Public Document Pack

NHS Oxfordshire Clinical Commissioning Group

OXFORDSHIRE COUNTY COUNCIL

healthwatch Oxfordshire

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 16 May 2019 at 2.00 pm

Old Library, Town Hall, Oxford

Yvonne Rees
Chief Executive

Date Not Specified

Contact Officer: ***Julieta Estremadoyro, Partnership Board Officer***
Tel: (01865) 326464; Email: commissioning.partnershipboard@oxfordshire.gov.uk

Membership

Chairman – District Councillor Andrew McHugh
Vice Chairman - District City Councillor Louise Upton

Board Members:

Cllr Anna Badcock	South Oxfordshire District Council
VACANT	West Oxfordshire District Council
Dr Kiren Collison	Clinical Chair of Oxfordshire Clinical Commissioning Group
Christine Gore	West Oxfordshire District Council
Daniella Granito	District Partnership Liaison
Diane Hedges	Chief Operating Officer, Oxfordshire Clinical Commissioning Group
Richard Lohman	Healthwatch Ambassador
VACANT	Vale of White Horse District Council
Val Messenger	Interim Director of Public Health
Nerys Parry	Oxford City Council
Cllr Lawrie Stratford	Cabinet Member for Adult Social Care & Public Health, Oxfordshire County Council
Jackie Wilderspin	Public Health Specialist
Val Messenger	Interim Director of Public Health

Notes:

- ***Date of next meeting: 12 September 2019***

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 **07776 997946** 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 Andrew McHugh

2. Apologies for Absence and Temporary Appointments

3. Declaration of Interest - see guidance note opposite

4. Petitions and Public Address

5. Notice of Any Other Business

14:05
5 Minutes

To enable members of the Board to give notice of any urgent matters to be raised at the end of the meeting.

6. Note of Decision of Last Meeting (Pages 1 - 8)

14:10
10 Minutes

To approve the Note of Decisions of the meeting held on 14th February 2019 and to receive information arising from them.

7. Performance Framework (Pages 9 - 14)

14:20
15 Minutes

Report presented by Val Messenger

To receive an update on performance and discuss any Red or Amber rated indicators.

8. Health Ambassador Report (Pages 15 - 16)

14:35
10 minutes

Report presented by Richard Lohmann

To receive updates from Healthwatch Oxfordshire on topics relevant to the Board.

9. Tobacco Control Alliance - findings of an audit of current provision (Pages 17 - 22)

14:45
15 Minutes

Report presented by Eunan O'Neill

To report on a recent "CLearR" assessment of local tobacco control initiatives and discuss the implications of the findings.

10. Domestic Abuse - Action Plan, Performance Report and 5-Year Strategy (Pages 23 - 48)

15:00
15 Minutes

Report presented by Sarah Carter and/or Sarah Breton

- To inform the Board about the services currently being delivered and how they are performing.
- To give details of plan for 2019-20.
- To outline the framework for a new 5-year strategy for Domestic Abuse following recent consultation events.

11. Active Oxfordshire - Update and Strategic Plan (Pages 49 - 98)

15:15
25 Minutes

Presented by Paul Brivio and Keith Johnson

To update the Board on recent progress and discuss the strategic priorities set out in the Active Oxfordshire Operational Plan.

12. Joint Strategic Needs Assessment

15:40
15 Minutes

Presented by Jackie Wilderspin

To receive a presentation on the new Joint Strategic Needs Assessment which can be found here:
http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

13. Any Other Business and Forward Plan (Pages 99 - 100)

15:55
5 Minutes

Presented by Cllr Andrew McHugh

The Forward Plan is presented by District Cllr Andrew McHugh, Chairman of the Health Improvement Board. The Board is asked to note the items on the forward plan and propose any areas for future discussion.

ITEMS FOR INFORMATION ONLY

(i) Communication with working groups to encourage tackling inequalities and targeting work
The letter to the working groups will be circulated at the meeting.

(ii) Joint Health and Wellbeing Strategy
To circulate final version to the Board.

(iii) Affordable Warmth Report

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HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 14th February 2019 commencing at 14:00 and finishing at 16:00

Board members present	Councillor Andrew McHugh, Chairman, Cherwell District Council Councillor Louise Upton, Oxford City Council Councillor Lawrie Stratford, Oxfordshire City Council Councillor Anna Badcock, South Oxfordshire District Council Councillor Monica Lovatt, Vale of White Horse District Council Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group Christine Gore, Strategic Director, West Oxfordshire District Council Dr Kiren Collison, Clinical Chair, Oxfordshire Clinical Commissioning Group Daniella Granito, Policy and Partnership Team Manager, Oxford City Council Val Messenger, Interim Director of Public Health, Oxfordshire County Council Councillor Jeanette Baker, West Oxfordshire District Council Jackie Wilderspin, Public Health Specialist, Oxfordshire County Council
Officers:	Sarah Carter, Strategic Lead Domestic Abuse, Oxfordshire County Council Kate Eveleigh, Health Improvement Practitioner, Oxfordshire County Council Julieta Estremadoyro, Partnership Board Officer, Oxfordshire County Council
In attendance:	Hassan Sabrie, East Oxford United Mujaheed Hamid, East Oxford United Veronica Barry, Community Involvement Officer, Projects, Healthwatch
Apologies:	No apologies were received

ITEM	ACTION
1. Welcome Cllr McHugh welcomed everyone to the meeting.	
2. Apologies for Absence and Temporary Appointments No apologies for absence were received	
3. Declaration of Interest There were no declarations of interest at this meeting.	
4. Petitions and Public Address No petitions or public addresses were received.	
5. Note of Decision of Last Meeting The notes of the meeting held on 22nd November 2018 were signed off as a true and accurate record. Actions update: 1 - Action on Joint Health and Wellbeing Strategy – Completed and further to this a link to the engagement survey on the Joint Health and Wellbeing strategy was circulated to all the members of the Board. 2 - Actions on Performance Framework Proposal 2.1 A briefing on HPV vaccination was circulated to all members. 2.2 On today's agenda. 3 - Action on Housing and Homelessness, including Rough Sleeping – The Housing Related Support Group has provided information on the performance monitoring framework and it has been tabled today. 4 – Actions on Public Health, Health Protection Forum 4.1 Completed, paper in the agenda pack today. 4.2 Flu prevention planning should be undertaken by the Public Health Protection Forum. 5 – Action on Communication on Campaigns – Pending. Councillor Badcock confirmed that South and Vale Communications team have agreed to take on a coordination role. Further discussion on details will take place. 6 – Actions on Domestic Abuse Strategy Group annual report 6.1 Domestic abuse outcomes and process measures included in the performance framework. 6.2 A letter has been sent to the Safeguarding Board about the assurances on the work of the Domestic Abuse Strategy Group.	**Jackie Wilderspin** **Anna Badcock**

7 – Action on Government Letter – the letter went out.	
6. Men's Health Report Presented by Hassan Sabrie, East Oxford United and Veronica Barry, Healthwatch. They referred to the document *Men's Health* (page 9 in the agenda pack) Healthwatch through its Project Fund sponsors small pieces of research by community or voluntary groups. East Oxford United approached Healthwatch to look at men's health through their wide community network The following points were highlighted by presenters and/or considered by the group: • Men from 22 nationalities took part in the study. • The study was very positive to increase health awareness among men. Men, in all the settings visited, started to think and talk about it. • One of the main reasons for men not accessing health care is due to time constraints due to work commitments. Some of them, work 2 or 3 shifts and do not have time to book an appointment to see a doctor. They have time to go to mosques, churches and/or sport facilities on Sundays. The research suggested that offering health checks in community settings could provide men with the space to access health care. • Cultural sensitivity was also mentioned as a barrier for some of the participants (e.g. names on sample bottles, appropriate health promotion resources) • There is a need for a wider discussion on men's access to healthcare that should include GP provision. Related to this, it was noted that the data known to OCCG is that patients do not book appointments on Sundays at GP practices. The Men's Health report shows that if appointments for NHS Health Checks are offered in community settings, or as group appointments, the results may be different. • Most participants in the survey found that the Haynes Man Manual provided useful information, but the messages were "laddish" and oriented to a white male audience which was not culturally appropriate for everyone. Healthwatch has won NHS England funding and they are making a film about the process they went through, particularly engaging with the communities. This will be showcased at the Oxfordshire Health Inequalities Commission Good Practice Exchange event on 7th March. They are also preparing a social	

media clip on why men should look after their health and why they should go to health checks. They will launch this at the next football tournament on 5th May, taking the opportunity to spread the message. The authors and participants of the report were congratulated by members of the Board for excellent and valuable work.	
7. Performance Dashboard Jackie referred to the document *Performance Dashboard* (page 67 of the agenda pack) and addendum The aim of these measures is to monitor progress. Jackie has worked with people in the sub-groups, those who deliver the work of the HIB. She requested the Board members' views on whether the right things are being measured, if there is anything missing and if people have been ambitious enough. The other aspect to consider by the Board was what was going to be reported to the Health & Wellbeing Board. Table 1 - It contains the baseline measures for all the priority areas. The aim is to have some sort of targeting and trajectory for how to show improvements against that baseline in the year ahead. Table 2 - It contains the process measures for areas of work that are being developed or would not lend themselves to percentage or numerical targets. Regarding Targets 3.1 to 3.6 - These were tabled at the meeting and an addendum was circulated (*Additional Measures for HIB performance framework form the Housing Support Advisory Group*). It was noted that there is a new reporting system given by the Ministry of Housing, Communities and Local Government (MHCLG) so it has been difficult to set firm baselines. As a result, the baselines currently recorded may have to be amended. Regarding Domestic Abuse - pages 76 to 77 - It was noted that final indicators could not be included until the Domestic Abuse Strategy is finalised. Comments by members and actions: Table 1 – Cancer Screening – page 71 – It was noted that there is a need to look at the granularity of the data, (e.g. whether is different for men and women or for members of different ethnic groups) and the reasons for the variations on the uptake of the services (There was also a request that the targets for the screening programmes could be confirmed – are local targets the same as the national targets? **Action: Jackie to request Health Equity Audits from NHSE on uptake of screening programme and verify the local targets**	**Jackie Wilderspin**

