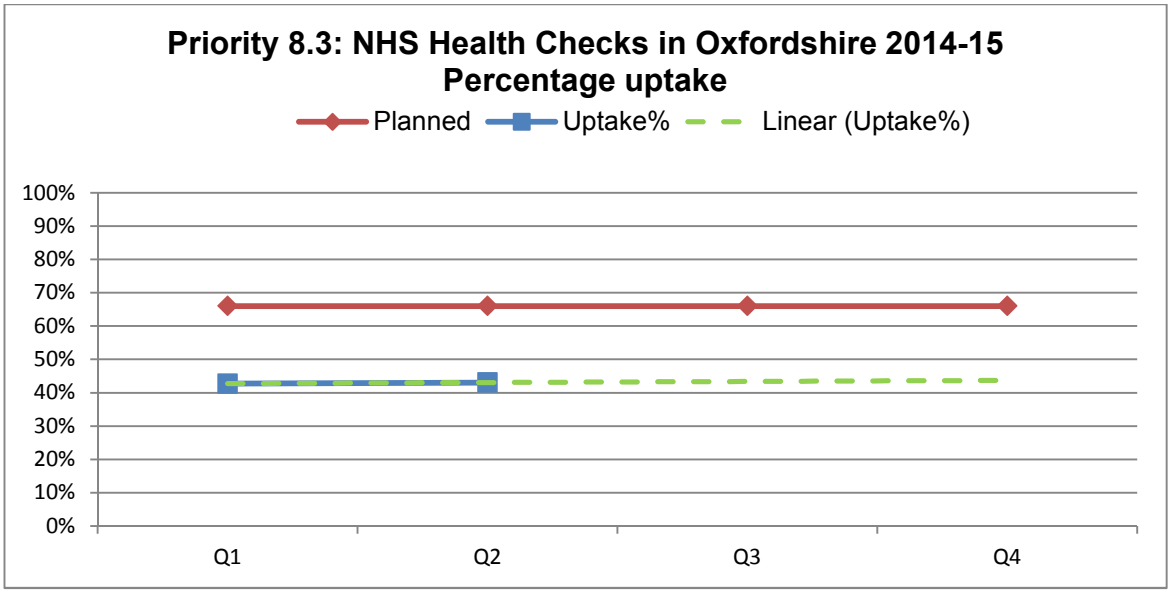
Table 3: Actual and Cumulative % Uptake of NHS Health Checks of those Invited in Oxfordshire, as reported to Public Health England. *revised from reported for Q1 after Q2 data received

CCG Locality	Eligible Population	Offered Check	Received Check	Uptake %
West	23400	2158	1191	55.2%
North	31267	3176	1594	50.2%
North East	22868	2479	1111	44.8%
South East	27990	2913	1294	44.4%
South West	40147	6076	2505	41.2%
Oxford City	41758	4825	1622	33.6%
Oxfordshire Totals	**189393**	**21979**	**9466**	**43.1%**

Table 4: Cumulative Uptake % of NHS Health Checks broken down by CCG Locality

2. Trend data





3. What is the story behind this trend? - Analysis of Performance

Priority 8.2: Invite

- Oxfordshire continue to perform well. Based on current projections (using Quarter 1 & 2 data), the 15% invite aim will be achieved by all CCG localities (see Table 2). Additionally, all but one (West Oxfordshire CCG locality) will achieve the aspired 20%. When analysed at a County level, there are no concerns that the target won't be met.

- Compared to the Thames Valley region, Oxfordshire are ranked 2nd out of 8 Local Authorities (based on Quarter 1 & 2 2014/15 cumulative data). Note that the different models of delivery used across the Thames Valley region makes comparisons to other Local Authorities difficult.

- When activity is broken down by GP Practice, 6 Providers have no recorded invite activity this year to date (Quarter 1 & 2 cumulative). Of these:
    - 5 (83%) from Oxford City CCG Locality
    - 1 (17%) from North East

  If this trend continues, the Council will not be meeting its obligation to ensure the eligible population based at these practices are offered a NHS Health Check.

Priority 8.3: Uptake of offer

- Based on current projections (using Quarter 1 & 2 data), no CCG locality will achieve the 66% target and only West and North Oxfordshire CCG localities will achieve the minimum 50% aim (see Table 4).

- Note the two CCG localities with the lowest invite % are the only two localities performing above the minimum 50% uptake. This highlights that Oxfordshire's continued over performance against Priority 8.2 (invite %) subsequently negatively impacts Priority 8.3 (uptake %).

- Oxfordshire are ranked 6th out of the 8 Local Authorities in the Thames Valley region (based on Quarter 1 & 2 2014/15 data only). However in Q2 they performed 2nd for uptake. Note that the different models of delivery used across the Thames Valley region makes comparisons difficult. .

- A selection of Providers (8) have uptake %'s significantly lower than the County average (<25%). Of these:
    - 4 (50%) from Oxford City CCG Locality
    - 2 (25%) from South West
    - 1 (12.5%) from South East
    - 1 (12.5%) from West

  If this trend continues, the Council will not be meeting its obligation to ensure all the eligible population based at these practices are given a NHS Health Check once every five years.

- Due to seasonal trends in GP demand, 50 of the 80 GP Providers invited a large % of their eligible population during Quarter 1 and 2. This is reflected by the over-performance within Priority 8.2. However, the nature of this front loaded approach leads to a lower uptake % at this stage. With 62.5% of Providers reportedly following this method, the overall uptake % of the County has reduced beyond the final 2013/14 figure. As with previous years, the uptake % is expected to increase each quarter as Service Users respond to these initial invites and Providers reduce their invitation activity.

- Currently some Providers report reduced capacity across the County which poses a risk to any expected increase in activity across the NHS Health Check programme. With NHS Health Checks only delivered from GP Providers, this is likely impact progress against the uptake % target for 2014/15 and beyond.

- If the current trend of uptake % remains, the Council will not maximise the potential preventative benefits of the Programme and its cost effectiveness will be reduced. The outcome of this will be a reduced number of residents diagnosed with diabetes, hypertension or kidney disease and a reduced number of referrals into lifestyle interventions such as weight management, physical activity programmes and smoking cessation that aim to reduce cardiovascular risk:

		Uptake %	
		2013/14: 45%	Target: 66%
Referrals	Weight Loss Programme	1496	2214
	Physical Activity Programme	5193	7685
	Smoking Cessation Service	381	564
	IGR lifestyle intervention	291	431
Diagnosis	Diabetes	142	210
	IGR	342	507
	High Blood Pressure	4561	6750
	Chronic Kidney Disease	348	514
Rx	Prescribed statins	825	1222
	Prescribed anti-hypertensive	512	758

Table 5: Summary of the benefits of the NHS Health Check Programme based on current and target uptake % using PHE's Ready Reckoner Tool

- Despite no increase in uptake % when compared to 2013/14 activity, it is of note that the actual total number of residents that have received a NHS Health Check during Quarter 1 and 2 2014/15 is 9466. This is an increase in activity when compared to the same time period last year. Although the Health Improvement Board does not currently monitor the % of NHS Health Checks done, this has been added to the Public Health Outcomes Framework following an update in August 2014. Based on Quarter 1 2014/15 data alone, Oxfordshire are ranked 2nd out of the 8 Local Authorities in the Thames Valley region against this new indicator. Note that the different models of delivery used across the Thames Valley region makes comparisons difficult.

4. What is being done? – Current initiatives and actions
Actions

Actions *(in brief)(add more rows if you need to)*	**Commentary** *(is this working, if not why not?)*
¤ Quality Assure all 80 Providers to ensure they meet National Standards on each element of the Programme: 1) Invite and offer process 2) Risk assessment 3) Risk communication 4) Risk management Only Local Authority to adopt this method Quality Assurance dashboard created to share outcomes with Providers, with recommendation for Service improvement	▪ Contract commenced on 1st October 2014 with a finish date of 31st March 2015. Early indicators suggest Providers perform well in elements 2, but improvement required in elements 1, 3 and 4. Action plans in development to address each standard that is not being achieved.
¤ Provision of training aimed at Primary Care staff which is tailored on: a) the findings from the Quality Assurance Service b) the new National Standards and Competency Framework	▪ Seven county-wide training dates are set and commenced in December 2014 Aim to focus training on the Invite and offer process, Risk Communication and Risk Management
¤ Delivery of a sustained County-wide communications plan based on the new PHE banding. Activities include: • Kassam Stadium event (Sept) • Petrol pumps (Sept – Nov) • Branded taxis x 4 (Oct – Sept) • OCC sites (Nov – Dec) • Bus routes (Jan/Feb) • Jack FM and Heart Radio (Jan) • Face-2-Face events (Jan/Feb)	Any increase in performance will not be identifiable until the Quarter 3 and 4 data is available
¤ New quarterly performance dashboards specific for each Provider. Details potential additional income based on bonus payments related to uptake %	Quarter 1 & 2 dashboards received with positive feedback from practices.

¤ Health Equity Audit to identify any potential inequities in the NHS Health Check programme in Oxfordshire based on 2013/14 date	The Audit has identified inequity across age ranges, gender and ethnic groups based on uptake %.
¤ Improved Contract Management of providers now on Council Contracts. Enforce a 22% payment cap on invites, reducing the risk of significant over performance of Priority 8.2 (that in turn improves outcomes for 8.3)	Further emphasis on 22% cap to be included in Quarter 2 dashboards. Additional communication with Providers that have reached 22% to stop first invitations and focus on 2nd and 3rd to improve uptake %.

5. What needs to be done now? - New initiatives and actions

Action	By Whom & By When
¤ Develop a business case for an alternate model of Service delivery (e.g. Outreach, Federation, buddying of practices) in targeted in areas where: a) uptake and/or invitation by the local GP Provider is low; b) uptake is lower in specific demographic groups as identified by the Health Equity Audit o Males aged 40-50 years o Ethnic groups (compliments current scheduled work with the Patient Involvement Network)	December 2014
¤ Review current Service Specification for GP Providers to maximise activity and focus on the Invite and Offer method, Risk Communication process and Risk Management pathways	December 2014
¤ Progress with communications plan and target specified areas	January 2015
¤ In partnership with the providers and PHE, pilot a new approach to the 2nd and 3rd invite process that improves uptake in specific demographic groups as identified by the Health Equity Audit	March 2015
¤ Review outcomes from Quality Assurance Service to target focus on Service improvement through training and support Include quality indicators in future performance dashboards	April 2015
¤ Review/evaluate 2014/15 communications and marketing plan, with recommendations for 2015/16 based on outcomes / trends in data	April 2015
¤ Pending outcomes from business case for an alternate model of Service delivery, implement agreed outcome	April 2015

Oxfordshire Health and Wellbeing Board
Detailed performance report

1. Details

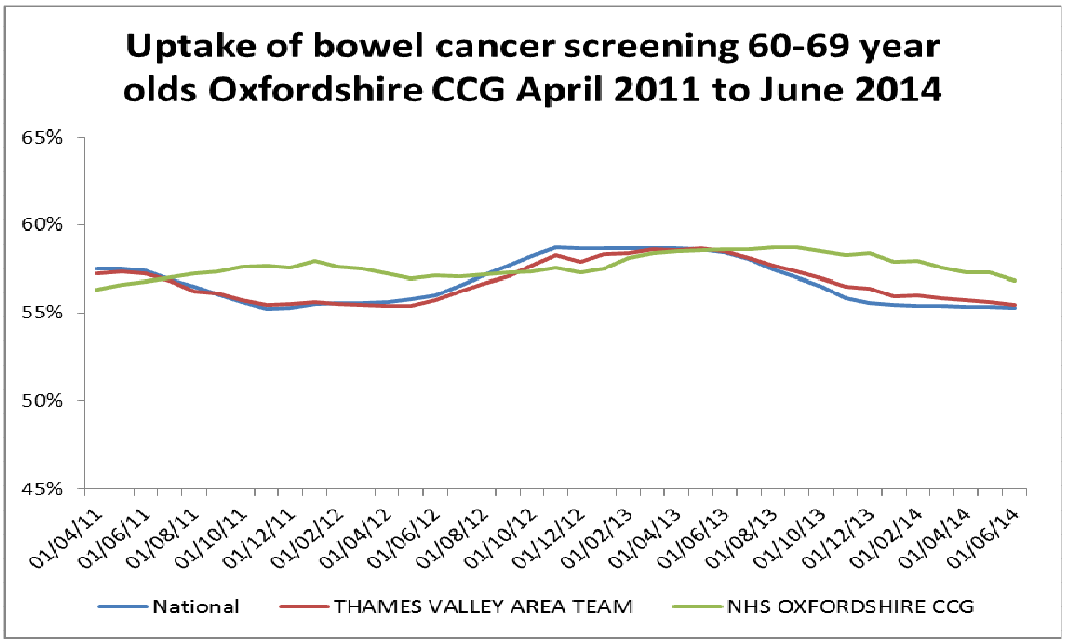
Strategic Priority: Preventing early death and improving quality of life in later years
Strategic Lead: Paula Jackson, Consultant in Public Health, NHS England
Last updated: 14th January 2015

PROGRESS MEASURE:
8.1 a: At least 60% of those sent bowel screening packs will complete and return them (ages 60-69 years) and an equity audit should be conducted to ensure all population groups are responding

8.1b: At least 60% of those sent bowel screening packs will complete and return them (ages 70-74 years) and an equity audit should be conducted to ensure all population groups are responding

Current indicator RAG Rating Red

2. Trend Data



3. What is the story behind this trend? - Analysis of Performance

- Bowel cancer screening for people aged 60-69 yrs old was launched in Oxfordshire in April 2010.It was extended to include 70-74yr olds in March 2013
- Data on uptake of bowel screening is available three months in arrears; this is the length of time it takes from first contact with an eligible patient to closure of a screening episode. Benchmarking data then has to be validated before it is released for publication.
- Eligible people receive a postal testing kit every two years which they complete and return free of charge. Uptake is the proportion of those people who have returned their postal kits for screening.
- The national minimum standard for uptake is 52%, with an achievable target of 60% monitored locally.
- The latest benchmarking data available up until June 2014 indicates that uptake has declined nationally and locally over the last 18 months. This is a cause for concern because bowel cancer is a leading cause of cancer deaths and early detection through screening can significantly improve survival rates.

- Uptake of screening in Oxfordshire is however higher than regional or national averages. Furthermore monthly programme data indicates that uptake in recent months has improved, with some months recording an uptake of 58 -59%. Locally validated data for July –Sept 2014 indicates uptake has increased to 57%.
- The bowel cancer screening programme manager completed a detailed equity audit in 2013 which identified that some groups of eligible patients were less likely to take up the offer of screening. These included people under the age of 65 yrs, men, those in lower socioeconomic groups and black and ethnic minority communities. These local findings reflect national research into variations in uptake.
- Oxfordshire has just started to offer bowel scope screening to 55 yr olds to prevent bowel cancer and maximise the early identification and treatment of cancer.

4. What is being done? - Current initiatives and actions

Actions	**Commentary**
Identifying variations in uptake Screening uptake is monitored at practice level and a health equity audit has been undertaken to identify groups less likely to take up the offer of screening	• Practices with low uptake have been identified. • Groups less likely to take up the offer of screening include men, those under the age of 65yr olds, those living in more socioeconomically deprived areas and people in black and ethnic minority groups
Practical support for practices Every GP practice has a Specialist Screening Practitioner (SSP) allocated to provide advice in maximising uptake	• The programme provides uptake data to practices • SSPs offer practice visits, presentations and update sessions plus health promotion resources to raise awareness of screening with practice patients
Targeted work to increase uptake Programme of work led by Specialist Screening Practitioners to maximise uptake with groups less likely to take up the offer of screening	• SSPs delivering work to increase uptake among people living in deprived localities, BME populations, vulnerable people including those with learning disabilities and mental illness, plus outreach to community groups
Pilot site for new bowel screening test Oxfordshire has been involved in piloting the new Faecal Immunochemical Test (FIT). The test only requires one faecal sample as opposed to the three currently required.	• Unpublished data from the pilot indicates that patients who received a FIT screening test found it more acceptable with uptake increasing to 69%

What needs to be done now? - New initiatives and actions

Action	By Whom & By When
¤ Continue to deliver targeted work to increase uptake with groups less likely to take up the offer of screening	Bowel screening service - ongoing
¤ Continue to provide practical support to GP practices to assist them in maximising patient uptake and develop collaborative solutions with practices which have particularly low uptake	Bowel screening service & Area Team- ongoing
¤ Implement new national Infoscreen initiative in which non responders receive a personalised letter sent on behalf of their GP surgery. Oxfordshire is only the second programme in the country to pilot this.	Bowel screening service – Feb 2014
¤ Implement the new FIT screening test if it authorised for national rollout following economic evaluation and endorsement by the Dept of Health and National Screening Committee	Bowel screening service – TBC
¤ Implement findings of national Ascend project which is a study investigating testing different interventions to find out which are most effective at increasing uptake- this includes measures specifically aimed at those from lower socioeconomic groups	Bowel screening service – TBC

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Stop Smoking Service
Performance report

1. Details

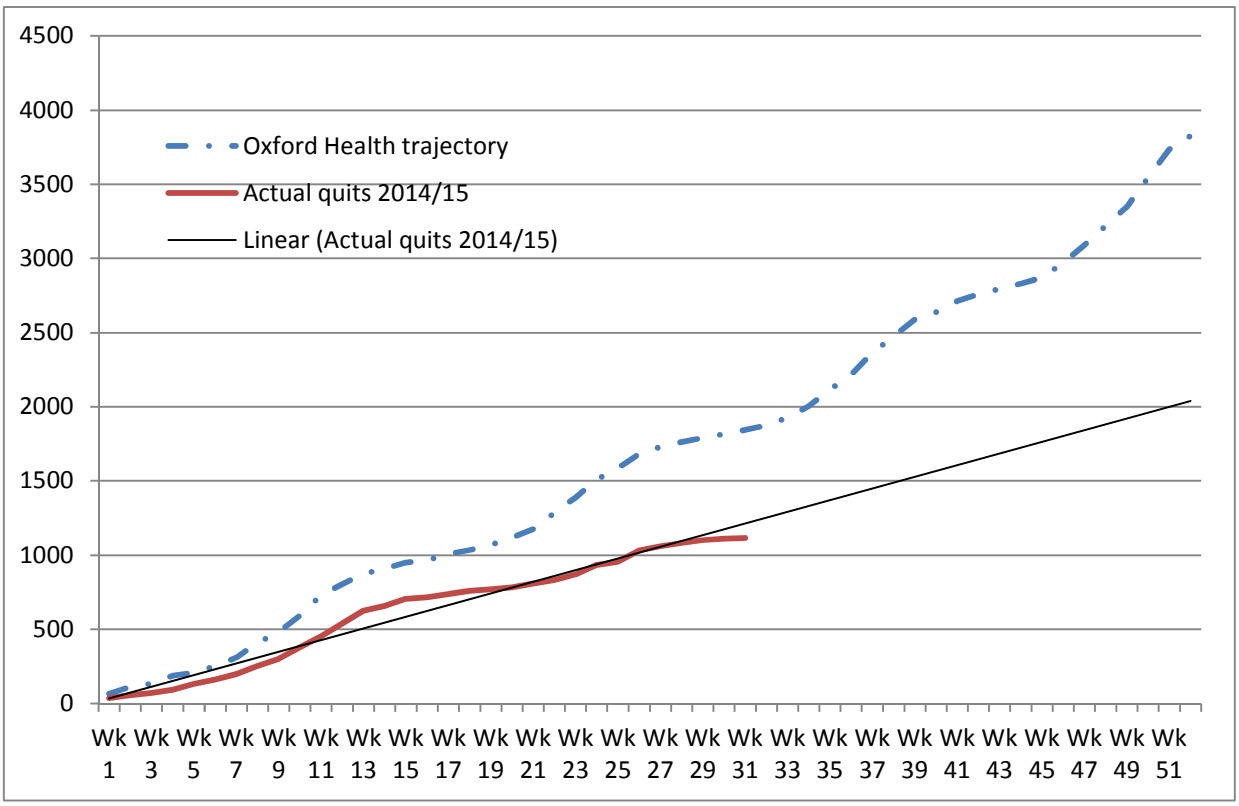
Strategic Priority: Preventing early death and improving quality of life in later years

Strategic Lead: *Dr Rebecca Cooper* **Last updated**: 6th January 2015

PROGRESS MEASURE:
At least 3800 people will quit smoking for at least 4 weeks (baseline 3622, 2013-14).

Current indicator RAG Rating Red

2. Trend Data



3. What is the story behind this trend? - Analysis of Performance

- After several years of the target being exceeded, the quit rate started to drop off in September 2013. This drop has occurred Nationally with a drop of 11% in quit rates. An additional service was commissioned to focus on more deprived areas through community based settings.
- Oxfordshire prevalence rate for adult (18+) smokers is 14.8% (IHS 2012) and in comparison the English national average is 19.5% (IHS 2012). Stop Smoking Advisers (SSA) report that many of the smokers who are referred to them are heavy, dependent smokers who have made multiple attempts to quit, so find it difficult to achieve a successful quit.
- GPs are the main source of reported quits, followed by pharmacies, prisons, colleges and other settings. An increasing number of priorities within GP Practices

have resulted in some practice nurse SSAs being unable to deliver smoking cessation interventions.

- Practice Manager feedback indicates that resources are being used for 'must do's' and the smoking cessation Approved Provider List agreement does not have the same priority as other contracts
- Whilst there are around 800 advisors who have been trained over the years, not all of them are active, nor are their respective organisations all paid for reporting the quit (£44).
- The original service and associated model was commissioned in 2000. It may be that 14 years later this model is no longer appropriate for the people who continue to smoke.
- The current format is that a smoker must ring the smoking advice service, who will then advise the smoker to contact their local GP (or relevant pharmacy). The smoker must then ring the GP surgery to make an appointment and fit in with the opening times of the surgery and availability of the SSA to attend the sessions, which amount to about an hour of contact time over the four week period. Smokers may not feel that their smoking is necessarily a health issue and attending a GP surgery (or pharmacy) is not an appropriate setting for them.
- The relationship between the main provider and outreach provider is poor, with limited communication and an absence of any joint working practice.
- The outreach provider is achieving their target, but it is a small contract in comparison to the main provider
- A significant proportion (60%) of smokers give up through will power alone. Some may use NRT and with the growth of E-cigarettes, which appear to be as effective as NRT, there may an increase in the number of quitters, but these are not reported. In the past two years there has been a significant increase in the popularity and use of electronic cigarettes by smokers who have quit tobacco as well as current smokers who cut down on tobacco consumption.
- It is not anticipated that the target will be met. The current prediction is that the service will reach 2000 quits by the end of the financial year, which coincides with the end of the contract.

4. What is being done? - Current initiatives and actions

Actions	**Commentary**
• OCC Public Health Commissioners have been meeting regularly with the providers to discuss the issues as outlined above. An action plan was put together by the provider as a result of these discussions	• The provider has been slow to deliver against the action plan. In November, the provider decided not to bid for the new contract.
• Practice Manager interviews were carried out to understand practical barriers around delivering quits. These have been collated into a 'good practice guide' and shared with Stop smoking advisors.	• Feedback from practice managers has been good, but currently no noticeable increase in quits has occurred.

- The provider is looking to build stop smoking capacity in other community settings such as Childrens centres
- An ongoing piece of work, which will be passed over to the new provider

5. What needs to be done now?

Action	By Whom & By When
• OCC Public Health to facilitate successful transition of service from current to new provider	Solutions 4 Health (new provider) Oxford Health (current provider) OCC Public Health Commissioner Transition to complete by March 31st 2015
• "Aspirational Quit" targets for pharmacies to be set and pharmacies to be informed	Public Health – End of February 2015
• Compile and send a "quit" report to all GPs to increase engagement	Public Health – end of March 2015

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Oxfordshire Alcohol and Drugs Partnership Strategy

2015-2018

Draft v 10 January 2015

Foreword

Alcohol & Drug misuse is an issue that requires a long term and varied approach. Partnership working is essential if we are to tackle the broad range of issues that affect many aspects of society. If we work together we can protect people from the harms associated with substance misuse and help everyone to improve their own health through making better choices. It is important to develop our approaches to prevention. It is beneficial if any problems that are developing can be attended to before they get worse. And treatment services must focus on recovery; getting people back into society by improving their chances of sustaining the positive changes.

We need to embed prevention work into all our services. If we can reduce the number of people developing unhealthy alcohol and drug behaviours then this will greatly benefit our whole community. This can be achieved by early education in schools and by raising awareness to the Oxfordshire population to facilitate behaviour change.

We will still need to react to some issues that can't be prevented. For example the growing availability of the new psychoactive substances that are often called "legal highs". Efforts to reduce or disrupt supply are important, as is information on the potential dangers of using these substances and making sure emergency and enforcement services are responding.

The Alcohol and Drug partnership has a broad, important agenda and needs to work together on the priorities in this strategy to achieve real change for Oxfordshire residents. I support the intentions set out in this Strategy and look forward to our work together to make them a reality.

By Councillor Hilary Hibbert-Biles, Cabinet Member for Public Health, Oxfordshire County Council

Vision

To work together to reduce the harm caused to individuals and to society by misuse of alcohol and drugs. This includes work on prevention, early intervention, treatment and promoting sustained recovery.

About this Strategy

This strategy aims to present not only the current picture in Oxfordshire but also the context for setting priorities for future work.

The strategy will be used by the Oxfordshire Safer Communities Partnership and the Oxfordshire Health and Wellbeing Board to prioritise our joint work to address a wide range of issues. Alcohol and drugs can be both a cause and a consequence of ill-health, social problems or crime. This strategy aims to help all partners identify priorities and work together to make a difference.

Every effort has been made to reference information that has been used in this document and the complete list is available at the end of the document. Where data has been used in different chapters, a more detailed overview has been included in the appendices.

Executive Summary

Alcohol and/or drug misuse is a broad issue that affects many different parts of society including health, crime, personal relationships, community safety, workplace productivity and the economy. It brings a burden of social and financial cost. Many of the consequences can be prevented or reduced. This strategy sets out priorities which have to be addressed by a range of partners in order to bring about change.

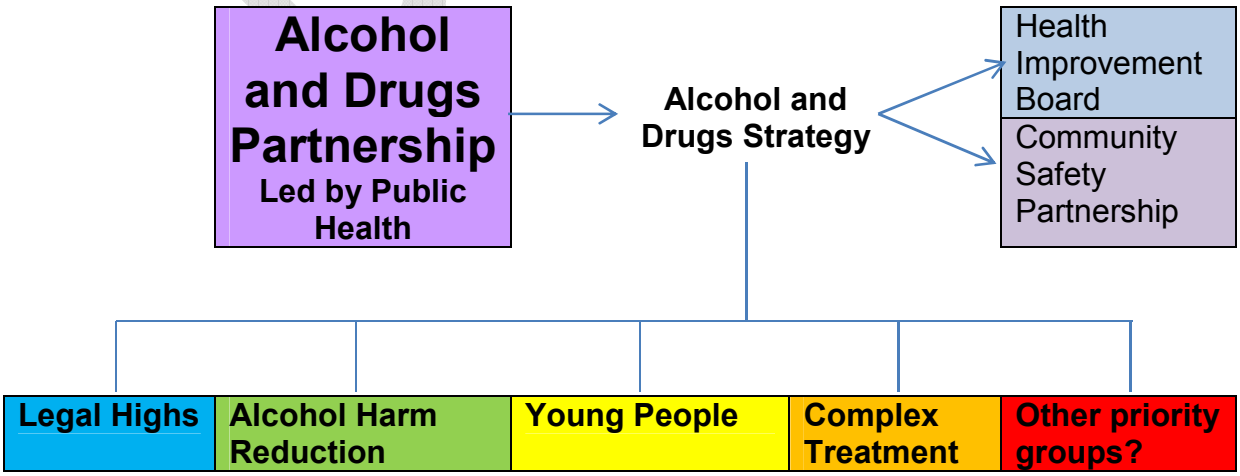
An assessment of need in Oxfordshire has highlighted the following:

- Alcohol related hospital admissions for adults continue to rise in Oxfordshire, demonstrating the harm to health to people who regularly drink at harmful levels. In addition to this there are people who binge drink and are at risk of accident, injury or crime as well as ill-health.
- The number of people receiving treatment for addiction to illicit drugs in the county is good, showing that they feel able to engage with treatment services. However, the numbers completing treatment and remaining abstinent compares badly with other parts of the country.
- There is a growing threat from New Psycho Active Substances (so called "legal highs") as availability increases and little seems to be known about the potential impact on health.
- A group of people with complex needs, including those with mental health problems or housing need, require additional and joined-up services in addition to drugs or alcohol treatment services.

Priorities identified are:

1. Work together on alcohol harm reduction projects.
2. Reduce/ stop the demand and supply of New Psychoactive Substances (NPS) or "Legal highs" in Oxfordshire.
3. Improve the way we commission services to provide better pathways for people with complex needs, with a focus on recovery from addiction.
4. Reduce the number of young people engaging in risky behaviours and continue to improve the collaborative working approach to early intervention.
5. Share intelligence and data across organisations to better understand the needs of specific and vulnerable groups of the population.