Table 1 - Childhood obesity – page 70-71 – There is great concern about childhood obesity levels in certain wards. It was noted that, in general, the target of 16% may be reached but still those wards with more childhood obesity could be left with the same level of problems. **Action: The work on the Whole Systems Approach to Obesity needs to address this variation and target those with higher levels of obesity.** Table 1 – Housing and homelessness – page 69 – There is a significant problem regarding delayed transfers from hospital of people who are homeless. There are currently no indicators in the framework to measure this, even though the OCCG has invested in addressing the issue. There is a need for a robust and accurate way of measure the reductions on delayed transfers from hospitals. **Actions: Jackie to pass these comments to the Housing Support Advisory Group (HSAG) so they can investigate whether a measure can be added to the performance framework.** **It was agreed that the Health Improvement Board will report both the Outcome Indicators in Table 1 and the Process Indicators in Table 2 to the Health and Wellbeing Board as part of their overall performance framework.** Jackie was congratulated on an excellent work.	**Donna Husband** **Jackie Wilderspin**
8. Mental Wellbeing Working Group Kate Eveleigh presented the *Progress report on the progress of the PHE Better Mental Health Prevention Concordat.* Kate highlighted that the process of signing-off the Prevention Concordat has been useful to give the group some weight and has gathered interest and momentum with organisations to sign at the same time. This has included the wider partnership of the Health and Wellbeing Board, who responded to the initiative from the HIB. The next step is to set up the working group that will prepare the Oxfordshire Mental Wellbeing Framework. It was noted that in Appendix 3, the Vale of White Horse District was not listed and they are interested in participating. It was clarified that this was an omission in error and that a representative will definitely be invited. Regarding the interest of some members of the Board on mental health in schools, Val noted that the subject is dealt with by the Children's Trust Board and it is important not to replicate what it is being done there.	

9. NHS Long Term Plan

Kiren and Val referred to the document *Overview of the NHS Long Term Plan and implications for the Health Improvement Board* (page 105 in the agenda pack).

Kiren commented that the original document is quite long, complex and ambitious but the fact that it is a 10 year plan is very positive. Not everything has to be done now or this year, but a time frame with clear objectives can be develop for those 10 years.

An important aspect of this model is the Primary Care Networks (PCNs) where few practices come together and work closely, improving economy and efficiency. However, they are not too big that the relationship with the patients is lost.

This PCNs not only bring practices working together but also gather other services around them. Community services, mental health services, potentially voluntary services. There is more coordination with social care and community organisations too.

Oxfordshire is establishing 17 Primary Care Networks, or neighbourhoods, as they are also called.

There is also an important emphasis in developing digital technology. How to use IT and digital applications better. One objective of this work is to reduce the number of people going to hospital to have an outpatient appointment. They could potentially have their appointments remotely.

Val went through *How does the NHS Long Term Plan link with the Priorities of the Health Improvement Board* (page 109). She noted that the NHS plan doesn't always talk about what is happening outside the hospitals or primary care setting but it is possible to trace a comparison with the Health and Wellbeing Board strategy and its priorities. This is the chance to look at how the NHS plan can help, a real opportunity.

Among the subject that the NHS Long Term Plan does not mentioned is the "Making Every Contact Count – MECC" campaign but it places great importance in talking to people.

Some comments by the members were:

<u>Regarding Digitalisation</u> – There were concerns about how this is going to be assured, about the use of the right software to integrate all the patients records, on how to improve access to the Internet/WiFi in the rural areas where access is limited and on how not to disadvantage older people who are not digital savvy. These concerns were noted pending more detail on how this will be rolled out locally.

<u>Regarding smoking</u> - There is concern about the involvement of organised crime in selling cheap tobacco, including to young people, and the need for a

decisive action from the districts. Val highlighted the recent formed Tobacco Control Alliance which enables districts and Trading Standards to coordinate actions with other agencies regarding tobaccos control and reduce smoking. It was noted there had been a recent revocation of a license in Witney following this action. This group will be reporting regularly to HIB. Regarding how the Long Term Plan is going to be funded - There were concerns over whether funding was going to be decide top down and on how this extra money will be used. Hope was expressed that having good prevention plans in place can influence the system to make sure that some of this prevention work is funded with the additional NHS money. Kiren informed the Board that they are waiting for announcements regarding funding coming to the NHS next summer.	
10. Domestic Abuse Sarah Carter referred to the document *Update on the development of the Oxfordshire's 2019 – 2024 Domestic Abuse Strategy* (page 103 in the agenda pack). Sarah reported that work has started on the process of developing a revised 5 year Strategy with key partners. One question was if they follow the national government guidelines to call it Violence against Women and Girls (VAWG) or do they continue doing what they have been doing locally. This is under discussion at the Domestic Abuse Strategic Board. Sarah clarified that there will be a 5 year Strategy because this is an area that affects so many people and so many agencies. This development will take some time, so Sarah informed the Board that, in the interim, they are developing an annual plan for 2019-20. Sarah's proposal is to come back to HIB in 6-9 months' time with a draft strategy. There was a question on whether other forms of abuse like controlling behaviour are included. Sarah informed that this is the case and that there is a Bill that is going to receive Royal Assent in the Spring which legal definition of domestic abuse includes coercive behaviours. (*further information at* https://www.gov.uk/government/news/government-publishes-landmark-domestic-abuse-bill) Members of the Board were concerned that 6-9 months seemed too long to delay the strategy, although it was acknowledged that this is complex work and involves many partners. Sarah reassured the Board that operational matters would not be affected while the new strategy was being developed and that the existing strategy still gave a good framework. The new strategy will draw from the Review completed in 2016 which included extensive consultation and also take into account the performance of newly commissioned services. Further involvement of service users was also essential in developing the new	

strategy. The Board noted the difficulty of rushing the development of the strategy. However, they wish to be assured that current services jointly commissioned by the local authorities are performing well. They requested that Sarah bring the one-year delivery plan, details of the jointly commissioned services (with KPIs and a performance report) and an outline framework for the new strategy to the next meeting. **Action: Sarah to bring to the next HIB meeting the one-year delivery plan, outline of current services and how they are performing and the draft framework of the 5 year Strategy to the meeting in May 2019.**	**Sarah Carter**
11. Any other Business and Forward Plan It was agreed that if anybody has any other business they should inform the Chairman before the meeting. This means AOB will be listed at the beginning of the agenda in future. <u>Forward plan – pages 119 – to 120 in the agenda pack</u> It was noted that the there is a full list of potential items for the May meeting and that this reflects how many strands of work are covered by the Board. Regular updates will be needed from all working groups, but this will make all meetings very full. It was agreed that some of the subjects can be presented in a written report and be included as "information only" items in future. This will be decided at Agenda Setting meetings by the Chairman and Vice Chair.	**Chairman**
There being no other business, the meeting closed at 16:00	

..... in the Chair

Date of signing

Health Improvement Board
16 May 2019

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 2018-2023, 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 indicators are grouped into the over-arching priorities of:

    - A good start in life
    - Living well
    - Ageing well
    - Tackling Wider Issues that determine health

Current Performance

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

4. There are some indicators that will not be reported on a quarterly basis and these will be reported in future reports following the release of the data. They are marked n/a for this report.

5. Some areas of work will be monitored through achievement of milestones. These are set out on pages 4-5 of this report. No reports are expected until the end of Q1 and therefore this table is included for information only.

6. The latest update for some indicators relate to 2018/19; therefore RAG rating also refers to 2018/19 targets. Performance for those indicators that are updated this quarter can be summarised as follows:

    Of the 11 indicators reported in this paper:
    5 *indicators are Green.*
    5 *indicators are Amber (defined as within 5% of target).*
    1 *indicator is Red – 1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 (by 5 years of age).*

Health Improvement Board Performance Indicators 2019/20

	Measure	Responsible Board	Baseline	Target 2019/20	Updated	Latest	RAG	Notes
A good start in life	1.12 Reduce the level of smoking in pregnancy	HIB	8% (Q1 18/19)	8%	Q3 2018/19	6.7%	G	Data incomplete for OCCG - no return from Great Western Hospital this quarter. RAG based on 18/19 targets
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	HIB	94.3% (Q2 18/19)	95%	Q3 2018/19	92.8%	A	RAG based on 18/19 targets
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	HIB	92.7% (Q2 18/19)	95%	Q3 2018/19	89.4%	R	RAG based on 18/19 targets
	1.15 Maintain the levels of children obese in reception class	HIB	7.8% (17/18)	7%		n/a		The baseline for children who are obese and does NOT include those overweight (but not obese)
	1.16 Reduce the levels of children obese in year 6	HIB	16.2% (17/18)	16%		n/a		The baseline for children who are obese and does NOT include those overweight (but not obese)
Living well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	HIB	19.1% (May 2018)	18.6%		n/a		
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	HIB	>2,337 per 100,000 (2017/18)	> 2,337 per 100,000*	Q4 2018/19	2,929	G	Target and RAG relate to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears
	2.18 Increase the level of flu immunisation for at risk groups under 65 years	HIB	52.4 (2017/18)	55%	Sept 18 to Feb 19	51.4%	A	
	2.19 Maintain the % of people invited for a NHS Health Check (Q1 2014/15 to Q4 2019/20)	HIB	97% (2018/19)	97%	Q3 2018/19	94.9%	G	Target and RAG relate to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears
	2.20 Maintain the % of people receiving an NHS Health Check (Q1 2014/15 to Q4 2019/20)	HIB	49% (2018/19)	49%	Q3 2018/19	47.1%	G	Target and RAG relate to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears
	2.19 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 3.5/5.5 years	HIB	68.2% (Q4 2017/18)	80%	Q1 2018/19	71.2%	A	