The governance set up for the delivery of the strategy is illustrated in this diagram:



Contents Page

CHAPTER 1: The Purpose and Scope of this Strategy

Introduction

The consequence of alcohol and/or drug misuse is a broad issue that affects many different parts of society including health, crime, personal relationships, community safety, workplace productivity and the economy. Alcohol related harm costs the UK an estimated £21 billion per year, with drug related crime costing an estimated £13.3 billion[13]. Nationally it is estimated that the financial burden placed on the NHS as a result of alcohol misuse is £2.7 billion a year[1].

The scope of the associated problems of substance misuse is constantly changing and thus presents a challenge for professionals to respond. For example;

- New psychoactive substances (known as "legal highs") are changing the marketplace and challenging traditional methods of enforcement and treatment.
- There is an increased focus on recovery based treatment in the National Drugs strategy[15] – enabling people to achieve abstinence rather than simple harm reduction. This focus places an emphasis on reintegration into society for people with a substance addiction together with reducing the harm caused by drugs and alcohol misuse.
- Alcohol and drugs are a key factor in a high proportion and wide variety of crime. This includes the more obvious public order offences and issues of the "night time economy" but also a high proportion of violent crime including domestic abuse.
- There is an extensive evidence base that highlights the significant health inequalities that offenders face, with drugs and alcohol misuse being common factors in other health issues such as mental health.

Nationally there is an emphasis on preventing harm in children and young people, to protect their development and safeguard them at a vulnerable life stage. In 2010, the coalition government published, *'Drug Strategy 2010 – Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life'.*

With reference to young people this document states:
"*The focus for all activity with young drug or alcohol misusers should be preventing the escalation of use and harm, including stopping young people from becoming drug or alcohol dependent adults. Drug and alcohol interventions need to respond incrementally to the risks in terms of drug use, vulnerability and particularly, age. Young people with substance misuse problems have a range of vulnerabilities which must be addressed by collaborative work across local health, social care, family services, housing, youth justice, education and employment services".*

Problems associated with young people and alcohol and drug use impact on health and social agenda. It is clear that a great many young people experiment with alcohol and drugs from a young age and this can lead to a great deal of harm. National data illustrates the current picture:

- Social Care Information centre survey data indicate that nationally, 16% of 11-15 year olds have tried illicit drugs and 39% have drunk alcohol.

- The primary reasons for children to access specialist treatment services in England in 2012-13 were cannabis (64%) and alcohol (24%).[25]
- Changes to alcohol laws and the continued affordability of alcohol in supermarkets led to an average of 36 young people per day being admitted to hospital in England between 2002 and 2009[14].

Context of this strategy

This strategy is building on the work that was previously achieved through the Drug and Alcohol Treatment Board (DAAT board) and the Alcohol Tactical Business Groups (Alcohol TBG). Both the DAAT board and Alcohol TBG are no longer in existence and there is a need to establish their previous functions under one umbrella. This strategy therefore aims to bring together the work from multiple partners to reflect a balanced, cohesive approach across prevention, early intervention and treatment for substance misuse.

Partnership working will be vital to making this strategy work; a single organisation cannot hope to achieve such a broad agenda. Key organisations include;

- Drugs and Alcohol Team now in Public Health, Oxfordshire County Council
- Oxfordshire Clinical Commissioning Group
- Primary Care Providers including GPs, Pharmacists
- Local Medical Committee and Local Pharmaceutical Committee
- Social and Community Services, Oxfordshire County Council
- Children, Education and Families, Oxfordshire County Council
- District Councils including Community Safety teams, Housing
- Thames Valley Police
- Local representatives of the Armed Forces
- Community Rehabilitation Companies and National Offender Management Service (formerly the Probation Service prior to April 2014)
- Public Health England (formerly National Treatment Agency, now part of the Thames Valley Public Health England Centre)
- Oxfordshire Fire and Rescue Service
- Youth Offending Service
- Licensing Teams
- Oxford University Hospitals Trust
- HM Prison Services
- Oxford Health NHS Foundation Trust
- NHS England
- Service Users

Evidence for the priorities set out in this strategy come from a variety of sources including the Joint Strategic Needs Assessment, Director of Public Health Annual report, local needs assessments, performance reports from current services, together with reports from partners as appropriate.

It is envisaged that working groups will take responsibility for implementing action plans on each priority theme and report back to the Alcohol and Drugs Partnership.

This work links to other important strategic work in the county:

1. **The Oxfordshire Joint Health and Wellbeing Strategy 2011-2016**

The Strategy includes the following priorities that relate to drugs and alcohol use:

- Preventing early death and improving quality of life in later years
- Tackling the broader determinants of health through better housing and preventing homelessness
- Part of the wider narrative of the Health and Wellbeing strategy also talks about reversing the rise in the consumption of alcohol, though there is not a formal target around this.

2. **Police and Crime Commissioner's Plan**

The police and crime commissioner's plan (2013-2017) for the Thames Valley sets out to "Reduce the impact of drugs and alcohol to tackle crime and reduce reoffending" as part of one of the strategic priorities around reducing reoffending.

3. **Children and Young People's Plan 2013/14**

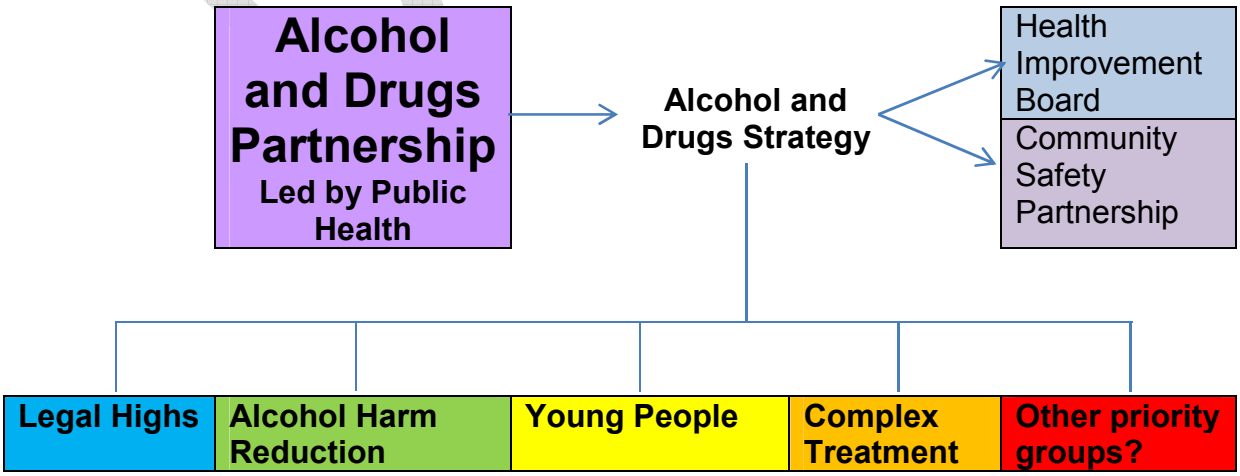
The Oxfordshire Children and Young People's plan 2013/14 sets out the following high level priorities that fit into the wider agenda around Alcohol and Drugs work:

- All children have a healthy start in life and stay healthy into adulthood
- Narrowing the gap for our most disadvantaged and vulnerable groups
- Keeping all children and young people safe

Drug and alcohol treatment services are named as a key strategy partner in the plan to help ensure children have a healthy start in life and stay healthy.

Governance

Governance for this strategy will be through the Health & Wellbeing Board / Health Improvement Board and the Community Safety Partnership Board. Working groups will focus on priority issues and will report back to the Alcohol and Drugs Partnership at least twice a year. Each group will devise and implement relevant action plans and progress will be monitored through the Partnership. Priorities and action plans will be reviewed and revised every year.



CHAPTER 2 – Demonstrating National and Local Need

This section gives an overview of some of the needs identified in the county which are related to particular substances. More details of the data, trends and analysis are given in Appendix 1

1. Alcohol

Alcohol misuse affects a wide range of issues. Nationally it is estimated that the financial burden placed on the NHS as a result of alcohol misuse is £2.7 billion a year[1]. Alcohol misuse also contributes to 1.2 million incidents of violent crime a year, 40% of domestic violence cases and 6% of all road casualties.[2]

National reports give us the following information:

- The General Lifestyle[16] survey for Great Britain reported in 2011 that in the previous week 34% of men and 28% of women exceeded the government's guidelines for alcohol consumption of no more than 3-4 units for men and 2-3 units for women daily.
- There are an estimated 1.6 million people dependent on alcohol in England[17]
- Around 108,000 people were in structured treatment for alcohol misuse during 2011/12[18].

In 2010 alcohol use was the third leading risk factor contributing to the **global burden of disease** after high blood pressure and tobacco smoking.

- In 2011 there were **8748 deaths** directly related to alcohol in UK.
- The alcohol-related mortality rate of men in the most **disadvantaged** socio-economic class is 3.5 times higher than for men in the least disadvantaged class, while for women the figure is 5.7 times.
- There were 1.2 million alcohol-related **hospital admissions** in England in the year 2011/12, a 135% increase since 2002.

In Oxfordshire

- It is estimated that 13.75% of people (16+) don't drink. This is lower than the national average of 16.5%, with
- 3 districts (West Oxfordshire, South Oxfordshire and the Vale of White Horse) rank among the lowest number of abstainers nationally.
- Of those who do drink just under 7% report drinking at higher risk levels* (compared to 6.7% nationally)
- 20% report binge drinking**. This is about the same as the national average but higher than the South East region as a whole (18%).
- 26% of people in Oxford City report binge drinking whereas the other districts report levels around regional average

* *Men who regularly **drink more** than 8 units a day or **more** than 50 units of alcohol per week. Women who regularly **drink more** than 6 units a day or **more** than 35 units of alcohol per week

Researchers **define binge drinking as consuming eight or more units in a single session for men and six or more for women

Deaths caused specifically by alcohol are at higher rates in men than women but both are much lower than national rates. Hospital admission rates for alcohol related conditions are also lower than national rates but the trend is increasing. This measures admissions for a range of medical conditions that are exacerbated by alcohol consumption and could be prevented if consumption decreased.

Whilst some of these statistics paint a positive picture compared to national averages, there are still a number of measures that show alcohol as a key priority for organisations in Oxfordshire to raise awareness of healthy drinking habits and reduce the burden on hospital services. This is particularly relevant when looking at alcohol in young people, where Oxfordshire has a rate per 100,000 of hospital admissions in under 18s of 3 times that of the lowest in the country (12.89 per 100,000).[22]

2. Drugs

Illicit and harmful drug use causes harm across the supply and demand chain, with national crime costs of £13.3billion per year[13]. From the impact on local communities who are blighted by the supply to the health service who deal with the after effects of drug abuse. That is without considering the devastating impact on the individuals' physical, mental and social wellbeing.

National data at a glance

- Around 8% of adults aged 16-59 reported having taken an illicit drug during the last year and 36% reported using them at some point in their lifetime[23].
- The crime survey for England and Wales 2013/14 also reported that use in the last year was double (18%) in younger people aged 16-24 compared to the 16-59 cohort.
- In England during 2011/12 there were 6,549 hospital admissions for drug related mental health and behavioural problems as the primary diagnosis.
- Men were 3x more likely than women to be admitted to hospital and the under 25 age group accounted for almost 1/3 of all admissions[24].
- There were 1,496 deaths in England during 2012 that were attributed directly to drug misuse; of these 73% were accidental poisoning[24].
- Nationally there were 193,000 people in structured drug treatment services during 2011/12.

Estimated data for Oxfordshire indicates that there may be fewer people using opiates or crack than the national average. Oxfordshire also exceeds the national average of opiate and crack users in treatment with 55% compared to 53.4%. However, local performance data shows that the number of people successfully completing treatment is lower than the national average. This is also true of non-opiate users and alcohol users in treatment.

Hospital data shows a low number of drug related deaths in the county, though numbers vary year on year. Each death is investigated and recommendations are made in the hope of preventing future deaths.

Complex Needs

The All Party Parliamentary Group on Complex Needs and Dual Diagnosis defined Complex Needs as 'someone with two or more needs affecting their physical, mental, social or financial wellbeing.' Clearly this will mean that people have a multitude of needs that seriously affect their day to day lives. One of the most common dual diagnoses with substance addiction is for mental health issues. A population study[26] found that people with an alcohol disorder were 37% more likely and people with a drug addiction were 52% more likely to have a mental health problem than the general population.

Obviously this definition of complex needs could encompass a variety of factors when paired with addiction. These could include; housing issues, employment issues, learning disabilities, poverty, trauma, domestic abuse, physical health issues and social isolation.

It is difficult to capture reliable data on complex needs on a local level. However there was a review of treatment data done in May 2014, which includes Housing and Employment Issues. Mental health issues are not reliably recorded upon entry to the treatment services.

This "snap shot" of people in treatment for drug or alcohol use in Oxfordshire in May 2014 suggests that:

- 10.3% had a housing need. A further 4.1% had an urgent housing need.
- 8.4% were long term sick or disabled.
- 31.2% were unemployed.

These data gives an indication that particularly in a treatment setting, there is a cohort of people who have a lot of needs that transcend every aspect of their life. As such, they need joined up services that are capable of addressing those needs.

Details of the current prevention, early intervention and treatment services operating in Oxfordshire are set out in **Appendix 2.**

3. New Psychoactive Substances

'Traditional' illicit drug use is going down but the impact of the internet has changed the marketplace and made different substances more accessible to a wider audience than ever before. "Legal Highs" or New Psychoactive Substances (NPS) are presenting a unique and new set of challenges to public facing services. As NPS are not yet covered by the Misuse of Drugs Act (1971), it makes restricting the sale and distribution of these products very difficult.

Limiting the harm caused by these substances in a treatment setting is very difficult for clinicians as the chemical content varies widely and their effects on the human body are not well understood.

Due to the nature of NPS there is a current lack of data at both a national and a local level. In Oxfordshire attendance at the emergency department due to NPS use

cannot be reported accurately as there are issues in identification and classification of the substances.

4. Preventing Harm in Young People and Children

Young People Living with Substance Misusing Parents

A Government led study and consequent report undertaken in 2003 estimated that there were between 250,000 and 350,000 children, aged under 16, of drug misusing parents in England and Wales. This represents 2-3% of children in this age group.

The National Psychiatric Morbidity Survey (NPMS) indicated that in 2000, 22% of children (2.6 million) lived with a hazardous drinker and 6% (705,000) with a dependent drinker.

Manning et al (2009)[27] generated broader estimates from secondary follow up with UK households as previous data was based on treatment services alone;

- Around 30% of children under-16 years, the equivalent of 3.3–3.5 million in the UK were estimated to be living with at least one binge drinking adult.
- 8%(around 978,000) with an illicit drug using adult,
- 72,000 with an injecting drug user.
- 4% (half a million) with an adult defined as a problem drinker with a co-morbid mental health problem.

Manning also estimated that around 1% (12,000) witnessed violence directed at a parent as a result of another adult's alcohol use. The report emphasised that whilst harm from parental substance use is not inevitable, the risk of sub-optimal care of those children was likely to be higher among these households.