Ageing well [1]	3.16 Maintain the level of flu immunisations for the over 65s	HIB	75.9% (2017/18)	75%	Sept 18 to Feb 19	76.3%	G	
	3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)	HIB	58.1% (Q4 2017/18)	60%	Q1 2018/19	59.5%	A	
	3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	HIB	74.1% (Q4 2017/18)	80%	Q1 2018/19	73.9%	A	
Tackling Wider factors that determine health [2]	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	HIB	208 (Q1 2018-29)	>208		n/a		
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	HIB	tbc	<75%		n/a		
	4.3 Maintain numbers of rough sleepers in line with the baseline “estimate” targets of 90	HIB	90 (2018-19)	>90		n/a		
	4.4. Monitor the numbers where a “prevention duty is owed” (threatened with homelessness)	HIB	no baseline	Monitor only		n/a		
	4.5 Monitor the number where a “relief duty is owed” (already homeless)	HIB	no baseline	Monitor only		n/a		
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	HIB	no baseline	Monitor only		n/a		

Health Improvement Board – Process Measures 2019/20

Measure	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	Process	**Rag**	**Process**	**Rag**	**Process**	**Rag**	**Process**	**Rag**
Whole Systems Approach to Obesity	Review the National guidance appropriate to Oxfordshire and the NHS Long Term Plan		Identify and engage stakeholders		Establish a working group		Develop a joint action plan	
Making Every Contact Count	Transformation of Oxfordshire MECC Systems Implementation Group		Promoting MECC approach and training within stakeholder organisations		Support BOB STP with 1. development and implementation of the MECC digital App 2. IAPT training model test bed and Train the Trainer model		1. Engagement with local/regional MECC networks to contribute updates and share learning. 2. Test/shadow BOB STP MECC Metrics.	
Mental Wellbeing	Sign Mental Wellbeing Prevention Concordat		Establish a working group for mental wellbeing		1. Identify wider stakeholders; 2. Suicide Prevention Multi-Agency Group active in May and Dec		Develop Mental wellbeing framework	
Diabetes Transformation							1. National Diabetes prevention programme - increase uptake from baseline; 2. Increase percentage of patients achieving all three NICE treatment targets; 3. Attendance at diabetes structured education - increase numbers from baseline; 4. Increase percentage of patients with 8 care processes completed from baseline	
Domestic Abuse	tbc		tbc		tbc		tbc	
Healthy Place Shaping	tbc		tbc		tbc		tbc	

Social Prescribing	1. Oxford City - Develop measurable outcomes. Install 'Elemental' social prescribing platform to track the patient journey; 2. SE Locality - All 10 Practices know the Community Navigators and their role and proactively refer patients. Proactive referrals made from the hospital discharge team to the Community Navigators		Cherwell and West Oxfordshire - GP Practices identified and targeted for each phase of the scheme roll out; Practices in areas of inequality identified and targeted.					

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Health Improvement Board Meeting

Date: 16 May 2019.
Attending: Richard Lohman: Healthwatch Oxfordshire Ambassador

Update from last meeting:

At last HIB meeting Healthwatch Oxfordshire (HWO) and East Oxford United attended to present **Men's Health Report**. This has since been presented at Health Inequalities Commission Good Practice Event, along with a film produced with NHS England Funding for community engagement. The film was launched on March 7th and was also shown at Health and Wellbeing Board. It can be seen at this link
https://www.youtube.com/watch?v=GcDG7wKMZ40&feature=youtu.be
Next steps includes production of a 30 second social media clip to encourage men to take up NHS checks. This will now be launched on June 9th at the Oxford Eid Extravaganza. The men's health film attracted interest of NHS England Diabetes Prevention Programme Community Engagement Team, who are now keen to link to HWO to find out more about barriers to uptake of diabetes prevention, particularly among seldom heard groups.

Healthwatch Oxfordshire Report

Update on HWO area of activity.

- This year, HWO are taking a focus on **mental health**. This will include gathering insight from residents of Oxfordshire and those who are using mental health services. We will be using a variety of methods including 'Enter and View' visits into mental health settings (with support of Oxford Health), questionnaire, visiting mental health groups both in statutory and voluntary sector. We hope to hear more about the experiences of people accessing and using mental health services in the county. We are liaising with Oxfordshire Mental Health Partnership (OMHP) who are currently working to undertake an evaluation of the recovery contract with OCCG and OCC.
- In addition to mental health being our overarching theme, we are also exploring sub themes to look at experiences of health and social care services for families in the military, and continuing our community based outreach in certain geographic areas of the county. Later in 2019 we hope to look into CAMHS support, and have been linking to OCCG around this.
- HWO has just completed a survey on behalf of NHS England and Healthwatch England on the NHS Long Term Plan. Working with other Healthwatch organisations within the BOB STP footprint, we gathered over 130 Oxfordshire people's views via survey on the NHS Long Term Plan. This included convening two focus groups with the themes of mental health and prevention. A report compiling all the insights from this area

will be presented to NHS England in June.

- Healthwatch Oxfordshire continues to provide support to Patient Participation Groups and ran successful networking events earlier in the year. The aim is to bring groups together to share ideas and good practice and to offer support in development and supporting the voice of patients. Further networking event for the West on 5th June and South East on 12th June, with focus on primary care networks.
- HWO supported the Health and Wellbeing Board in January in hosting an engagement event for voluntary sector groups to explore ways in which the sector could have an input and voice into the Health and Wellbeing Board. This work was initiated following on from CQC report on the system, and recommendations that the input of voluntary sector stakeholders should be strengthened.
- Enter and View visits continue and reports can be seen on HWO website. Latest visits included to the GP Urgent Care Centre at the JR, Rycote GP Surgery and Meadowcroft Care Home.
- In February, HWO took a geographic focus on Thame, visiting a range of groups, and speaking to people on the streets. This work took place in partnership with Healthwatch Buckinghamshire and enabled us to gain a view of people's experiences of access and care in a cross border setting.
- HWO continues to monitor feedback from residents about their experiences of specific services in the county, via our Feedback Centre on the website. This includes hospital settings, where we also hold monthly 'pop up stalls' to speak to people as they come and go.

Of further interest to note:

- Of interest for any discussion on Whole Systems Obesity, HWO project fund report from Rose Hill School Healthy Eating Consultation, gives good insight into some of the barriers to healthy eating for school children and families;
- https://healthwatchoxfordshire.co.uk/the-project-fund-reports/
- HWO supported development of JSNA for Oxfordshire and provided reports and input, into new chapter highlighting local knowledge and evidence. The Oxfordshire JSNA and link with HWO has been used as a good practice example by Healthwatch England to share with other regions.

Health Improvement Partnership Board - 19th May 2019

Oxfordshire Tobacco Control Alliance and the CLeaR assessment

A summary report of the findings of the process

1. Summary

1.1 The Oxfordshire Tobacco Control Alliance (OTCA) provides focus and support to help stakeholders reduce tobacco usage in the county. The Tobacco Control Plan for England has recommended that local health and wellbeing partners participating in a CLeaR assessment (**C**hallenge, **Lea**dership and **R**esults) – a 'deep dive' self-assessment tool aimed to provide a stock take on current tobacco control work. The OTCA completed the audit process and in March 2019 underwent an external peer review. This document provides a summary of the findings of the CLeaR peer review.

2. Tobacco Control

2.1 Tobacco control is an umbrella term often used to describe the broad range of activities that aim to reduce smoking prevalence and/or reduce exposure to second-hand smoke and the morbidity and mortality it causes. In 2017 the Government published a new Tobacco Control Plan, to pave the way for a smoke free generation.

2.2 Effective tobacco control includes various national policies, overseen and implemented by central Government. However locally the Council, and other local stakeholders, have a responsibility alongside central Government to support the implementation of these to maximise their potential to reduce smoking prevalence rates.

2.3 The national tobacco control plan advocates a whole system approach to ending smoking in the population, reaching out to smokers in the whole NHS and community.

2.4 The Tobacco Control Plan also aims to address local inequalities through targeting those populations where smoking rates remain high. The plan supports

- Regions and individual local councils coming together to agree local ambitions around which collective action can be organised.
- Local health and wellbeing partners participating in 'CLeaR', an evidence-based improvement model that can assist in promoting local tobacco control activities.
- Local councils identifying the groups and areas with the highest smoking prevalence within their local communities and taking focused action aimed at making reductions in health inequalities caused by smoking in their population.

2.5 Tobacco Control involves creating the environments and norms, where children don't start smoking and adults are motivated and supported to quit.

3. The Oxfordshire Tobacco Control Alliance (OTCA)

3.1 The OCTA has been set up in line with national guidance and officers reviewed how other local authorities run their local TCAs.

3.2 While currently public health chair and support the running of the OTCA, it is not meant to be led by public health. This group is set up to be a true partnership of equals who will agree how to work collaboratively to reduce tobacco use and exposure in the County.

3.3 The OTCA aims to

- Adopt best practices in reducing tobacco usage in Oxfordshire
- Motivate local stakeholders to participate in local tobacco control activity.
- Create environments and norms that prevent smoking uptake and stimulate and facilitate quit attempts.
- Support the work of the stop smoking service. Work with a wide range of stakeholders whilst working on shared agendas and avoiding duplication
- Make novel connections between different professions and organisations.
- Agree a shared approach on what stakeholders will do to reduce tobacco usage, particularly where there are inequalities, whether it be by geography or social demographic group.
- Share national and local information that helps local stakeholders act, effectively and efficiently on tobacco usage.

3.4 The Tobacco Control Plan for England has recommended that local health and wellbeing partners participating in a CLeaR assessment (**C**hallenge, **Lea**dership and **R**esults) – a 'deep dive' self-assessment tool aimed to provide a stock take on current tobacco control work. It was agreed at the first meeting of the Alliance that one of the first actions of the OCTA will be to complete this for Oxfordshire. Partners within the OTCA were invited to contribute electronically and the responses and self-scoring verified in one of the face to face meetings.

3.5 There is no local tobacco control strategy at this time. The OTCA have agreed that the CLeaR assessment is an objective tool which can help develop a local strategy.

4. The CLeaR assessment

4.1 CLeaR is an evidence-based improvement model which helps to develop local action to reduce smoking prevalence and the use of tobacco. The CLeaR model offers:

- A free-to-access self-assessment tool that can assist in evaluating the effectiveness of local action addressing harm from tobacco - a major aspect of any health and wellbeing strategy;
- A peer assessment process, which provides independent challenge to our self-assessment and access to a recognised quality mark;
- A chance to benchmark our work on tobacco over time and against others;

4.2 **CLeaR** stands for the three linked domains of a model shown below:

4.3 **C**hallenge for existing tobacco control services – based on evidence of the most effective components of comprehensive tobacco control, as outlined in NICE Guidance and *"Healthy Lives, Healthy People, a Tobacco Control Plan for England*".

4.4 **Lea**dership for comprehensive action to tackle tobacco.

4.5 **R**esults demonstrated by the outcomes you have delivered against national and local priorities.

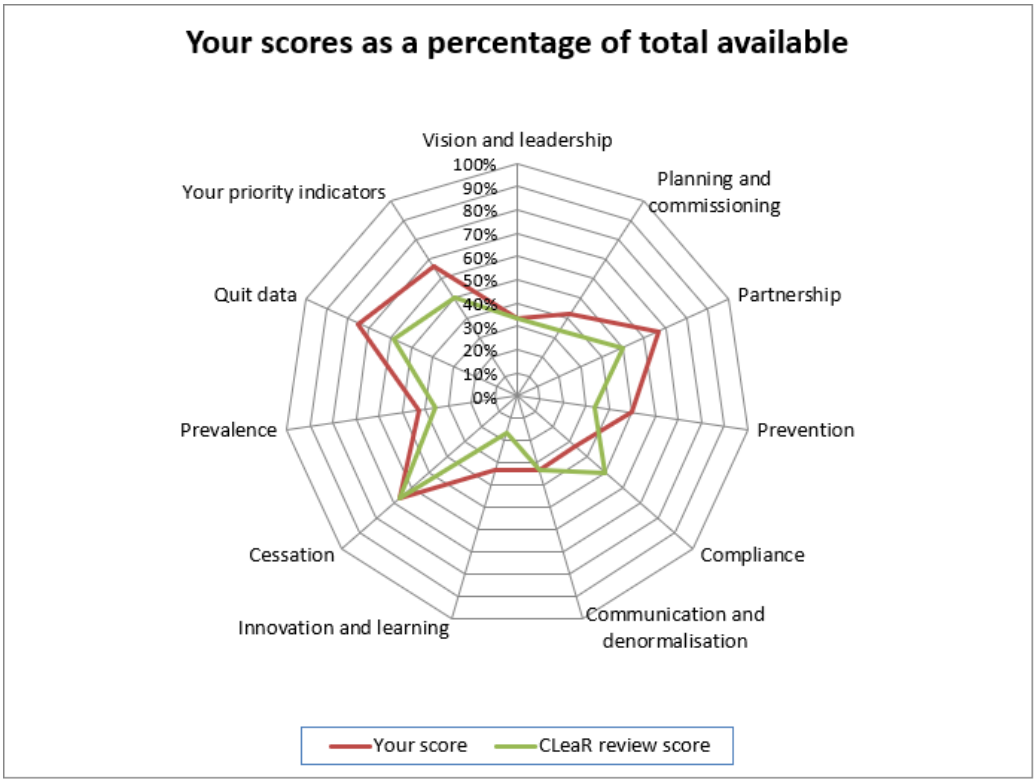
4.6 These three domains are underpinned by the central core of **local priorities**, which encourages consideration of how the broader aims of the local authority and health and wellbeing board complement and support our strategy to tackle tobacco.

4.7 The first phase of the CLeaR process involved a local self-assessment. Key players, from OTCA scored the local approach to tobacco control against the items in the CLeaR questionnaire. This was submitted to the peer assessors prior to a visit to the County.

4.8 On 7th March 2019 the peer assessors spent a day meeting with local representatives from the Tobacco Control Alliance. The CLeaR team consisted of Hilary Wareing, iPiP (Core Assessor); Martyn Willmore, Tobacco Control Programme Manager, Public Health England; Emma Brown, Public Health Improvement Officer, Doncaster County Council; Jez Mitchell, Public Health Principal (Wakefield Council).

5. CLeaR Assessment results

5.1 The chart below shows (in RED) Oxfordshire's original self-assessment scoring, as a % of available marks in each section and (in GREEN) the CLeaR team's peer-assessment results. The results of the peer assessment accorded closely with the self-assessment.



5.2 The following were identified as strengths,

- Public Health expressed their commitment to raise the profile of tobacco control and provide leadership and support to the new alliance
- There is an understanding of local health inequality issues and the need to address these was apparent.
- The stop smoking service is contracted to target services in the most deprived areas and to groups most impacted by tobacco use including routine and manual, pregnant women and those living with mental health problems. It is achieving good outcomes.
- The trading standards team are undertaking an intelligence and insights driven approach to identify and remove illicit sources of tobacco.
- Recognition that opportunities exist to build a broader consensus for tobacco control across a wider range of council services and partner organisations.
- There is a commitment to build a strong alliance to help guide and shape a multi-agency approach to reducing harm from tobacco.
- There is an awareness that whilst overall prevalence is not high this is not the case in some of the most deprived areas and amongst certain groups.
- We heard about innovative approaches to working with vape shops and the integrated respiratory pilot.

5.3 The Peer assessment team also provided the following as opportunities for development.

- You have an intention to use the CLeaR process and outcomes to facilitate a conversation, within the Council and with partners, about the development of a joint vision and tobacco control plan.

- There is an opportunity to build a strong multi-agency alliance which includes members that can influence policy and practice within their own organisation. The selection of the chair may determine how others perceive and engage with this group.

- There is an opportunity to encourage the development of more tobacco control champions within many partner organisations, particularly the NHS.

- There is an opportunity to demonstrate the commitment to the tobacco control agenda by signing the Local Government Declaration on Tobacco Control and Smokefree NHS pledge.

- The development of the new plan gives an opportunity to increase understanding in partner organisations about tobacco control, the policy levers and which interventions will be most impactful.

- There is currently no systematic way to ensure partners are held to account. As a new plan is being developed, now might be the time to consider developing formal arrangements.

- The stop smoking service is following best practice guidance and is responsive to the need to adapt and change practice. There are opportunities for partner organisations to support the service in increasing referrals. It is important to ensure that there are systematic and robust referral pathways into the local support services.

- Partners could be engaged in a sustained, strategic, and comprehensive approach to media and communications. A partnership communications plan, as part of the tobacco control plan, may increase activity and reach of messages.

- There is an opportunity to use more insights to determine prevailing attitudes and knowledge of smokers and other audiences which may help guide activity.

- The use of local people as case studies both as recent quitters but also as champions for tobacco control could be developed. There may be economies of scale to be made through more supra-local collaboration in marketing.

- Knowledge of the responsibilities under the WHO Framework Convention on Tobacco Control was demonstrated with reference to recent events.

Consideration should be given to further action to inform elected members and partner organisations to guard against tobacco industry interference.

- Smoking in pregnancy remains a challenging area. There is a commitment and focus within the stop smoking service but there is a need for greater commitment at a senior level within the acute trust to implementation of NICE guidelines.
- There is an opportunity to build on individual projects to further engage secondary care. Consideration should be given to the recommendations of the Royal College of Physicians report “Hiding in Plain Sight” (June 2018)

- It may be helpful to consider using CLeaR self-assessment tools for pregnancy; secondary care and mental health. The results of which will inform the tobacco control plan.

- Given the varying views expressed regarding electronic cigarettes, consideration should be given to the development of an explicit local policy regarding their promotion and use. This should incorporate the latest evidence regarding harm and draw a distinction between youth experimentation and long-term use. It should also identify their role in helping smokers quit and stay quit.

- Consideration should be given to proportionate and evidence-based activity to address youth smoking. This should be based on insights work to quantify the levels of youth smoking across Oxfordshire, to establish if this is significant issue.

- There may be opportunities for agencies to work together to promote smokefree homes.

6. Next Steps

6.1 The results of the CLeaR assessment provide a platform which the members of the OCTA and wider partners can develop a vision for tobacco control in the County and a local tobacco control strategy.

Update on Domestic Abuse Strategy

Purpose

This report is intended to provide Oxfordshire's Health Improvement Board with an update on progress on development of the new Domestic Abuse Strategy.

Context

One of the recommendations from the 2016 Strategic Review of Domestic Abuse was to develop a 5-year strategy for domestic abuse. This is now underway and the Strategic Board for Domestic Abuse has been working to develop this strategy to set out our strategic approach for 2019-2024. In February the Health Improvement Board requested an agreed framework for the Strategy and a Year 1 Delivery Plan and corresponding dashboard be brought to their May meeting.