Prevalence of Alcohol and Drug Use in Young People

A survey done by the Health and Social Care Information Centre[9] showed prevalence of illegal drug use in 2013 across 5,187 11-15 year old secondary school children was at similar levels to 2011 and 2012, though considerably lower than in 2001, when the current method of measurement was first used. The main findings in relation to drugs were:

- 16% of pupils had ever taken drugs, 11% had taken them in the last year and 6% in the last month.
- Older pupils were more likely than younger ones to take drugs. The prevalence of ever having taken drugs increased with age from 5% of 11 year olds to 30% of 15 year olds. There were similar patterns for drug use in the last year (from 3% to 24%) and in the last month (from 1% to 14%).
- Pupils were more likely to have taken cannabis in the last year than any other drug.

The main findings in relation to alcohol use were:

- 39% had drunk alcohol at least once- boys and girls were equally likely to have done so.

- The proportion of pupils who have had an alcoholic drink increased with age from 6% of 11 year olds to 72% of 15 year olds.
- Less than one in ten pupils (9%) had drunk alcohol in the last week. This continues the downward trend since 2003, when a quarter (25%) of pupils had drunk alcohol in the last week. Older pupils were more likely to have drunk alcohol in the last week: the proportion increased from 1% of 11 year olds to 22% of 15 year olds.
- Pupils who had drunk in the last week had drunk an average (mean) of 8.2 units, less than in recent years. Boys and girls drank similar amounts.
- Most pupils who had drunk alcohol in the last week had consumed more than one type of drink. Beer, lager and cider accounted for the majority of the alcohol boys drank (63%).
- Among girls, less than a third of the alcohol was drunk as beer, lager or cider (30%). The remainder was likely to be in the form of wine (25%), spirits (22%), or alcopops (20%).

Safeguarding issues

Parental substance misuse can have long lasting effects and impact on children. It is widely recognised as one of the factors that puts children at a higher risk of harm, and forms part of the 'Toxic Trio' in safeguarding – substance misuse, domestic abuse and mental health. The biggest risk posed to children is that parents, when under the influence of drugs or alcohol, may be unable to keep their child safe. Accidental ingestion of substances can be caused through lack of supervision.

Effective multi-agency work and information sharing is needed to protect children. It is important that adult and children's services work closely together to ensure the levels of risk to children of drug using parents is reduced and monitored.

The Oxfordshire Safeguarding Children Board (OSCB) promotes the use of an Information Sharing Protocol which covers all commissioned provider services. Each service also has its own safeguarding children policy.

The submission of Section 11 self-assessment audits annually to the Oxfordshire Safeguarding Children Board allows the OSCB to scrutinise local safeguarding arrangements, test learning from case reviews, check learning from audits and highlight improvements, good practice and impact. It is also an opportunity to highlight areas for change and development.

Adult drug and alcohol services have a responsibility to protect children when working with the parent. In addition to this in Oxfordshire a specific drug and alcohol service supports young people affected by parents drug or alcohol use. This service is commissioned by Public Health Oxfordshire County Council; the drug and alcohol workers are co-located within the Early Intervention Service, Oxfordshire County Council, for better joint working.

The overview of needs in Oxfordshire - Conclusions:

1. Alcohol is used by a large majority of the population and, on the whole, is not contributing to any harm. However, for significant numbers of people it is linked to

- Harm to their own health – either as a result of binge drinking or, over a longer term, giving a higher risk of a range of diseases
- Crime – including violent crime and public order
- Risks to children and young people

2. Illicit drugs are still used by relatively high numbers of people in Oxfordshire, including many with complex needs. These may include mental ill-health.

3. New Psychoactive substances are causing harm to health and social issues. There are many unknown factors associated with supply, demand and the impact of using these substances.

4. Some groups of people are at higher risk of the harms associated with alcohol and drug use – either personally or through the impact of others use. These include children and young people. Lack of data prevents us getting a clear picture on the needs of other groups, although there are indications that some defined groups may need specific responses e.g. offenders, some people who are vulnerably housed or homeless.

Priorites

Taking into account the latest research and statistics around alcohol and drugs both locally and across the UK, the priorities of this strategy will be:

1. Working together on alcohol harm reduction projects.

2. Reducing/ stopping the demand and supply of New Psychoactive Substances (NPS) or “Legal highs” in Oxfordshire.

3. Improve the way we commission services to provide better pathways for people with complex needs, with a focus on recovery from addiction.

4. Reduce the number of young people engaging in risky behaviours and continue to improve the collaborative working approach to early intervention.

5. Share intelligence and data across organisations to better understand the needs of specific and vulnerable groups of the population.

CHAPTER 3- Implementation

1. Action plans

It is proposed that action plans are developed on each of these themes with specific outcomes set out. Working groups will be developed (some based on existing groups) and will take responsibility for implementing the actions and reporting outcomes.

Action plans will be revised annually, using up to date information on population need and based on progress already made.

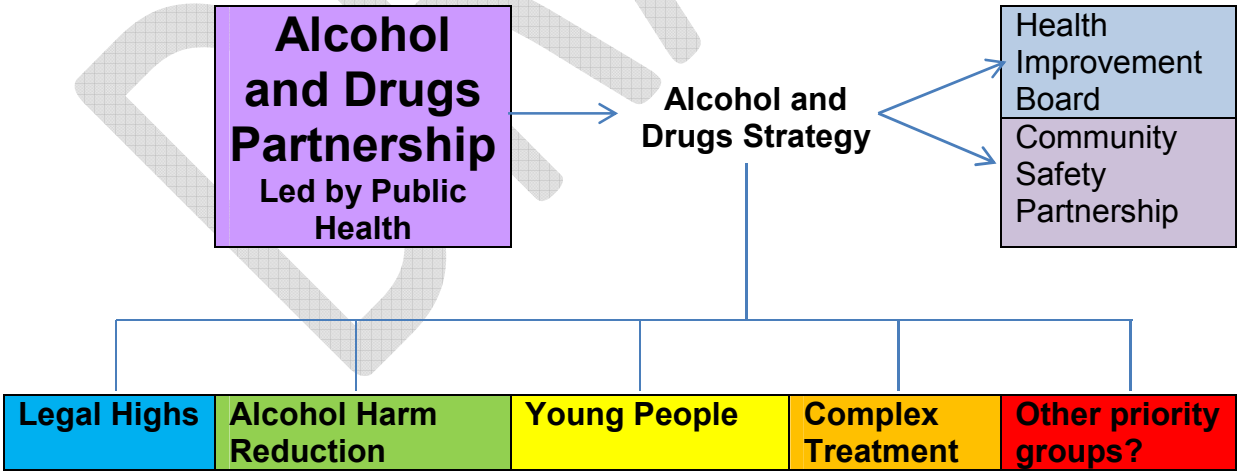
The actions undertaken by each of the groups will be based on evidence of effectiveness and best practice and address the needs identified in the strategy and through other needs assessment.

2. Monitoring Progress

A set of indicators will be drawn up to include the proposed outcomes on each priority topic, In addition there will be reporting of the following indicators regulary the Health and Wellbeing Board and the Community Safety Partnership

- The 2014-15 target for opiate users should be set at 8.6% successfully leaving treatment (baseline 6.5%)
- The 2014-15 target for non-opiate users should be set at 38.2%% successfully leaving treatment (baseline 15.5%).

3. Governance



Governance for this strategy will be through the Health & Wellbeing Board / Health Improvement Board and the Community Safety Partnership Board. Working groups will focus on priority issues and will report back to the Alcohol and Drugs Partnership at least twice a year. Each group will devise and implement relevant action plans and progress will be monitored. Priorities and action plans will be reviewed and revised every year.

4. Reporting

It is planned that a meeting of the Alcohol and Drugs Partnership will be held at least twice a year. Working groups will be invited to report back on their activities and demonstrate their progress. Working groups will be flexible to address specific needs with task and finish groups and/ or can be fixed, to address a specific strategic priority.

The partnership will consider future priorities and arrangements for addressing local need on an annual basis.

Appendices 1- Overview of the data

Population Needs

Some key points about Oxfordshire:

- Oxfordshire is the most rural county in the South East. It has a population of around 654,800, over half of which live in towns or villages of less than 10,000 people
- Oxford City has a markedly different population profile to the rest of the county, with a greater proportion of children, young people and students
- The county is relatively prosperous but also has areas of relative disadvantage, both urban and rural, where needs are generally higher
- Eight wards in Oxfordshire (5 in the City and 3 in Banbury) show particularly poor outcomes across a range of indicators including child poverty, low skills, low income, poor attainment, higher crime and poor health

Needs of drug and alcohol users in Oxfordshire:

- Currently there are over 2,500 individuals who are in treatment for illicit drugs and or alcohol
- A higher than average proportion of these individuals are engaging with the current treatment system
- However there are still groups that are not engaging such as non-opiate users, problematic alcohol users, users of new psychoactive substances(legal highs)
- A large proportion of Service User access treatment solely for methadone maintenance with no apparent change in long term treatment goals
- Successful completions for opiate and non-opiate users are lower than the national average
- The number of heroin users is not increasing but users are getting older and their complexity is increasing
- Not all Service User are benefiting from psychosocial interventions alongside clinical treatment
- Affordable and secure housing is in short supply in the county which can be a serious barrier to long term recovery
- Although Oxfordshire is a prosperous economic area, drug and alcohol users may not be equipped with the skills needed to gain and sustain employment
- There is a strong and active recovery community with high numbers of ex-Service User volunteering their time to provide valuable support and role modelling to people in treatment

There is a comprehensive Needs Assessment for individuals in the Treatment Services in Oxfordshire completed each year. Further detail is available from publichealth@oxfordshire.gov.uk .

Prevalence

Drug use in Oxfordshire

The table below shows the estimated numbers of drug users in Oxfordshire expressed as an estimated prevalence per standardised 1000 (aged 15-64) of the population:

	2010/11 Rate per 1000	2011/12 Rate per 1000	Lower bound 95% CI (2011/12)	Upper bound 95% CI (2011/12)
OCU	6.66	7.80	6.59	9.07
Opiate	5.80	5.82	4.21	7.37
Crack	5.33	5.71	3.94	7.48
Injecting	1.82	1.96	1.68	2.37

The data shows that the confidence intervals are wide and therefore caution needs to be used when using these estimates to establish true prevalence of drug use in Oxfordshire.

Alcohol use in Oxfordshire

The data for Alcohol related drinking behaviour is taken from the Local Alcohol Profile 2012 estimate (http://www.lape.org.uk/data.html). Caution should be used when comparing to previous year's estimates as the statistical method used to generate the estimates has changed over time.

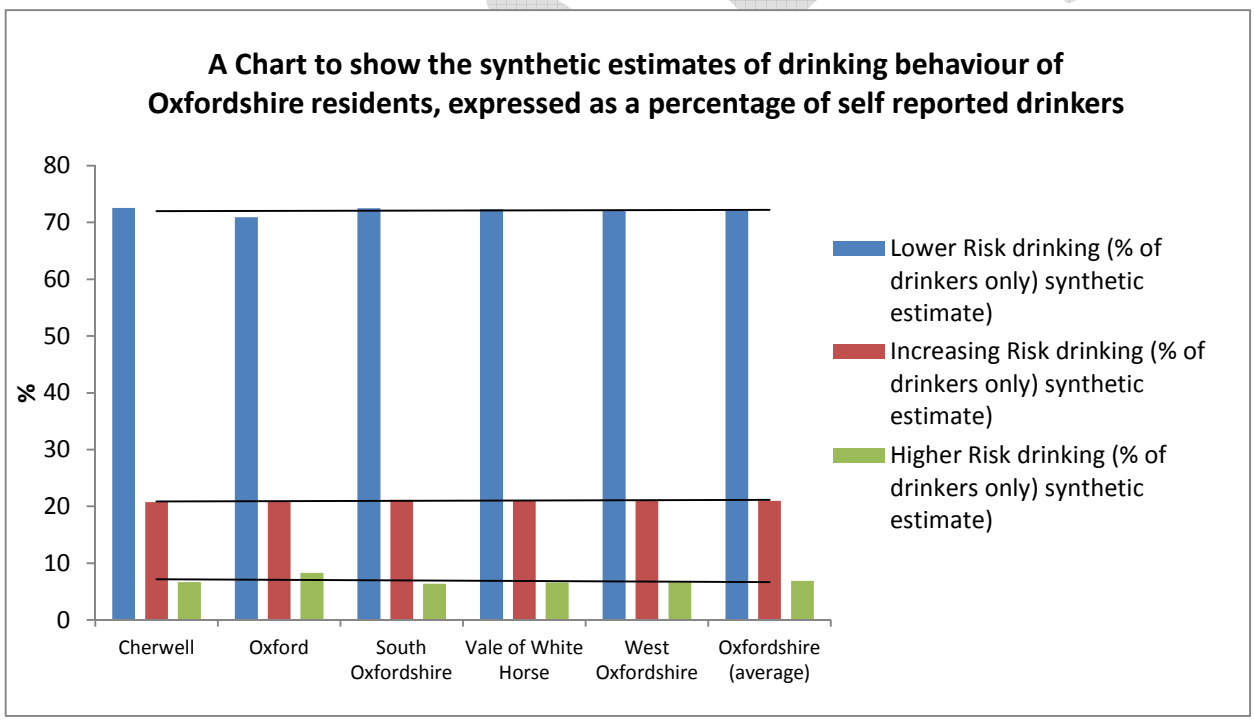
The table below shows the estimates of drinking behaviour taken from the Local Alcohol Profiles. These estimates are percentages taken from the adult population and are based on self-reported data. The data is broken down by district and also displayed as an Oxfordshire average. It can be seen from the data that the residents of the Oxford district display the highest levels of both abstinence and binge drinking. The abstinence levels are possibly due to a higher number of Muslims in the city compared to other districts who do not consume any alcohol as part of their religious beliefs. The high levels of binge drinking in Oxford are possibly due a large student population. However no causal relationship from this data can be inferred from these data as they are statistical estimates.

2012	**Abstainers synthetic estimate[a]**	**Binge drinking (synthetic estimate[b])**
Cherwell	13.46	18.4
Oxford	17.65	26.1
South Oxfordshire	12.73	19.2
Vale of White Horse	12.77	18.8
West Oxfordshire	12.44	17.9
Oxfordshire (average)	13.81	20.08

XX – donates that this indicator is in the bottom 10 local authority values when placed in rank order.

a- Percentage of the over 16 population who report abstaining from drinking alcohol.

b- Synthetic estimate of the percentage of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session



These data show that it is estimated that of those people who do drink alcohol in Oxfordshire, residents of Oxford are more likely to engage in harmful drinking* (8.27%) than the rest of the county. Overall the balance of drinking behaviour in Oxford is more skewed towards increased consumption than the rest of the districts. This suggests the other 4 districts of the county choose to drink less at any one time and their habitual consumption is lower.