Progress

We have been working hard to develop an informed and clear Strategy that is fit for purpose and meaningful for all those who work to tackle domestic abuse in Oxfordshire. To do this effectively we needed to hear the views of as many workers and agencies as well as victims of abuse. In addition to consulting with our domestic abuse partners who attend our Strategic and Operational Domestic Abuse Boards and a range of other meetings where key stakeholders are in attendance, we held three Domestic Abuse Strategy Consultation Events across Oxfordshire to gather expertise and guidance. The events were very successful, all well attended with a broad range of agencies represented, and including participation by Experts by Experience. The key messages gathered from these events (see Key Messages document attached) have informed our Strategy framework (see below) and the new delivery plan (also attached). A summary of the approach is set out below.

Framework for the Domestic Abuse Strategy 2019-24

After consulting on what should be our approach for Oxfordshire we have concluded that taking the central Government approach of a Violence Against Women & Girls Strategy is not right for us. While there was some support for broadening the strategy to include other strands of the Violence Against Women & Girls agenda it was felt that a strategy that overtly focuses on women and girls was exclusionary and not in accordance with our need to be inclusive of people of all genders and family members affected. Furthermore, the title was viewed as regressive with the use of the term violence rather than abuse. W were told that our strategy needed to be shaped by a focus on people experiencing abuse, their children, *and* people perpetrating abuse – rather than the continuing to place the focus and onus on victim/survivors.

Consequently, our strategy is aimed at addressing all forms of domestic abuse with Prevention, Provision, Partnership and Pursuing as the key strategic aims underpinning the framework. The Strategy will ensure a consistent focus on all domestic abuse including Coercive control, Honour Based Abuse, Female Genital Mutilation, Forced Marriage and Stalking and Harassment. There will be a strong

focus on perpetrators as well as considering the wider needs of families and those recovering from the impacts of domestic abuse. All activity will be set out under one of these four strategic aims. The aims may be defined as follows:

Prevention: Preventing domestic abuse from happening by challenging the attitudes and behaviour which foster it and intervening early where possible to prevent it

Provision: Providing high quality, joined-up support for victims where domestic abuse does occur.

Pursuing: Taking action to reduce the harm to victims of abuse by ensuring that perpetrators are brought to justice and provided with opportunities for change in a way that maximises safety.

Partnership: Working in partnership to obtain the best outcome for victims, children and their families.

Year 1 Delivery Plan

The Delivery Plan includes work that is already in progress including the Peer Audit of Young People and Domestic Abuse, the continued delivery of our co-commissioned specialist services, the Young People Domestic Abuse Training and the multi-agency domestic abuse training modules that are being rolled out via our domestic abuse training pool.

The Plan also includes many new initiatives such as the development of new training on coercive control, Stalking and Harassment and Honour Based Abuse, a focus on support for victims giving evidence at court, supporting prevention work going into schools and access to recovery programmes and counselling for victims and children. We will also be looking at access to Sanctuary Schemes across the County to ensure victims and children can be supported to remain safely at home where possible, ensuring there is a focus on addressing the needs of the whole family and using police and criminal justice tools and processes effectively to hold perpetrators to account protect victims and change or avoid harmful behaviours wherever possible.

A dashboard which corresponds to the activity set out in our delivery plan will be circulated to key partners at the end of quarter 1 once data has been collected from the various agencies involved in delivery.

Conclusion

The key to successfully tackling domestic abuse really is effective partnership working and this strategy will enable us to ensure that we are working collaboratively and constructively to address the widespread and long-term impacts of domestic abuse for our local population.

Sarah Carter
Strategic Lead for Domestic Abuse
8 May 2019

Accompanying papers:

1. Year 1 Delivery Plan
2. Key messages from 5-year DA strategy consultation events
3. Domestic Abuse Annual report (March 2019)

Annexes

- Partner update February 2019
- Partner update March 2019
- Partner update April 2019

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Domestic Abuse Strategy 2019 – 2024

Year 1 (2019-20) Delivery Plan

Introduction

This Delivery Plan sets out the planned work for year one of the Strategy to meet our high level strategic aims of “Prevention”, “Provision”, “Partnership” and “Pursuing”. Each aim may be summarised as follows:

Prevention: Preventing domestic abuse from happening by challenging the attitudes and behaviour which foster it and intervening early where possible to prevent it

Provision: Providing high quality, joined-up support for victims where domestic abuse does occur.

Pursuing: Taking action to reduce the harm to victims of abuse by ensuring that perpetrators are brought to justice and provided with opportunities for change in a way that maximises safety.

Partnership: Working in partnership to obtain the best outcome for victims, children and their families.

The Delivery Plan categorizes a range of activity under each of the four strategic aims. Where available, the previous year’s data will be used as a baseline to mark improvement. Specific targets will be set wherever relevant. Reporting (via the corresponding data dashboard) on each of the activities set out below will start with Quarter 1 2019-20 which will be available for dissemination from the end of week 4 of Quarter 2.

2019-20 Delivery Plan

Activities to be completed in year one of the 2019 – 2024 Domestic Abuse Strategy for Oxfordshire are set out below against each of the four strategic aim headings, Prevention, Provision, Pursuing and Partnership.

1. Prevention

Area of work	Activity	Lead	Comment
Training	Deliver a range of multi-agency domestic abuse (DA) training including: • DA Basic Awareness • Children & Families and DA • DA Risk and Safety Planning • Champions training • Young People & DA Develop the following new training • Coercive Control • Stalking & Harassment • Honour Based Violence/Abuse	Strategic Lead Domestic Abuse / Violence Against Women & Girls Co-ordinator	Delivery of each of these domestic abuse training modules has been set up for 2019-20. We will report on the number of professionals trained in each and the range of agencies in receipt of training. These training modules will be developed and a plan put in place for delivery from early 2020.
Education	Schools and Further Education prevention work: • Collect and collate information on healthy relationships work in schools and colleges. • Work to support a co-	Strategic Lead Domestic Abuse / Violence Against Women & Girls Co-ordinator	Data will be collected from known delivery partners but will not include individual pieces of work carried out or commissioned by individual schools and colleges.

	ordinated response to delivery of the new Relationships & Sex Education (RSE) statutory element of the curriculum		
Community work	Community based needs assessment: • BAMER (Black Asian Minority Ethnic & Refugee) Project – including barriers to accessing support from both voluntary and statutory services	TV BAMER Board	Final report March 2020 with recommendations for systemic change
Conferences	Work with Thames Valley Domestic Abuse Co-ordinator Group partners to develop and deliver a domestic abuse conference for the Thames Valley.	Strategic Lead Domestic Abuse / Violence Against Women & Girls Co-ordinator	The Group will decide on a strategically relevant topic for the Conference aimed at professionals working across the Thames Valley.

2. Provision

Area of work	Activity	Lead	Comment
Domestic Abuse Pathway Services	Contract management of co-commissioned services • delivery of full range of specialist services • ensure performance	Oxfordshire County Council Contracts Team	Quarterly reports and quarterly monitoring meetings are in place to inform co-commissioning partners on contractual performance.

	indicators are met / exceeded.		
Young People and domestic abuse	Ensure effective support is in place for young people with domestic abuse in their own intimate partner relationships: • Complete Peer Audit of Domestic Abuse Pathway for Young People including engagement to incorporate the voices of the children, young People and families included.	Strategic Lead Domestic Abuse / Violence Against Women & Girls Co-ordinator	The Peer Audit will be carried out in July / August and will report to the Strategic Board for Domestic Abuse.
Recovery	Improving access to recovery programmes & counselling: • Map all programmes being delivered for survivors (adults and children)/identify gaps and develop arrangements to increase access • Map counselling and ensure pathways are in place to access it	Operational Board for Domestic Abuse	A task and finish group from the Operational and Strategic Boards for Domestic Abuse will complete work and develop plans to address gaps.
Sanctuary Schemes	Keeping victims and children safe in their home • Complete scoping exercise to understand the level of sanctuary scheme in each district to identify good practice and gaps	Strategic Board for Domestic Abuse	Local Authority District partners will be responsible for collecting, collating and sharing data for their own district.

3. Pursuing

Area of work	Activity	Lead	Comment
Criminal Justice System	Ensure victims attending court to give evidence have access to appropriate specialist domestic abuse support at the hearing. Ensure Witness Service staff receive bespoke domestic abuse training.	Criminal Justice Board Manager Strategic Lead Domestic Abuse	This is key to the DA Best Practice Framework in the Criminal Justice System. We will liaise with the Witness Service and with a view to develop bespoke training and deliver to Witness service staff.
Perpetrator work	Monitor the number of referrals / starters and completion rates for the Positive Relationship Programme in Oxfordshire and review progress. CRC to work with NPS and Courts to improve targeting of Building Better Relationships Programme resource. CRC to reduce BBR waiting times for men to commence the programme.	Criminal Justice Board Manager CRC Manager	Evaluation Report is currently being drafted, and will include referrals, and the programme starters and finishers. Quarterly reports will be provided by CRC to demonstrate progress.
DVPNs/DVPOs	Increase the use of Domestic Violence Protection Notices/Orders by police in Oxfordshire Ensure effective support given and outcomes achieved during the Order.	Thames Valley Police Strategic Lead Domestic Abuse	These are being increased but the focus is on quality and effectiveness rather than just quantity. This is now being monitored through the contract for domestic abuse services and we will work with our IDVA service to monitor support given to high risk victims.

4. Partnership

Area of work	Activity	Lead	Comment
Data-sharing	Develop and deliver a quarterly Domestic Abuse dashboard based on information from a range of agencies.	Strategic Lead Domestic Abuse / Violence Against Women & Girls Co-ordinator	The dashboard will correspond with the activities set out in the Delivery plan.
MATAC	Review success of Multi-Agency Tasking and Co-ordination (MATAC) meetings in Oxfordshire	Thames Valley Police	This is newly established in the South of Oxfordshire and has just commenced in Cherwell areas. The new process will be reviewed once sufficient evidence is available.
MARAC	Multi-agency Risk Assessment Conference (MARAC) review work • Set up MARAC Review Group to oversee delivery and problem solve. • Quarterly reports on MARAC performance • Improve data capture around protected characteristics	Thames Valley Police	The MARAC review group is being re-established and will have a standing item on the agenda to look at data capture for BAMER groups. This data is available and there will be work ongoing to ensure this is consistently recorded to ensure the data held is accurate.
DHRs	Domestic Homicide Reviews (DHRs) • Annual report on DHRs in Oxfordshire to The Strategic Board for Domestic Abuse • DHR findings to be shared	Strategic Lead Domestic Abuse / Violence Against Women & Girls Co-ordinator	Quarterly information will be shared on Oxfordshire DHRs running and those published in that quarter. The annual report will include a review of what has worked well / not so well in the processes of DHRs published.

	with Thames Valley partners via the Domestic Abuse Co-ordinators group.		
Specialist support	Specialist support in core-agencies • Co-location of specialist workers	Strategic Lead Domestic Abuse	This will be monitored as part of the contract for domestic abuse services.
	• Support increased early work in children's social care around parents to reduce risk to children of becoming subject to Child Protection measures and being taken into care	Strategic Board for Domestic Abuse	The Strategic Board will formally request an increase in early work with parents around domestic abuse and will offer advice and support to CSC in developing

Glossary of terms

Acronym / term	Meaning	Acronym / term	Meaning
BAMER	Black Asian Minority Ethnic & Refugee	MATAC	Multi-agency Tasking & Co-ordination – a recently introduced meeting focused on reducing the harm caused by perpetrators
BBR	Building Better Relationships statutory perpetrator programme run by CRC	NPS	National Probation Service – high risk offenders
CRC	Crime Reduction Company (private arm of the Probation Service) -medium/low risk offenders	PRP	Positive Relationship Programme – voluntary perpetrator programme run by CRC
CSC	Children's Social Care	RSE	Relationships & Sex Education – part of the national curriculum
DA	Domestic abuse		
DHR	Domestic Homicide Review – a review commissioned by local Community Safety Partnerships when there has been a homicide or suicide and domestic abuse is a known factor	Sanctuary Scheme	Practical measures to make a victim's home safer and more secure, also known as "target hardening".
		TV BAMER Board	Project board set up to oversee delivery of a 2-year BAMER Project running in the Thames Valley to identify barriers to certain groups accessing help when experiencing domestic abuse.
DVPN/Os	Domestic Violence Protection Notice / Order issued by the police to a suspected perpetrator of domestic abuse to remove perpetrator to enable practical support to be given to victims	TV DAC Group	Thames Valley Domestic Abuse Co-ordinators – Domestic Abuse leads who meet to share develop good practice.
MARAC	Multi-agency Risk Assessment Conference – a multiagency forum for managing risk in relation to high risk victims	TVP	Thames Valley Police
		VAWG	Violence Against Women & Girls – National Strategy including DA

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Oxfordshire 5-year Domestic Abuse Strategy
Key messages from April 2019 Consultation Events

General feedback

- Support for the idea that our strategy could be broadened to include all abuses under the 'Violence Against Women and Girls' umbrella in the future, but a strong dislike for this as the title for the strategy. The title was viewed as regressive (with use of the term violence rather than abuse) and exclusionary (rather than inclusive of people of all genders and family members also affected).
- Need for our strategy to be shaped by a focus on people experiencing abuse, their children, *and* people perpetrating abuse – rather than the continuing to place the focus and onus on victim/survivors.
- Many were mainly happy with our strategic vision, but there were also suggestions to adopt a rights-based approach which promotes zero-tolerance and enables the public and professionals to feel supported to challenge problematic attitudes & behaviours in safe ways.

Delivery priorities

Prevention

- Prevention as the top priority! Education and culture change was highlighted, right from early years through to adulthood, and links with Relationships and Sex Education becoming compulsory in schools from September 2020
- We need a much greater focus on early work with parents of children referred into Children's Social Care - 70% of referrals into CSC in Oxfordshire have a DA factor, increasing evidence that early work with parents reduces risk to children and reduces their likelihood of going onto a Child Protection Plan and entry into care"
- Community based awareness raising, including multi-lingual public information campaigns and targeted engagement

Provision

- Recovery from abuse as key, including the delivery, coordination, and allocation of resources for a pathway of group work programmes
- Trauma-informed services, including availability of specialist counselling
- Mapping of services, to ensure professionals are aware where people can seek help and support for the myriad of challenges that come with abuse
- Young People focussed services and support, including within the Young People's Supported Housing pathway
- Ensure services are accessible to all, including via representation within services
- Range of multi-agency professionals training, especially when broadening strategy

Partnership

- Ensuring we share and use resources within our partnership (including buildings for group work, existing information directories etc.)
- Co-location of specialists within universal services
- Utilising the partnership to identify need and lobby for change

Pursuing perpetrators

- Multi-agency training on working with perpetrators
- Appropriate and accessible perpetrator interventions (community based 6-month programmes, which can be accessed by diverse groups of people)

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Annual Report on Delivery of Domestic Abuse Strategic Recommendations

Purpose

This report is intended to provide Oxfordshire's Health and Wellbeing Board with an update on progress against the nine recommendations set out in Oxfordshire's Strategic Review of Domestic Abuse published late 2016.

Context

In 2016 a Strategic Review of Domestic Abuse was completed. This review took an in depth look at the occurrence of and services responding to domestic abuse in Oxfordshire. The Review recommendations focussed on working in partnership to provide the right services, taking steps to ensure robust measures are in place to protect and support victims and their families from the serious and significant harm and long-term impacts of abuse and ensuring that this work is informed by actual experiences of people affected.

Both the Strategic Board and Operational Domestic Abuse Boards meet on a quarterly basis and both have sub groups which lead on certain aspects of their work. A regular reporting cycle to the Health Improvement Board is in place. Since the Strategic Review was published at the end of 2016, domestic abuse has become a key area of focus for partnership boards. In addition to the focus on domestic abuse by the Community Safety Partnerships in Oxford City and each of the Districts, domestic abuse has during the last year been one of 3 key priorities for the Joint Safeguarding Boards and it is also a priority for the Children's Trust.

Progress update

Progress on the delivery of each of the nine recommendations is set out under each recommendation heading written in bold.

1. **Endorse and implement a pathway of domestic abuse services based on the identified needs set out in Oxfordshire's Strategic Review of Domestic Abuse**

There is now an established Domestic Abuse Pathway for adult victims as well as a Domestic Abuse Pathway for Young People agreed and in place.

2. **Implement a new governance structure for domestic abuse**

The governance for this area was agreed at the Domestic Abuse Summit held in 2017 and formally signed off by the Health Improvement Board a few days later. In summary the governance structure is as follows:

- Domestic Abuse Operational Board, reporting to;
- Domestic Abuse Strategic Board, reporting to;
- Health improvement Board, reporting to;
- Health & Wellbeing Board

- Joint Safeguarding Boards hold Strategic Board to account taking the role of oversight and challenge

In addition to the above, over the past 12 months there have been reports (for information) to the Safer Oxfordshire Partnership, Housing Support Advisory Group and the Children's Trust. The Domestic Abuse Strategic Board has representation from all key strategic stakeholders whilst the Operational Board benefits from a broad range of operational lead officers from service delivery organisations and teams.

3. **Set up task & finish groups to consider key issues including "hidden" domestic abuse, prevention, improvements to data capture, the viability and effectiveness of a range of perpetrator interventions**

A "hidden abuse" task and finish group was established prior to the commissioning of new domestic abuse services and this work fed into the development of the new specification for services. Black Asian Minority Ethnic and Refugee (BAMER) community development work funded from a central government grant is currently addressing "hidden abuse" within these communities in Oxfordshire and across the Thames Valley.

4. **Adopt a co-commissioning approach that identifies resources, agrees a range of outcomes and measures success and implementation.**

At the Domestic Abuse Summit in July 2017 a co-commissioning approach was agreed following which funding from each of seven partners (Oxfordshire County Council, Oxford City Council, Cherwell District Council, West Oxfordshire District Council, Vale of White Horse District Council, South Oxfordshire District Council and the Office of the police and Crime Commissioner for the Thames Valley) was committed to commission a range of domestic abuse services.

A new contract delivering the new service model commenced 4 June 2018 and alongside this a partnership agreement was put in place with Oxfordshire County Council (OCC) as lead commissioner. Intensive support from OCC contract management team has been facilitating the service transition and monitoring services on how well they are delivering the outputs and outcomes agreed in the contract.

5. **Service user voice to be included in all service development and commissioning work and ensure user voice included on both the domestic abuse Operational and Strategic Boards.**

Experts by Experience (people who have used domestic abuse services) have been involved in a range of commissioning and service development activities including:

- Attending visits to gather information on good practice elsewhere in the country
- Involvement in the tender by being part of the interview panel for prospective bidders.

- Regular attendance on the Domestic Abuse Operational Board
- Development and delivery of multi-agency domestic abuse training
- Involvement in conferences and awareness raising events

6. **Strengthen connections both strategically and operationally between domestic abuse and sexual violence delivery.**

We have strengthened connections by ensuring representation from sexual violence support agencies on our Operational Board, with the work of our Violence Against Women and Girls (VAWG) Co-ordinator linking with a broad range of agencies on gender violence issues and delivering training to raise awareness with key professionals. The Strategic Board is also exploring broadening our strategic approach towards inclusion of more aspects of the Violence Against Women and Girls agenda which includes sexual violence.