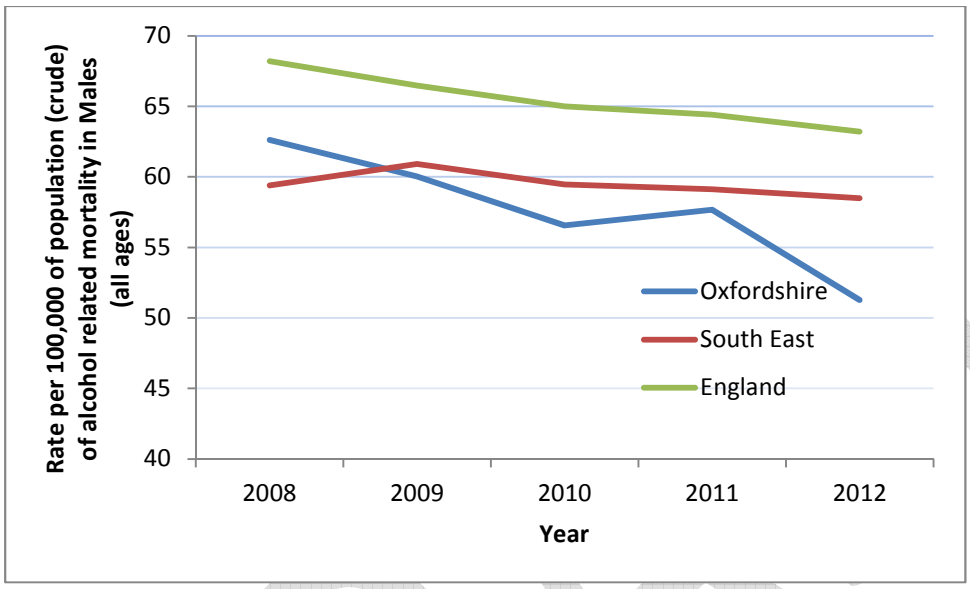
*Men who regularly **drink more** than 8 units a day or **more** than 50 units of alcohol per week. Women who regularly **drink more** than 6 units a day or **more** than 35 units of alcohol per week

Health Data

Oxfordshire Health Data relating to Alcohol

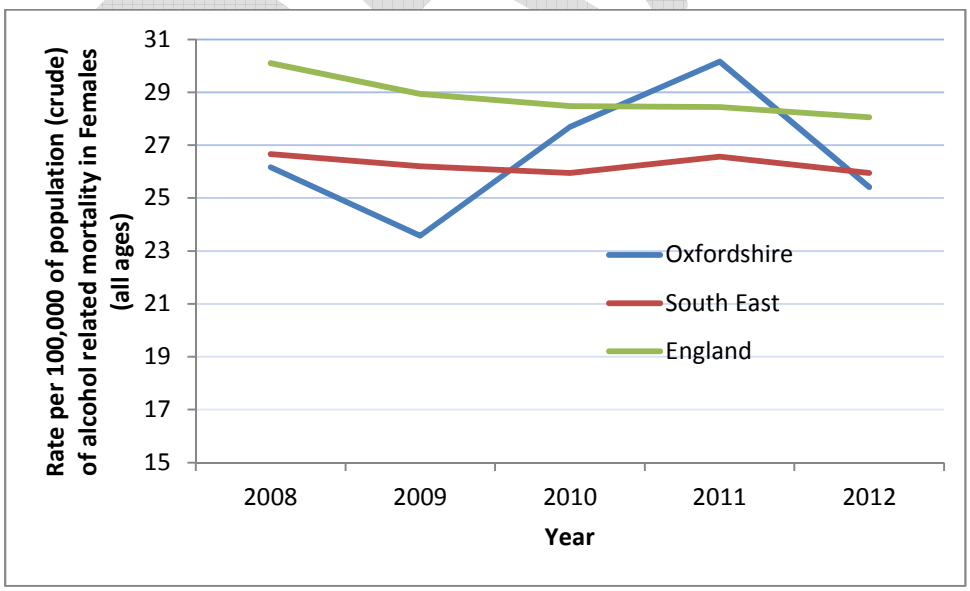
The following trend data is taken from the Alcohol Profiles for England. The Oxfordshire trend lines are an average of district data.
http://www.lape.org.uk/data.html

Alcohol related mortality in Males (all ages) 2008-2012



Deaths from alcohol-specific conditions, all ages, males, directly age-standardised rate per 100,000 population (standardised to the European standard population).

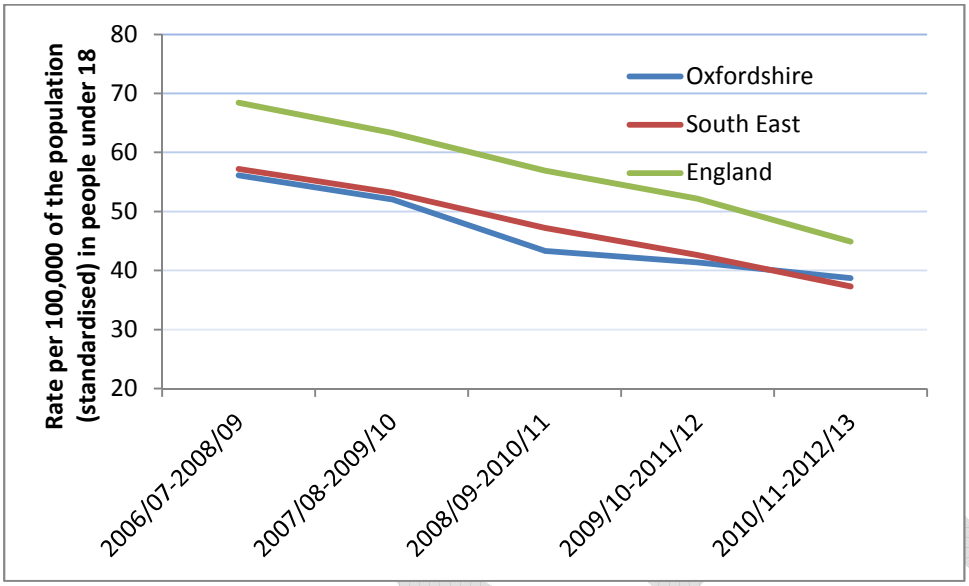
Alcohol related mortality in Females (all ages) 2008-2012



Deaths from alcohol-specific conditions, all ages, females, directly age-standardised rate per 100,000 population (standardised to the European standard population).

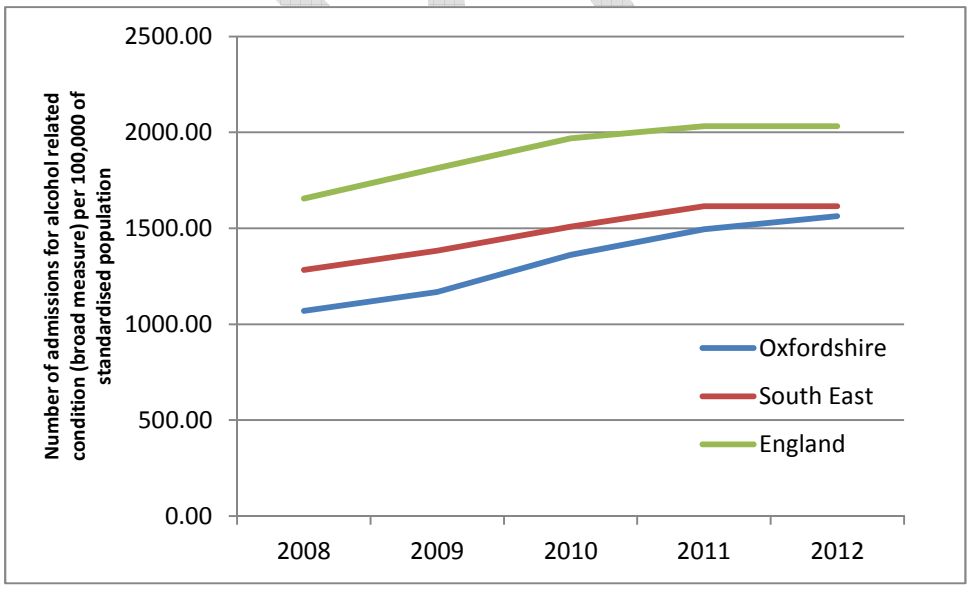
Note: Though the spike in the data looks dramatic, the figures are based on small sample sizes even at a national level. This makes this indicators data set vulnerable to large variations due to small changes in actual incidence.

Alcohol related hospital admissions in person under 18 2006-2013



Persons admitted to hospital due to alcohol-specific conditions, under 18 year olds, crude rate per 100,000 population. Knowledge and Intelligence Team (North West) from hospital episode statistics 2010/11 to 2012/13. Office for National Statistics mid-year population estimates 2010, 2011 and 2012. Does not include attendance at Accident and Emergency departments.

Alcohol related admissions (non A and E) for Adults (broad measure).



Admission episodes for alcohol-related conditions (broad measure [primary diagnosis or any secondary diagnosis] all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population). Knowledge and Intelligence Team (North West) from hospital episode statistics 2012/13. Office for National Statistics mid-year population estimates 2012. Does not include attendance at Accident and Emergency departments.

The graph above shows that hospital episodes related to alcohol (broad measure), where alcohol is either the primary diagnosis or a secondary diagnosis, are increasing both in Oxfordshire and in England as a whole. Oxfordshire has experienced an increase in admission of 46% since 2008. In England since 2008, there has been a 23% increase. Whilst absolute numbers remain significantly higher in England, the rate of increase remains a concern for Oxfordshire.

Drug related Deaths

The table below shows drug related deaths in Oxfordshire with a comparison for England and the UK. It is difficult to source health data directly attributable to drug use, as the variation in effect on the individual according to drug type varies greatly. Compared to alcohol, drug use is harder to record simply because it is illegal and therefore people presenting to services are unlikely to disclose use.

DAAT	2011		2010		2009		2008	
	Number – place of death	Annual death rate per 100,000 population	Number – place of death	Annual death rate per 100,000 population	Number – place of death	Annual death rate per 100,000 population	Number – place of death	Annual death rate per 100,000 population
Oxfordshire	4	0.61	15	2.31	14	2.19	14	2.21
England	1263	2.38	1358	2.60	1524	2.94	1377	2.68
UK	1757	2.78	1883	3.02	2182	3.53	1490	2.43

1. These figures are from St George's University Hospital[1] and are based on the DAAT area in which the registered place of death lies and the year in which the date of death falls.
2. St George's delay the release of these figures for 14 months after the relevant year to allow for coroners to register the deaths as drug related, and hence increase the accuracy of the data. This means there is currently no 2012 data for England.
3. Population figures are mid-year estimates, sourced from the Office of National Statistics.
4. Where a 0 is recorded, no deaths occurred in that DAAT area in that area. Where a – is recorded, the coroners did not provide any data to St George's.
5. Note: Oxfordshire figures are from local figures, not St George's and for 2011 and 2010 are based on calendar years (Jan-Dec), whereas older figures for 2009 and 2008 are fiscal years.

Crime Data

Crime attributable to alcohol

The table below illustrates the crime attributable to alcohol: Persons, all ages, crude rate per 1,000 of the population (2011/12). Crude rates are calculated using the former UK Prime Minister's Strategy Unit's alcohol-attributable fractions11 (proportion of people tested positive for alcohol in urine tests) and applying them to the total number of recorded crimes. All districts except for Oxford are significantly

[1] Drug- related deaths in the UK Annual Report 2012 (PDF)

better than the England average for Recorded Crime and Violent Crime. Oxford is significantly worse, but has experience year on year reductions since 2007/08.

11 Further guidance on these calculations can be found on pg. 34 at http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf

Indicator	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire
Recorded crime attributed to alcohol	5.43	8.19	3.58	3.44	3.59
Violent crimes attributation to alcohol	4.56	6.18	2.64	2.93	2.94
Sexual crimes attributable to alcohol	0.12	0.15	0.08	0.06	0.08

Drug Offences

Nationally over the year ending March 2013, there were 208,017 drug offences recorded by police forces nationally. The general trend over the last 10 years has been a steady rise between 2005 and 2009, followed by a constant of around 230,000 offences, until a 9% decrease in 2012-13.
In the South East region, there were 25,963 drug offences in 2012-13, a reduction of 1% on the previous year. In the Thames Valley area, there was a greater reduction of 6% between the two years.

Offender Health

Alcohol and Drug misuse are clearly important factors in both the health inequalities faced by the offender population and in the perpetration of crime. For example, in 44% of violent crimes the victim believed the offender to be under the influence of alcohol.

The Bradley Report[4] estimated that up to 90% of prisoners have one or more of have psychiatric disorders; psychosis, neurosis, personality disorder, and hazardous drinking or drug dependence. Furthermore male offenders in the community are 4 times more likely to die than the general population[5].

Other key statistics demonstrate the prevalence of alcohol and drug misuse among offenders:

- 15% of men and 24% of women are serving sentences for drug offences.[6]
- It is estimated that between 45,000 and 65,000 prisoners are problem drug users.[7]

- 63% of men and 39% of women report hazardous drinking behaviour, with half of these having a serious alcohol dependency.[8]

Data from the Thames Valley Probation service from 2012 showed that 33% of offenders had a current alcohol problem. Oxfordshire specific data from the same service found that 70% of offenders have used drugs, with 20% having used a class A drug. These figures are in stark contrast to the general UK population of which 36% have taken drugs at some point in their lives and shows that offenders are almost twice as likely to have taken drugs. It is therefore vital that any work around substance misuse acknowledges and caters for the offender population in Oxfordshire. It will also be important to consider the offender population from both crime prevention and health inequalities angles.

Appendices 2: An Overview of Current Provision in Oxfordshire

2a Prevention of Harm

Prevention is a vital part of addressing Alcohol and Drug misuse in Oxfordshire's population. Preventative work has a key role to play in raising awareness of the consequences of alcohol and drug misuse and altering risky behaviours before they become unhealthy habits. This in turn will reduce the burden placed upon society by substance misuse as less people will reach the point where they need to enter treatment services. Preventative work for alcohol and drugs misuse needs to focused in particular vulnerable target groups such as under 18's and homeless people. However it must also reach the wider population as issues around substance misuse are not confined to one particular demographic.

This section sets out the current preventative work in Oxfordshire.

Alcohol and Brief Advice Training

The Public Health team currently commissions delivery of Alcohol and Brief Advice training around the county for groups of professionals. These sessions are 3 hours long and give professionals skills around brief intervention as well as specific knowledge around alcohol consumption measurement. Professionals come from a variety of roles including; Pharmacists, Social Workers, Benefits Advisers, Neighbourhood development officers, Street Pastors and volunteers from a variety of organisations.