7. **Training strategy for domestic abuse to be developed and co-funded to deliver multi-agency training**

A broad range of multi and single agency domestic abuse training is available for agency staff across Oxfordshire. This includes training for professionals working with Young People. We have recently added to this by co-designing (with our voluntary sector specialist training provider) the following multi-agency training which is being delivered at low cost using a train the trainer approach:

- Domestic abuse awareness
- Domestic abuse, children and families
- Risk assessment and safety planning
- Champions role

8. **Recommend the development of a 5-year strategic plan for domestic abuse considering the funding for the sustainability of service provision and the longer-term outcomes for victims across Oxfordshire.**

The Domestic Abuse Strategic Board is currently developing a 5-year strategy – broad consultation with partners is in progress with 3 consultation events planned for the end of March.

9. **Develop and implement an information strategy to ensure that appropriate and accessible information is accessible both to those affected and those responsible for responding to domestic abuse**

The Strategic Board is also working on a new communications strategy to sit alongside the 5-year strategic plan.

Sarah Carter
Strategic Lead for Domestic Abuse

27 February 2019

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Oxfordshire Domestic Abuse Partner Update

Issue 3

February 2019

A monthly update on how we are responding to domestic abuse across the county and delivering our strategic priorities

Progress

- Facilitators of our new multi-agency training, from 8 different local agencies, have completed their train-the-trainer programme! The roll out of our new training model begins this month with Domestic Abuse: Basic Awareness. This is the first module and is a universal course suitable for all practitioners and volunteers that come into contact with the public in Oxfordshire. Places are available to book via OSAB for both the morning and afternoon sessions on Wednesday 27th February.
- HM Government have published the draft Domestic Abuse Bill. The Bill introduces our first ever statutory government definition of domestic abuse!
- The Home Office have also published a report into the economic and social cost of domestic abuse. The report revealed the crime cost to England and Wales to be £66 billion in 2016-2017, with the largest cost element the physical and emotional harm suffered by victims themselves, with the next highest cost for lost output relating to time taken off work as a result of the abuse. Recognising this, organisations might like to have a look through the Public Health England Domestic Abuse Toolkit for Employers.

Request for help!

One of our Oxfordshire residents is co-delivering the Springboard programme for women who have left an abusive relationship. They're looking for a free venue in central Banbury with space for 20 people for 1 full day per month for 4 months, plus 1 full day 2 months after the programme is completed. The venue needs to be easy to access via bus and would ideally be somewhere women might usually visit. If you think you might be able to offer a venue please get in touch with Jo.Lovell@yahoo.com – thanks so much for your help & support!

Raising Awareness of Coercive Control

Thames Valley's Victim's First service have launched a coercive control awareness raising campaign! For further information and free downloadable posters and graphics please visit the campaign page.

Local News

Oxfordshire services have been instrumental in the development of another BBC documentary exploring Domestic Abuse. Behind Closed Doors: Through the Eyes of the Child explored children's experiences of growing up with domestic abuse, and features our local specialist services. It follows the 2016 BAFTA award nominated documentary Behind Closed Doors. Both programs are a powerful watch, with Oxfordshire voices at the centre.

Next Steps

- We'll be scheduling in more of our training modules, including Domestic Abuse: Children & Families, Domestic Abuse: Risk and Safety Planning and Domestic Abuse Champion. Further information on modules and course content is available on the Oxfordshire County Council Domestic Abuse page. Places will be able to be booked via Oxfordshire Safeguarding Adults Board.
- The Oxfordshire Domestic Abuse Strategic Board will be developing our Data Dashboard, to help us see how well our Strategic Objectives are being delivered, and our 2019-20 Delivery Plan outlining our work over the upcoming year.
- We're holding consultation workshops on our new 5 year Strategy at the end of March!

Contact Details

If you have any questions or comments please contact
Sarah Carter, Strategic Lead for DA | Sarah.Carter@Oxfordshire.gov.uk
Abi Wycherley, VAWG Coordinator | Abi.Wycherley@Oxfordshire.gov.uk

OXFORDSHIRE COUNTY COUNCIL

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Oxfordshire Domestic Abuse Partner Update

Issue 4

March 2019

A monthly update on how we are responding to domestic abuse across the county and delivering our strategic priorities

Progress

- We're in the process of arranging all 2019/20 Domestic Abuse multi-agency training sessions! Places on all modules of our free modular training programme can be booked via the OSAB Training Portal. Places are still available for first module, Domestic Abuse: Basic Awareness, on Wednesday 27th March (morning and afternoon sessions available).
- We've arranged more professionals' training on Oxfordshire's Domestic Abuse Pathway for Young People. These Q1 sessions are primarily targeted at **schools and colleges**. There's one half-day session each in North (20th May), City (23rd May), and South (4th June). Please do share this training opportunity with any colleagues in education!

Help to build our new 5-year Domestic Abuse Strategy!

We're excited to let you know that we're holding consultation events for our 5-year Domestic Abuse Strategy, and we'd love to have your input! These events will be a really great opportunity for you to have your say on how we work with domestic abuse in Oxfordshire over the next 5 years. Our Strategy needs to be meaningful to everyone responding to domestic abuse – hearing your views, experiences and ideas is a really important part of this process.

For us to successfully tackle domestic abuse across Oxfordshire we need to work together, and we need to do this in a way that *really works* – so we need your help! We'd like to hear from people across Oxfordshire, and across Oxfordshire's organisations. Whether you're a passionate individual, a 'service user' or someone who chose not to access services, a frontline worker, a strategic decision maker – you can make a difference! **Come and join us on:**

- Monday 1st April. 10am-1pm. Old Library, Oxford Town Hall, St Aldate's, **Oxford** OX1 1BX
- Thursday 4th April. 10am-1pm. New Futures Centre, Hilton Rd, **Banbury** OX16 0EJ
- Friday 5th April. 10am-1pm. Roysse Room, The Guildhall Abingdon, Abbey Close, **Abingdon** OX14 3JD

Please email Abi.Wycherley@Oxfordshire.gov.uk to register your attendance by Friday 29th March.

Sexual Violence Awareness Training

Oxfordshire Sexual Abuse and Rape Crisis Centre (OSARCC) have places available on their Sexual Violence Awareness training on 20th & 21st May! The two-day course enables professionals to further their knowledge of sexual violence and develop the skills and confidence needed to safely and supportively respond to disclosures. For further information, or to book on, please visit the OSARCC site.

Next Steps

- We're working on the development of our Data Dashboard! The dashboard will collate information captured by partner agencies to ensure the work of our Domestic Abuse Boards is intelligence led, and to make sure we're always asking the right questions for Oxfordshire residents.

Contact Details
If you have any questions or comments please contact
Sarah Carter, Strategic Lead for DA | Sarah.Carter@Oxfordshire.gov.uk
Abi Wycherley, VAWG Coordinator | Abi.Wycherley@Oxfordshire.gov.uk

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Oxfordshire Domestic Abuse Partner Update

Issue 5

April 2019

A monthly update on how we are responding to domestic abuse across the county and delivering our strategic priorities

Progress

- We delivered the first two sessions of our new domestic abuse training at the end of March! We had a great group of people join us, with brilliant representation from housing teams especially.
- Places on all modules of our free multi-agency domestic abuse training programme across 2019-20 are available to book via Oxfordshire Safeguarding Adults Board.
- There are still places left on the Spring 2019 Oxfordshire's Domestic Abuse Pathway for Young People training. There's one half-day session each in North (20th May), City (23rd May), and South (4th June). Please do share this training opportunity, particularly with any colleagues in education.

Male victims

The Home Office has released a position statement on men who experience abuses that come under their 'Violence Against Women and Girls' (VAWG) strategy. The statement is an insightful and relatively short read with some thought-provoking data – including one survey which illuminated that 1 in 5 men took over 31 years to disclose being sexually abused. VAWG is an umbrella term currently used by the government to encompass: domestic abuse, so-called 'honour based' abuse, forced marriage, female genital mutilation, sexual violence, stalking and harassment, and trafficking and exploitation. There was lots of really interesting discussion about the appropriateness of this title at our Strategy Consultation events, and how it may be a barrier to disclosure.

5-year Strategy Consultation Events

A massive thank you to everybody who joined us! We're so grateful for all of your help and support. There was so much brilliant discussion and we're excited to move forward with all of your insights. Key messages included

- Support for the idea that our strategy could in the future be broadened to include all abuses under the 'Violence Against Women and Girls' umbrella, but a strong dislike for this as the title for the strategy. The title was viewed as regressive (with use of the term violence rather than abuse) and exclusionary (rather than inclusive of people of all genders and family members also affected)
- Prevention as the top priority! Education and awareness raising in schools was highlighted, right from early years through to adulthood, and links with Relationships and Sex Education becoming compulsory in schools from September 2020.
- Recovery from abuse was another key theme and a priority for our y1 delivery plan.

"The turnout for the 3 events was incredibly impressive – so many people from a vast array of local agencies and teams all bringing their passion, expertise and creativity. The events have provided a wealth of knowledge, ideas and solutions that will guide and inform the way we can best work together to tackle domestic abuse in Oxfordshire over the next few years" Sarah Carter, Strategic Lead for Domestic Abuse, OCC.

Next Steps

- We'll be working on the next draft of our 5-year Strategy!
- We're continuing to develop our Data Dashboard and Year 1 Delivery Plan for our Strategy, both due in May.

Contact Details
If you have any questions or comments please contact
Sarah Carter, Strategic Lead for DA | Sarah.Carter@Oxfordshire.gov.uk
Abi Wycherley, VAWG Coordinator | Abi.Wycherley@Oxfordshire.gov.uk

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Health Improvement Board
May 16th 2019

Our Health Prevention and Physical Activity Work –Aligned to County and National priorities

Introduction

This is the second occasion on which the new Active Oxfordshire has had the opportunity to present to the Health Improvement Board so we can demonstrate our commitment to promoting physical activity across the County in support of the Oxfordshire Health and Well Being Strategy.