Street Pastors

The Street Pastor Initiative is a Christian response to the problems associated with binge drinking, anti-social behaviour and the night-time economy and over 300 volunteer Street Pastor patrols have been established in a number of UK towns and cities. The primary aim of this service is to prevent or minimise harm and to reduce the burden on services.

Street Pastors operate in teams of 4 people, two sets of 2's who keep in visual contact with each other all times. They patrol the streets of the Night Time Economy in a clearly identifiable uniform, normally between 10pm and 4am dependent on local circumstances. They will usually cover a specified route through town centres, on Friday and/or Saturday nights when the towns and cities are at their busiest. In Oxfordshire there are currently 6 street pastor schemes in Oxford, Wallingford, Witney, Bicester, Wantage and Abingdon.

Alcohol and Drug Education Programme

An education programme is currently commissioned by Public Health and run in secondary schools. There are two components to the programme; An alcohol education programme for children in Year 8 and a drug education programme for

children in year 9. The programme takes the form of drama based workshops/ classroom sessions that allow the children to interact and ask questions.

The aim of this educational programme is to impact on school pupil's health, wellbeing and long term aspirations by improve their awareness of risky behaviours.

Community Safety Practitioner

This service is provided by Oxford University Hospital in the Emergency Departments on the John Radcliffe and Horton Hospitals. The community safety practitioner is a full time post and aims to reduce emergency department attendance for alcohol related injuries by:

- Identifying people who are attending A & E with an Alcohol related injury.
- Following up those people who are considered vulnerable*, are under 18 or have attended with an alcohol related injury 3 or more times in the last 2 years. (*as identified by Emergency Department staff).
- Ensuring other staff in the department are aware of appropriate referral routes and have appropriate information and training.

The Community Safety Practitioner follows up identified individuals face to face in the community, over the phone or via post/ email. Using brief intervention techniques, advice is given and onward referrals to treatment services made as appropriate.

Public Health Campaigns

Working closely with partners, the Public Health team delivers a number of public facing campaigns that aim to prompt behaviour change and inform the target population. The topics for these campaigns range across alcohol and drugs, with target audiences varying according to the evidence base. The media used in the campaigns include; social media, physical promotion in areas of high exposure, press releases, radio and a variety of other methods as appropriate according to evidence base.

Oxfordshire Fire and Rescue

Oxfordshire Fire and Rescue service provide data into the public health team about fires at domestic residence that have Alcohol as a causal or contributing factor.

2b Early Intervention

"A child who is rounded, capable and sociable has a great chance in life."[3]

There is a great deal of evidence that early intervention is effective. The need for timely and robust early intervention is highlighted at a national level in; 'The Foundation Years: preventing poor children becoming poor adults' (2010)[12] and 'Early Intervention: the next steps' (2011)[3].

Early intervention services ultimately aim to do both treatment and prevention. They will aim to treat substance misuse problems before they become more serious and complex and therefore more costly. However early intervention also aims to prevent

further harm from substance misuse and prevent risky behaviours becoming lifelong habits.

School Health Nursing (Beccy Cooper)

The Oxfordshire School Health Nursing service provides a full time school health nurse to each Secondary School (and the Pupil Referral Unit) in the County. The service also provides school health nurses to undertake key public health work in the primary schools across Oxfordshire. In addition to core safeguarding activities and providing early help, advice and on-going support for more vulnerable children, the service provides leadership and support for public health interventions including:

- The development and implementation of a healthy school policy
- Ensuring schools are a health promoting and health protecting environment
- Building capacity to promote emotional health and wellbeing, healthy eating and physical activity, positive relationships and sex education

Increasing knowledge and building resilience in the area of substance misuse is key to developing a health promoting and protecting environment. School Health Nurses will build in specific initiatives and activities in this area, which will be detailed in their annual health improvement plans. The nature of these initiatives and activities is dependent on the profile of the school, which the school nurses will pull together from a variety of data sources, including direct input from staff and pupils. This will identify key needs for different groups of the school population.

Thriving Families Service

Thriving families is part of Oxfordshire's long term priority to identify the families who need help the most and who consume a significant resource from social services, schools, the NHS, the Police and other agencies. The aim of the programme is to work closely with the families to turn this situation around.

2c Treatment Services

Treatment services form a vital part of addressing alcohol and drug misuse. Effective treatment gives people a chance to move away from their substance abuse and become reintegrated into society. Though the relative numbers of people with a serious addiction to alcohol and/ or drugs are quite small, these individuals suffer a disproportionate level of health, social and emotional problems. Treatment services have been shown to be effective for a number of years in bringing about positive social and health change for people with a substance addiction[11].

The current commissioning arrangements for drug and alcohol treatment services were put in place by the NHS and the contracts with the two current providers of the Harm Minimisation and Recovery services are due to end on 31st March 2015. The descriptions below describe the characteristics of the treatment services without going into specifics.

Currently there are over 2,500 individuals in Oxfordshire who are in treatment for illicit drugs and/or alcohol. These service users' needs are currently met by:

Harm Minimisation initiatives

This service provides interventions such as specialist needle exchange, opiate substitute prescribing, clinical support to GP practices offering Opiate Substitution Therapy (OST), brief advice and intervention, family and carers support. This service supports people to start addressing substance misuse and prevent them from further harm.

Recovery oriented treatment

Offers community based treatment for drug and alcohol addiction for those who want to achieve abstinence from all drugs of addiction. The service provides clinical detoxification and an intensive group programme, alongside holistic support around education, employment, training and social activities. The service also supports people who relapse and re-enter treatment.
There are several other minor contracts that cover training, information, literature, participation and engagement, and advice and information.

GP Shared Care

GP practices providing Opiate Substitution Therapy (OST) and access to psychosocial interventions, with 33 participating GP practices, each practice having a specialist nurse provided.

Residential Rehabilitation Services

Rehabilitation services in Oxfordshire are made up of two parts;

- Howard House is a ten bed residential detoxification facility in Oxford for men and women over the age of 18 who are seeking abstinence from drug and/or alcohol addiction.
- Further residential placements are made from a framework contract of national detoxification and rehabilitation providers. This framework contains details of residential rehabilitation services from around the country. Assessments for these placements are carried out through the Harm Minimisation Service via a panel that judges suitability and likely success on a case by case basis.

Luther Street Medical Practice

The Luther Street Medical Practice in Oxford City offers specialised service for people who are homeless or vulnerably housed. This offer includes; Opiate Substitution Therapy, Harm minimisation, health promotion and prevention activities, supervised community alcohol and drug detoxification, dentistry, chiropody as well as general medical and mental health services.

Young People Substance Misuse Service

The Young People Substance Misuse Service contract is commissioned by Public Health.

Specialist substance misuse services for young people are distinct from adult services because young people's alcohol and drug problems tend to be different to adults' and need a different response. Young people use drug and alcohol for a wide variety of reasons and as such they need a multi-disciplinary approach to ensure they get the right support at the right time.

The role of specialist substance misuse services is to support young people to address their alcohol and drug use, reduce the harm caused by it and prevent it from becoming a greater problem as they get older. There is an emphasis for the service to work with partners and be integrated with a range of services to maximise outcomes for the target audience.

The early intervention service operates across Oxfordshire as an integrated part of the County Council's Early Intervention Service. The Service Provider's specialist drugs and alcohol workers are based at the seven hubs (one FTE worker at each hub) and operate as part of the hub teams. The hubs are currently located in Banbury, Bicester, Witney, East Oxford, Littlemore (Oxford), Abingdon and Didcot

2d Other Work

Oxfordshire User Team

Oxfordshire User Team (OUT) is a user-led organisation promoting social inclusion and providing opportunities for people overcoming drug and alcohol issues. OUT is an independent, innovative charity working with drug users and user groups in Oxfordshire and the South East of England. OUT is committed to working in partnership with drug service providers, commissioners and related organisations to improve treatment provision and reduce the negative impact of drug use on the health, safety and social wellbeing of individuals and the wider community.

Recovery Communities

The Oxfordshire User Team is also promoting existing and new 'Recovery Communities'. These communities aim to help service users to identify their current 'recovery capital' and identifying what they can utilise locally to build their capital further, through various positive activities.

South and Vale Community Safety Partnership.

NOMAD
NOMAD provide diversionary programmes to encourage positive life choices and workshops for targeted group work. They have also developed family support

groups, providing information/education around the impact and risks of substance misuse.

Inspired Young People's Project
This a pilot project working delivering workshops for young people displaying risky behaviours. Who attend King Alfred's School and Faringdon Community College. These sessions focus on self-esteem, self-awareness and use of appropriate assertiveness skills. They deliver information and support on various issues such as online safety, alcohol and drug misuse and healthy relationships.

Abingdon DAMASCUS
This project aims to build sustainable community cohesion in South Abingdon by supporting communities to connect with disengaged young people. These sessions are street based and will include workshops focusing on bullying, sexual health, protective behaviours and drugs and alcohol for young people. They also support a small community action team consisting of volunteers (adults) and young people to run community events.

DIDCOT Train
TRAIN provide practical and emotional support to at risk groups within Didcot Girls School and St Birinus School through one to one sessions on safe sexual health, substance misuse and risky behaviours.

Oxford City Community Safety Partnership

Licensing Enforcement
Licensing Officers carry out enforcement duties relating to licensed premises, licensed vehicles and drivers, and sex establishments.
Licensing Officers carry out their visits either on their own, with other Licensing officers, or with colleagues from the Responsible Authorities.
Large scale enforcement duties are carried out under the NightSafe partnership, which includes the Licensing Authority, Thames Valley Police, Environmental Protection, Trading Standards, Oxfordshire Fire & Rescue and other agency partners.
Enforcement Officers from the Responsible Authorities and NightSafe partnership also carry out their own enforcement activities. Data is shared between all of the Enforcement Officers to ensure that Oxford is kept as a safe city for people to enjoy and to assist the licensees in maintaining the highest level of standards.

Licensed Premises
Licensing Officers carry out the following types of standard enforcement inspections either on their own or with fellow Licensing Officers or with Enforcement Officers from the Responsible Authorities:

1. Routine Inspections - to check that the licence conditions are being adhered to.
2. Late Night Inspections - to check that the management of the premises is satisfactory, that door staff are licensed by the SIA, that effective dispersal policies are being undertaken.

3. Joint Inspections - with Enforcement Officers from the Responsible Authorities (including NightSafe) when intelligence has highlighted problems such as Anti-Social Behaviour, Noise Nuisances, Under Age sales, Irresponsible Promotions, Failure to uphold licence conditions, Failure to uphold the licensing objectives.
4. Test Purchases - carried out with our colleagues from Thames Valley Police, aimed at premises where under age sales are taking place.

Officers are able to offer advice to both the public and the licensees in order to rectify issues that arise. However there are further powers available to Enforcement Officers, such as prosecution, closure orders, fixed penalty notices, Review of Licence, etc.

Hackney Carriage / Private Hire Drivers and Vehicles

Licensing Officers carry out the following types of standard enforcement inspections either on their own or with fellow Licensing Officers or with Enforcement Officers from other agencies and Thames Valley Police:

1. Rank Inspections - to check that vehicles and drivers are complying with the conditions of their licences.
2. Late Night Inspections - are carried out throughout the District, to ensure that vehicles and drivers are complying with the conditions of their licence.
3. Test Purchases - are carried out throughout the District to ensure that private hire drivers are not 'plying for hire', and that any vehicle seen to be parked in a prominent position is there because it has been booked by a customer.
4. Operator Inspections - are carried out on Private Hire Operators (i.e. the business premises) to ensure that accurate records of bookings are kept.

Officers are able to offer advice to both the public and the licensees in order to rectify issues that arise. However there are further powers available to the Licensing Officers and Enforcement Officers, such as prosecution, suspension of licences, revocation of licences, warnings, etc.

Nightsafe

Nightsafe includes the following elements:-

- Challenge 21
- Radio Link
- Safer Clubbing
- Operation Nightsafe – Police Patrol Statergy
- Polycarbonate drinking vessels where appropriate
- Hi Visibility Florescent Jackets for Door staff
- Designated Public Place Order
- Public space CCTV
- Reduction in "Binge drinking" associated with drinks promotions
- Education campaigns associated with alcohol, crime and disorder
- Test Purchasing
- Targeting of repeat offenders & intelligence sharing
- Drug Dog Operations

Special Saturation Policy

In 2004 the City Council & Thames Valley Police decided to look at implementing a Special Saturation Policy due to the levels of incidents that were incurring in the night time economy. In making this decision, they looked at data concerned with nuisance, safety and crime and disorder in the City Centre, such as:

- Police recorded violent crime data
- Police Command and Control Data
- A&E data
- Licensed premises locations
- Transport issues
- CCTV locations

This data showed that: There was a year on year rise in the numbers of complaints, incidents and violent crimes in which alcohol was involved. There was an increase in the number of licensed premises in the city, and this was expected to rise. There was a strong geographic correlation between the incident data held by the police, accident and emergency data held by the PCT and the location of licensed premises within the City.

Therefore the city council and Police concluded that there were sufficient grounds on which to introduce a Special Saturation Policy. A separate policy for Cowley Road was adopted a couple of years later

Impacts of the policy:

If any licensed premise, which falls within the SSP area, makes an application for either a new license, or to extend the capacity of the premise, the application is automatically refused unless it can be proved that there will be no cumulative impact upon crime and disorder in the area.

Purple Flag

Oxford is one of 25 places across the UK that has been awarded a Purple Flag. Purple Flag is the new "gold standard" that recognises great entertainment and hospitality areas at night. Places that achieve the standard are those that offer a positive experience to night time visitors and users. Just as Blue Flag is an indicator of a good beach and Green Flag a good park, Purple Flag is set to be the indicator of where to go for a good night out and will bring positive publicity for the successful town and city centres

The five areas that each area are marked on are :

- A raised profile and an improved public image
- Wider patronage
- Increased expenditure
- Lower crime and anti-social behaviour
- A more successful mixed-use economy

Cherwell District Council

Cherwell District Council promotes and provides information and support for the community through health promotion and physical activity. This is delivered through existing limited Health promotion budget. The benefits of health and exercise are evident in the rehabilitation of alcohol and drug users, the governance for the implementation for healthy living is delivered through the Health & Wellbeing board/ Health improvement board and the community safety partnership.

References

1. Alcohol Concern, 2010, Investing in Alcohol Treatments: reducing costs and saving lives.
2. Alcohol Concern, 2009, Knowledge Set One: Domestic Abuse.
3. Early Intervention: The next steps. An independent report to her Majesty's government by Graham Allen MP. January 2011.
4. Bradley Report Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System (2009).
5. Sattar G (2001) Deaths of off enders in prison and under community supervision. Findings 153. Home Office. London.
6. Ministry of Justice (2011) O_ ender Management Caseload Statistics 2010, London: Ministry of Justice
7. UK Drug Policy Commission (2008) Reducing drug use, reducing reoffending, London: UKDPC
8. Prison Reform Trust and National AIDS Trust (2005) HIV and Hepatitis in UK Prisons: Addressing Prisoners' Healthcare Needs, London: Prison, London: Matrix Knowledge Group.
9. Smoking, drinking and drug use among young people in England in 2013. Health and Social Care Information Centre, (2014).
10. Deadly "legal highs" which mimic Class A drugs to be banned. News article, accessed 21/08/2014 from https://www.gov.uk/government/news/deadly-legal-highs-which-mimic-class-a-drugs-to-be-banned
11. McLellan, T.A., Alterman, A. et al. (1994). Similarity of Outcomes Predictors across Opiate, Cocaine and Alcohol Treatments: The role of Treatment Services. Journal of Consulting and Clinical Psychology. (**62**), 6. 1141-1168.
12. The Foundation Years: preventing poor children becoming poor adults. (2010). Frank Field MP.
13. Department of Health, (2013). Accessed at www.gov.uk on 26/08/2014.
14. Statistics on Alcohol. Alcohol Concern website: www.alcoholconcern.org.uk
15. DRUG STRATEGY 2010 Reducing Demand, Restricting Supply, Building Recovery :Supporting People to Live a Drug Free Life
16. Great Britain General Lifestyle Survey, 2011.

17. Adult Psychiatric Morbidity Survey, 2007, Health and Social Care Information Centre
18. Alcohol Statistics from the National Drug Treatment Monitoring System (NDTMS) 1st April 2011-31stMarch 2012, Department of Health/National Treatment Agency
19. Lim, S.S. et al (2012) A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010 The Lancet, Volume 380, Issue 9859, pages 2224-2260
20. Alcohol-related deaths in the United Kingdom, 2011. Office for National Statistics
21. Siegler, V et al (2011) Social inequalities in alcohol-related adult mortality by National Statistics Soico-Economic Classification, England and Wales, 2001-03 Health Statistics Quarterly 50 [Accessed 12/03/13]
22. North West Public Health Observatory Local Alcohol Authority Profiles for England (LAPE), online, [Accessed 21/08/2014]
23. Drug Misuse: Findings from the 2013/14 Crime Survey for England and Wales, 2014.
24. Statistics on Drug Misuse in England 2013. Lifestyle Statistics, Health and Social Care information Centre.
25. Drug Statistics from the National Drug Treatment Monitoring System (NDTMS): 2012-2013
26. Darrel A. Regier, MD, MPH; Mary E. Farmer, MD, MPH; Donald S. Rae, MS; Ben Z. Locke, MSPH; Samuel J. Keith, MD; Lewis L. Judd, MD; Frederick K. Goodwin, MD. Comorbidity of Mental Disorders With Alcohol and Other Drug AbuseResults From the Epidemiologic Catchment Area (ECA) Study *JAMA.* 1990;264(19):2511-2518.
27. Manning, V., Best, D.W., Faulkner, N., Titherington,E. (2009). New estimates of the number of children living with substance misusing parents: results from UK national household surveys. *BMC Public Health* 8; 9:377.

Health Improvement Board Briefing - February 2015

Background

An interim report on the progress of the new Fuel Poverty outcome measure is given, in addition a brief outline on the work of the Affordable Warmth Network against the Action plan. The board is invited to feed back its views on the usefulness of the outcome and progress on the Action Plan.

Fuel Poverty in Oxfordshire

The fuel poverty indicator is based on a Low Income High Cost (LIHC) definition and is where a household is considered to be fuel poor because:

- they have required fuel costs that are above average (the national median level)
- If they spent that amount, they would be left with a residual income below the official poverty line.

The LIHC fuel poverty indicator for Oxfordshire is 8.7%, in England it is around 11% (DECC 2013). This data is also available at District and Lower Super Output Area (LSOA) levels. The lowest level of fuel poverty for an LSOA in Oxfordshire is 2% and the highest is 33%. The figures in the LSOAs highlight the extremes of regional variation, even between wards.

Oxfordshire partners tackle Fuel Poverty, mostly through the Affordable Warmth Network (AWN), to which most partners contribute financially. The National Energy Foundation provides the administrative work in supporting the work of AWN towards the Action Plan, as well as delivering the promotional element of Fuel Poverty. The key partners are the five Districts Councils, Oxfordshire County Council Public Health, Citizens Advice Bureau, Oxfordshire Clinical Commissioning Group with visiting membership from Age UK, Low Carbon Hubs and Oxford Brookes University.

The offer to Oxfordshire residents by the AWN includes

- Sourcing of Green Deal, ECO and CISCO funds to provide free or reduced cost loft insulation, cavity wall insulation, solid wall insulation, new boilers.
- Enforcement of measures in response to poor housing conditions to reduce Excess Cold and Damp and Mould in private sector housing
- Provision of grants and loans to home owners to tackle cold and damp in their homes
- Provision of advice around keeping your home warm, through better knowledge and behaviours, including a free helpline around what additional financial help is available.
- Support in accessing full benefit entitlements for people on a low income.
- Development of projects to improve communications between existing and new partners, such as health and social and health colleagues.

Oxfordshire's Fuel Poverty Outcome

The Fuel Poverty outcome was the number of "significant increases" in energy efficiency made to a property as a result of the work of the partners of the AWN. Significant increases were defined as loft insulation (including top-ups where the insulation level was at least doubled), Cavity Wall insulation, External Wall insulation, Installation of a more efficient boiler, installation of a more efficient heating system, Upgrading of windows from single glazing and Increase in the uptake of benefits (by at least £1200 per year).

This figure reported below is not complete but is offered as an interim report. There may also be some variation in how the measures are recorded and reported by different partners. It is anticipated that there will be full reporting by Autumn 2015.

The partners of the Affordable Warmth Network (AWN) have endeavoured to collect data in Quarters 1, 2 and 3. The breakdown of the figures that were provided in time are in Appendix 1 of this report.

Progress to date

The Health and Wellbeing Strategy includes a baseline target of 550 households being helped. This figure was selected as a conservative estimate of what might be possible. This interim report shows that there have been **1109 properties** in Oxfordshire who received significant increase in the energy efficiency of their homes, which should contribute to the reduction of fuel poverty levels in Oxfordshire. These improvements have included

- 249 physical improvements to homes.
- 860 benefits assessments, through which it is estimated that an additional £4.46 million of additional benefits were identified.
- 60 Green Deal assessments carried out, however no improvement measures have been taken up under that scheme.

There is a concern that there should not be a reliance on lifting people out of fuel poverty predominantly through increase in income (increase in benefits), because there are uncertainties over future fuel prices as well as great variation in the families own unique circumstances. Moreover, whilst the property remains inefficient in its production and retention of heat just having more disposable income to pay the bills will not be a sustainable solution. This means that measures which only address income are not a long term solution for alleviating the potential impacts on health or the environment.

A more sustainable solution for existing homes is that their energy efficiency is improved through building based measures, such as better insulation and having more efficient and effective heating systems. There has been little improvement in the limitations within Government's Green Deal and ECO offer available for Oxfordshire residents.

Action Plan and other project updates

Better Homes, Better Health

Work is underway between key partners of the AWN to develop a pilot project plan to target people who may be using primary and secondary health services, as a result of their homes being too cold or being difficult to heat. The idea is to build on evidence of a link between investing in warming a person's home and reducing the demand on health care services as well as other improvements and savings. A relatively moderate investment in the energy efficiency of a vulnerable resident's property can result in significant cost savings to the NHS. Kings Fund research identifies that a £1 investment, saves £70 over ten years.

Below is a summary of the activity which has been carried out in line with 2014/2015s Fuel Poverty Action Plan, besides the day to day activities of the partners who work on fuel poverty, for example benefits assessments, housing inspections, awarding of grants and loans and giving out of advice.

Progress against the Fuel Poverty Action Plan 2014/15

"Offers and resource"

Easy Save booklet and factsheet for residents

Free Cavity Wall and loft insulation

Solid wall insulation available on Green Deal

Four community group talks given

Switching Days

CSCO areas mapped in Cherwell and Oxford

Off gas areas and Fuel poverty on JSNA website

Health data (COPD) from GPs sourced and mapped by CSU/CCG

Ten Home Health Assessments offered to Oxfordshire residents

"Community Engagement"

Oxford City working with Community Groups

Oxford City planning training with CAG for community groups to engage with residents better.

Two briefing sessions were delivered in the 2014 'SkillShare' event for Community Action groups

"Partnerships"

New referral sources from health and social care used to target vulnerable residents

Cross referrals between CAB, Age UK and NEF.

NEF attended Age UK CIN events .

NEF worked with Consumer Empowerment Partnership through Big Energy Saving Week, and spoke at their Fuel Poverty Forum.

CAG network provided a good number of volunteer hours on Fuel Poverty related work.

"Communication and Promotion"

Switching days

Four Community Talks

Easy Save booklet and factsheet

Banners on Oxford Citys webpages

Editorial in The Volunteer

Winter Warmth Pharmacy campaign

A number of articles have been circulated to parish council newsletters, and news items/blogs available on www.nef.org.uk/affordable-warmth-helpline

Advert in the South Stoke Newsletter Dec 2014; Advert in Barton Hans on News December 2014

Appendix 1: Health Improvement Partnership Board – Update from Oxon Affordable Warmth Network, Q1, Q2 and Q3

	Vale of White Horse	South Oxon	West Oxon	Cherwell	Oxford City	Citizens Advice Bureaux	Affordable Warmth Network	AgeUK Oxfordshire	Green Deal Together	Other (inc. DECC Communities programme)	Total
# HHSRS excess cold resolved	2	3	TBC	23	39						67
# HHSRS Damp & Mould resolved	29	28	TBC	33	78						168
# HMO Licence conditions for EPC complied with					0						0
# Boilers installed	0	0	TBC	5	2		0		None, but 60 Green Deal reports completed.	Launching soon.	7
# More efficient heating system	0	0	TBC	1	0		0				1
# loft top ups							0				0
# double glazed windows	0	0	TBC	0	6		0				6
# Cavity Wall							0				0
# External Wall							0				0
# Uptake of benefit						655 £3,655205*		205** £1,187,869*			860
										Total	1109

* Annual amount of additional benefits claimed on behalf of eligible residents. ** Q1 and Q2 number, however Q1, 2 & 3 total benefit

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Making Every Adult Matter (MEAM) pilot project update

Introduction

Making Every Adult Matter (MEAM) is a coalition of four national charities – Clinks, DrugScope, Homeless Link and Mind – formed to influence policy and services for adults facing multiple needs and exclusions.

Oxford was selected as one of the pilot areas for this project in spring 2013. No external funding is provided for the project, but expert advice and support is offered through the MEAM. The lead organization for the project is Oxford City Council with many different partner agencies involved.

The project is working towards the suggested 'MEAM Approach', which consist of 6 'steps' for developing a coordinated approach: Partnership and audit; Consistency in client identification; Coordination for clients and services; Flexible response from services; Service improvement and gap filling; Measurement of success; Sustainability and systems change.

Due to other commitments the start of the pilot was delayed in Oxford. Client work started in August 2014.

What has happened this far:

- **Partnership and audit:**- A large group of stakeholders from all the four MEAM areas have been involved in the project from the very beginning. This has now been named the Governance Group and this continues to meet regularly in order to review and steer the pilot. The next meeting will take place 7th January 2015. The national MEAM team also attend the meetings; they provide advice, guidance and are able to share the different approaches from other projects.
- **Consistency in client identification:**- A rigorous client identification process took place in spring 2014, which the Governance Group discussed in detail. A large number of clients were initially identified and data from that client group was subsequently refined to have a more focused client group. The project is currently working a total of 17 clients (the project started with 21 clients). There is scope within the project to increase the number of MEAM clients to 25 and this will be discussed at the Governance Group meeting on 7th January.
- **Coordination for clients and services:**- Most MEAM areas in the county are currently operating a model where they have funded and appointed a MEAM coordinator to initially get the project off the ground and to coordinate services and break down unnecessary barriers.

Appointing a coordinator has not been done in Oxford as it is financially unviable. It was also felt that a 'coordinator model' would bring about another layer of support when in actual fact we were trying to simplify the structure of support services. As a result we came up with a different approach, which keeps the focus on the clients and allows their current lead Support worker to spend more time on finding the most appropriate solutions. The approach also aims to focus on adapting the way that services engage with MEAM clients.

Some funding has been put aside by Oxford City Council in order for services to be able to claim overtime for their staff to work in different (and more intensive) ways with client. A small personalisation fund of £250 for each MEAM client is also available in order to help with motivation, encouragement and engagement. One of the reasons for

introducing this approach is that it is believed that this will produce a more sustainable model and hopefully see a continuous 'MEAM approach' in all services in Oxford beyond the pilot period. This approach has been of interest to other areas setting up MEAM also.

- A MEAM Operational Group, made up of support workers from all the organisations working with MEAM clients meet every month in order to 'case conference' each of the MEAM clients. Where a clear block to progress is identified by the group, the client will be referred to the Executive Steering Group what will endeavor to solve the problem by ensuring services are flexible.
- Three clients have thus far been referred to the Executive Steering Group
- The MEAM Operational Group meetings in themselves have produced some very good outcomes for clients and issues that may have resulted due to lack of knowledge between services have been resolved.
- A general theme for many of the MEAM clients is that the main block to progress is their chaotic and complex nature, rather than any systemic blocks – at present.
- Coordination of the MEAM pilot as a whole has been taken up by the Rough Sleeping & Single Homelessness Team, Oxford City Council, due to not appointing a specific coordinator. Some administrative help was promised by another service earlier in the year, but it turned out that this would not be possible.

- **Flexible responses from services:**- Statutory services in Oxford are very committed to the MEAM pilot and members from all four MEAM areas are part of the MEAM Executive Steering Group. This group is tasked with 'unblocking' blocks for progress for MEAM clients where the MEAM Operational Group has identified these. An example of this is making sure mental health assessments and assessments for accommodation could take place for one of the clients whilst in prison in order to prevent, as much as possible, the client from having to rough sleep upon release.

- **Service improvement and gap filling; Measurement of success; Sustainability and systems change:**- The MEAM pilot in Oxford has not arrived at these 'steps' yet, but these will be addressed when an assessment/review is taking place towards the end of March 2015. This assessment/review will help influence if and how the project should move forward and how key learning can be shared in order to provide better outcomes for all people who keep 'falling through the gaps'.

What happens next:

- **Governance Group meeting** is taking place on 7th January in order to make some key decisions on next steps and future developments of the MEAM pilot. Feedback from all services involved in the project this far will be presented and discussion facilitated by the MEAM national coordinator, Ollie Hibery.

GET INVOLVED

Any local area can use **the MEAM Approach** and in doing so join the national network of MEAM Approach areas that are working together to share practice, provide peer support and ultimately deliver sustainable change for people facing multiple needs.

www.theMEAMapproach.org.uk

IS THE MAIN GATEWAY FOR THE APPROACH. IT INCLUDES:

- The seven core elements of **the MEAM Approach**
- A wide range of practical and helpful resources
- A way to search for partners in your area
- A "delivery status" for each local authority area
- Information about local and national networking and introductory events
- Information on the support MEAM can provide.

IMPLEMENTING THE MEAM APPROACH LOCALLY ONE YEAR ON

WHAT IS MEAM?

Making Every Adult Matter (MEAM) is a unique coalition of charities – Clinks, DrugScope, Homeless Link and Mind – focussed on adults facing multiple needs and exclusions. Building on three pilot projects we have been working for a year in local areas across England to help develop solutions for those with multiple needs – homelessness, substance misuse, mental health problems and offending. We do this using **the MEAM Approach**: a framework with seven elements that helps areas design and deliver coordinated interventions.

SUPPORT WE PROVIDE

Any area is welcome to use **the MEAM Approach** to help design and deliver a coordinated and flexible response to those with multiple and complex needs. We know however that getting started can be difficult. Therefore we recommend that all areas wishing to use the MEAM Approach attend an Introduction to MEAM information session. Details of upcoming sessions are on the website.

We are also able to offer a package of external facilitation support that can help guide you through **the MEAM Approach** journey. Our Local Networks Team – formed of individuals from across the four MEAM organisations – brings a bespoke package of cross-sector support to local partnerships from people who know the area and region well.

If you are interested in MEAM's other work including on local and national policy, see www.meam.org.uk.

WHAT DID THE PILOT PROJECTS ACHIEVE?

FROM THIS:

- 81% OF PEOPLE HAD BEEN IN PRISON
- 80% WERE HOMELESS
- 133 UNITS OF ALCOHOL A WEEK (AVG. CONSUMPTION)
- ALL BUT ONE UNEMPLOYED
- 48% HAD BEEN A VICTIM OF CRIME IN THE LAST 3 MONTHS
- 44% INVOLVED WITH MENTAL HEALTH SERVICES
- 36% HAD BEEN IN CARE AS A CHILD
- 35% RATED HEALTH AS BAD OR VERY BAD

TO THIS:

- UP TO 26.4% REDUCTION IN SERVICE USE COSTS OVER TWO YEARS
- SIGNIFICANT REDUCTION IN COSTS ASSOCIATED WITH CRIME
- 86% HOUSING SITUATION IMPROVED
- 71% CONSUMING LESS DRUGS/ALCOHOL
- 79% LESS INVOLVED IN CRIME
- 57% BETTER MENTAL HEALTH

HTTP://BIT.LY/MEAMEVALUATION

www.theMEAMapproach.org.uk

Generously supported by the Calouste Gulbenkian Foundation (UK Branch) and the Garfield Weston Foundation

CLiNKS DrugScope homeless link mind MEAM

THE LOCAL WORK

Each area has developed locally appropriate ways to implement the seven elements of the MEAM Approach. The seven elements are: partnership and audit; consistency in client identification, coordination for clients and services; flexible responses from services; service improvement and gap filling; measurement of success; sustainability and systems change.

BLACKBURN WITH DARWEN ★

The MEAM Approach here targets the most vulnerable and chaotic individuals living in Houses of Multiple Occupation in Blackburn Town Centre. Funded through Public Health, the Police and Crime Commissioner, the Clinical Commissioning Group, Community Safety and the voluntary and community sector, a multi-agency team works one-to-one with clients to assess need and to support clients to enable them to access the services they require. The project team is supported by an operational group and a strategic group comprised of senior representatives from a range of local agencies.

WIGAN ★

The Homelessness Multiple Needs Service at Wigan Council used the MEAM Approach to design a multi-agency approach to dismantle barriers to service inclusion. A coordinator has been in place since December 2013, and through his support 9 out of a cohort of 13 people who had history of rough sleeping have accessed or sustained housing and accessed mainstream health and recovery services.

DERBY ★

One of the original pilots, the coordinated service in Derby has supported 33 people. Currently located within substance misuse services, the future shape of the service is being discussed as part of re-commissioning plans across the City.

LICHFIELD AND TAMWORTH

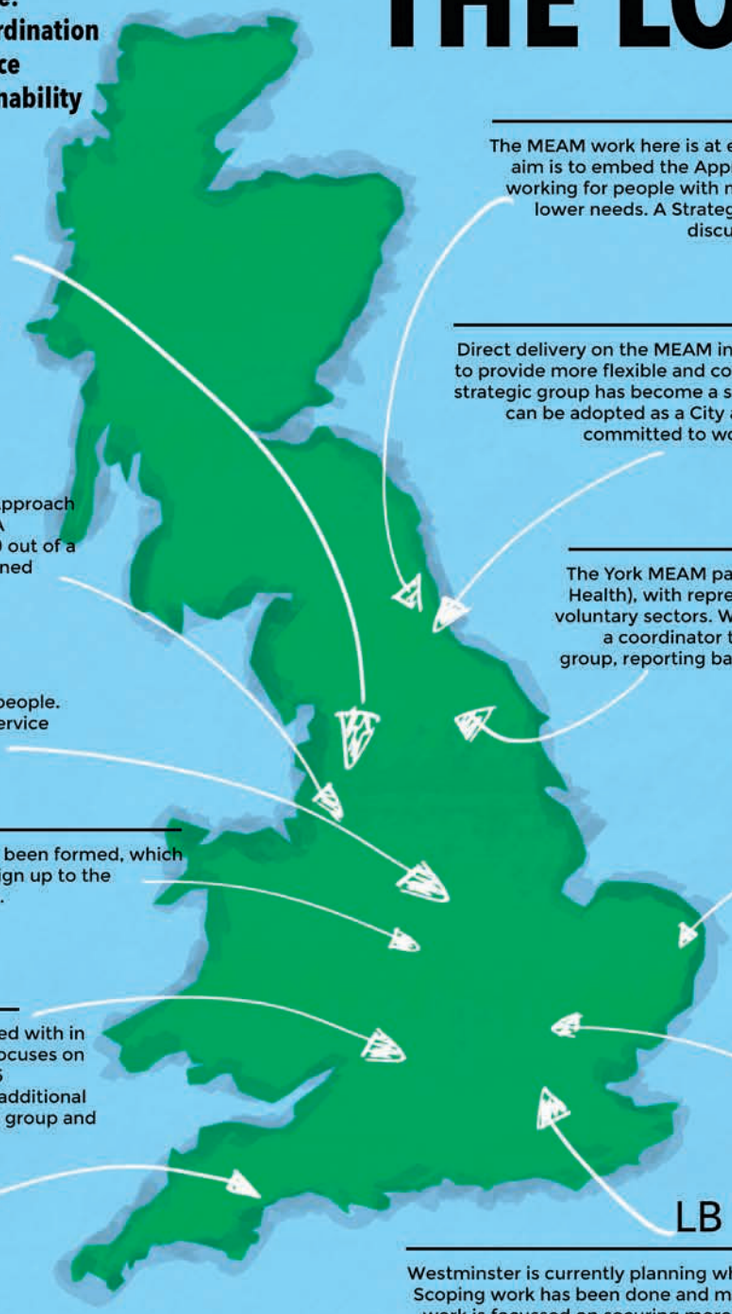
The scope of the MEAM work is still being planned here. A strategic group has been formed, which has defined its client group and drafted a statement of intent for partners to sign up to the approach. An audit is currently underway into the needs and current provision.

OXFORD ★

Delivery started in Oxford in September 2014 and up to 25 people will be worked with in the first year. Rather than employing a coordinator, the MEAM initiative here focuses on adapting the way that services engage with people at the present time. The 25 individuals are offered a special status, allocated personal budgets, and given additional flexible support time from staff. This is supported by a multi-agency operation group and an executive steering group.

EXETER

The MEAM intervention is still being developed in Exeter, but is planned to involve lead workers from a range of agencies each supporting individuals and working together to co-ordinate and address barriers. Training on appreciative enquiry is being planned and peer support will be provided by ex-service user volunteers.



★ NORTH TYNESIDE

The MEAM work here is at early stages of delivery, and a coordinator started in April 2014. The aim is to embed the Approach within Adult Social Care and its partner agencies as a way of working for people with multiple needs as well as changing systems to support people with lower needs. A Strategic Board meets six-weekly and an Operational Panel fortnightly to discuss cases with a range of multi-agency partners, including the VCS.

★ SUNDERLAND

Direct delivery on the MEAM initiative began in June 2014 with the appointment of a coordinator to provide more flexible and coordinated support for adults with multiple needs in Sunderland. A strategic group has become a sub group of the adult safeguarding board to ensure the Approach can be adopted as a City and embedded into contracts. A multi-sector operational group is committed to working more closely together to meet the needs of the individuals.

YORK

The York MEAM partnership is jointly led by Arc Light (Housing) and York Mind (Mental Health), with representation on the management group from across the statutory and voluntary sectors. With seed funding from Probation, the partnership is about to recruit a coordinator to drive forward working with clients identified by the management group, reporting back issues and systems change to the newly formed strategic group.

NORWICH

As the Norwich MEAM Approach progresses through the planning stage it has linked up with a similar project in King's Lynn to strengthen the Norfolk-wide approach necessary to move forward. Though a formal MEAM partnership has yet to be formed, key individuals at high level are supportive, there is strong operational commitment and funding streams are currently being explored.

★ CAMBRIDGESHIRE

As one of the original pilots, Cambridgeshire MEAM has just entered its fourth year. It has worked with 41 complex needs clients and employs a Project Manager and Case Coordinator. The operations and governance groups are central to the success Cambridgeshire has had in improving outcomes for clients and reducing service use costs, but it is still looking to develop to make the service more robust and sustainable in the long-term.

LB WESTMINSTER

Westminster is currently planning what its MEAM initiative will include. Scoping work has been done and many partners are on board. Current work is focussed on securing more strategic engagement, identifying funding options, and starting delivery.

★ CURRENTLY DELIVERING

For more detail see www.themeamapproach.org.uk

Public Health Campaigns
A report to the Health Improvement Partnership Board
February 2015

Introduction

At the Health Improvement Board (HIB) meeting in September 2013 a forward plan of Public Health Campaigns to be carried out in the year ahead was presented. This paper includes a description of the success of the campaigns led by the Public Health Directorate since then and sets out the intention for running a series of Public Health Campaigns in 2015-16.

Partners are invited to support and develop these campaigns and to share information on relevant initiatives being run by their own organisations.

Major campaigns in 2014

1. NHS Health Checks
   - Targeting groups of people not taking up the offer of a free NHS Health Check and including PIN reps contacting sections of the Asian community to ask their views
   - Promotion at an Oxford Utd football match in September 2014 including offer of "mini health checks" to fans
   - Advertising on Oxford Taxis, petrol pumps, through print media and radio

2. Eat Well Move More
   - Securing the Public Health England Disney Roadshow for Cowley Road Carnival in July 2014, with lots of interactive activities and information
   - Participation in Play Days and other promotional events in shopping centres around the county in July and August. Promoting the "10 minute Shake-up"
   - Interactive sessions in a primary school to promote the "Healthy Plate"
   - Social media and print media information and encouraging people to sign up to the Change4Life website.
   - Production of a video entitled "what would you swap" to highlight alternatives to high sugar foods, featuring young people from Rose Hill. See the video here: https://www.oxfordshire.gov.uk/cms/news/2014/oct/film-thought-brings-sugar-forefront

3. Alcohol Awareness
   - Production of a video called "A Christmas Party Carol" to encourage people to think about the unwanted impact of drinking too much at the Christmas party. This was used through social media for Christmas 2013 and 2014. See the video here: http://bit.ly/IOLR44
   - Production of scratch cards for pharmacists to use with customers and start a conversation about their drinking habits. This is accompanied by training for pharmacists in how to deliver brief advice about alcohol which is an effective way of helping people to think about their drinking

- Dry January – promoted in 2013 and 2014. The Leader of Oxfordshire County Council and the Cabinet Member for Public Health have both participated.

4. Smoking cessation
   - Promotion of No Smoking Day, with press coverage and information in workplaces.
   - Stoptober, an opportunity for smokers to quit for a month and get support for staying stopped.

4. Mental Wellbeing
   - A mental wellbeing campaign which comprises photographs of local people and straplines such as “we all need support – when times are hard get in touch”. The posters include contact details for Mind. A similar campaign targeting young people is being planned.

5. “Legal Highs” or new psychoactive substances
   - A website and printed information for festival goers, warning of the unpredictability of these substances and giving tips for enjoying festivals
   - A treasure hunt and football tournament aimed at 16-24 year olds and used to give information about use of “legal highs”. Press coverage was good.

6. Pharmacy campaigns – 6 a year. These included the following topics in 2014
   - Oral Health – take young children for regular check ups at the dentist
   - Keep Warm Keep Well – with free thermometer cards to be given away so that the indoor temperature in homes can be monitored and action taken in cold weather.
   - Carers’ Week information on how carers can get support
   - Stoptober, Change4Life / Eat Well, Move More and Alcohol awareness (as described above)

The plans for 2015-16 are set out in appendix 1

Recommendation
The Health Improvement Board members are asked to note this report.

Councillor Hilary Hibbert-Biles and Jackie Wilderspin

Appendix 1 **Campaigns, Communication and Engagements - Forward plan for 2015**

Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec
NHS Health Checks Advertising											
Dry January campaign Also in pharmacies											
	Sexual Health Campaign (tbc)										
			Purdah								
		Possible oral health pharmacy campaign		Nhs Health Checks event							
					Alcohol/ consent						
					Legal highs partnership work	Physical activity. Active travel/Change for Life (Also in pharmacies)					
								Mental wellbeing (Also in pharmacies)			
										Alcohol and Alcohol and Drugs Partnership conference	
										Keep warm, keep well in pharmacies	
Confirmed national campaigns						**Likely national campaign**					
Health Harms	Sugar Swaps					Change 4 Life physical activity			Stoptober		

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Health Improvement Partnership Board
Forward Plan 2015-16

Date	Item
Thurs 23rd April 2015 2-4pm Oxford Town Hall	• Performance Review and priority setting for 2015-16 • Basket of Housing Indicators • Joint Strategic Needs Assessment Report
Thurs 2nd July 2015 2-4pm Oxford Town Hall	• Re-commissioning of housing-related support
Nov (tbc)	• Re-commissioning of housing related support • Healthwatch Report, including update on Asian Women's Wellbeing project
Feb (tbc)	
Regular items:	
• Notes of the last meeting and any matters arising • Public Involvement Network Report • Performance Report • Forward Plan	
Proposals/periodically:	
To be kept under regular review: • Re-commissioning of housing-related support • Welfare reform	

23rd January 2015

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