Our Purpose

We help people in the most need across Oxfordshire by working with partners to increase physical activity

Our Vision

Everybody in Oxfordshire is physically active

Our Aims

1. Increase PA levels of the most inactive children and young people
2. Improve the mental wellbeing of people in Oxon through PA
3. Increase PA levels of those with long-term health conditions or disability
5. Decrease levels of inactivity among older people

Our Tactics

1. Activate the local workforce to increase skills, capacity and diversity
2. Develop GO Active as the county-wide brand for activity delivered with and through partners
3. Be pro-active at sharing
4. Focus on Inactivity in place-based working in the areas of the greatest need
   inactivity
5. Actively land national strategies, local health priorities and new marketing campaigns
6. Collaborate with PH, OCCG, LAs and Sport England to initiate change

Our top and bottom line is the focus on reducing physical inactivity levels in the County as measured every 6 months by the Sport England Active Lives Survey. Latest results collated in the last 6 months show that inactivity rates in the period between November 17 and November 18 for adults remains static at 19.1%. This makes Oxfordshire the second most active County and the least inactive County in England. However, the first ever Active Lives survey of Children and Young People showed that only 21% of our young people are meeting the recommended CMO guidelines of 60 minutes activity per day. Again, Oxfordshire performs better than national trends, but this level of inactivity remains a deep concern.

Full analysis of the Active Lives data can be made available for Members of the Board and three-year trend data will be available in June 2019 which will help inform our focus going forward. While the overall picture is a positive one relatively speaking, there are clear issues to address – notably in addressing increasing levels of inactivity in Cherwell, some emerging evidence of increasing inequalities, some under -performance around women's participation/activity levels against national trends as well as the challenge of an increase in the older population where activity currently drops off a cliff edge at 74. So, we need to be vigilant and pro-active with our partners and other stakeholders to help deliver system change and meet our ambitious target of reducing adult inactivity by another 1% for May 2020.

To do this Active Oxfordshire has

1. Re-affirmed its core purpose and vision for the County
2. Developed better analysis of Insight Date now available
3. Brought together partners in a Leadership Forum that has now met 3 times to help collaborative working
4. Defined the main drivers for change and fed these into the development work being undertaken on a Prevention Framework
5. Helped to facilitate additional investment from Sport England of over £1m in the next three years to support Programme Development, Healthy Place Shaping and Workforce Development
6. Secured additional investment from the CCG into the "Go Active Get Healthy" programme targeting people with and at risk of Diabetes
7. Initiated work on a Theory of Change Model with partners to help create common outcomes and an evaluation framework which will help us all "tell our story" as a collective.

<u>This is set out as headlines in the powerpoint presentation attached</u>

Critically we are attempting to put what we do into a framework that ensures we work shoulder to shoulder with partners and stakeholders and to a common purpose of creating a healthy and active Oxfordshire so that we do not work in isolation. <u>This is set out below in the body of the report below.</u>

<u>Recommendations</u>

1. To note the report and the results of the latest Active Lives Surveys for adults and CYP
2. To support the strategic direction set out in the report.

The NHS Long-Term Plan (2019) – summary priorities

- **New service model integrating joined-up patient care**, in optimal care setting – better options, better support: Social Prescribing
- **Strengthen contribution to prevention and health inequalities** – help people stay healthy (empowerment): cut smoking, reduce obesity, increase access to T2 NDPP, improve support for people with LT MH problems and learning disabilities.
- **Tackle unmet need for biggest killers and disablers**: cancer, MH, diabetes, multimorbidity, dementia, CVD & respiratory conditions: service model redesign to include system architecture – technology, innovation and efficiency.
- **Tackle workforce pressures** – address education and training needs including on-going professional development - MECC.

Oxfordshire Health and Well-being Strategy - Summary Priorities **Prevent – Reduce - Delay**	**Health Improvement Board Priorities**
1. A good start in life ▪ Illness prevention: promote PA and active travel / MWB / Healthy Weight ▪ Inequalities issues: address childhood obesity	▪ Prevent childhood obesity ▪ Promote PA / active travel ▪ Improved MWB for all ▪ Support healthy place shaping
2. Living Well ▪ Prevent development of LTC: live healthy lives, live in healthy places ▪ Sustained accessible services: work together with customer & stakeholders ▪ Healthy communities: enabling participation and activity ➢ **Prevent:** Promote healthy lifestyles – decrease physical inactivity; increase PA ➢ **Reduce:** prevent chronic disease – tackle obesity	▪ Healthy /Weight – WSA ▪ Reduce physical inactivity ▪ Mental Wellbeing & prevention concordat ▪ Social Prescribing ▪ Healthy Lifestyles
3. Ageing Well ▪ Increase individual mobility & years of active life (75+) ▪ Support care of frail OP ➢ **Prevent:** address loneliness & improve MWB ➢ **Reduce:** address falls prevention & improve self-management ▪ **Delay:** provide care closer to home	▪ Healthy Place Shaping ▪ Social Prescribing
4. Improve health by tackling wider issues ▪ Healthy place shaping ➢ **Prevent -** poor health outcomes by good spatial planning	▪ Healthy Place shaping ▪ Social prescribing

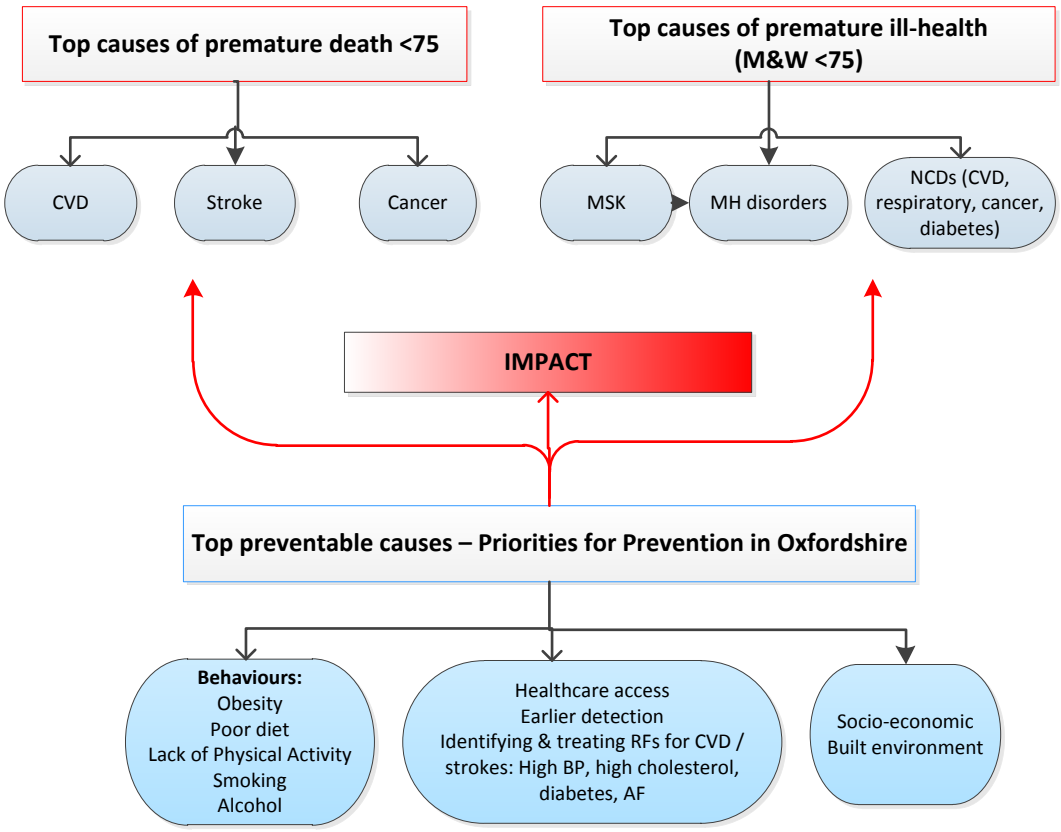
Prevention Framework: Summary Priorities
Prevent – Reduce - Delay

Prevention intervention:

- Improve quality of life
- Reduce health inequalities
- Reduce service costs by addressing issues early to reduce ongoing need

Embed prevention:

- Everyone has a role to play – develop roles
- Create healthy communities
- Address biggest risk factors causing preventable premature death / reduce impact of existing disease



1. Prevention Framework: PH / CCG Priority Actions - Lifestyle

A. Obesity:

- Whole Systems Approach to be fully developed
- Tackle the obesogenic environment including:
  - Increase PA opportunities & reduce sedentary behaviour
- MECC:

- HCPs empower healthier lifestyle choices
- Weight Management services:
  - accessible evidence-based services through co-commissioning
  - T3 service development
- NDPP
  - Double the access
- Healthy Place Shaping principles to be embedded

B. Proposed Physical inactivity priorities

- Increase knowledge and capabilities of Health Care Professionals
  - MECC training for HCPs – to provide effective brief advice on benefits of PA
  - PHE Clinical Champions Programme
  - Social Prescribing
  - Moving Medicine resources / tools
- Healthy Place shaping
  - Increase active travel and explore Active Environment pilots with Sport England funding
  - Develop active travel plans to walk and cycle including Living Streets
  - Roll out learning and best practice from Bicester/Barton with Sport England funding
- Invest in evidence-based exercise programmes for patients
  - Review current Exercise referral scheme
  - Develop evidence based GAGH model to work across all long- term health conditions
- Adopt and promote co-ordinated national/local campaigns
  - Promote active lifestyles
  - Raise levels of health literacy
- Workplace health accreditation schemes
  - Evidence-based approaches to employee health and wellbeing via Awards / charters
- Joined up collaboration and investment in trusted organisations working together in the community to:
  - Reach and engage people with health conditions
  - At-risk groups
  - Older people

2. PH / CCG Priority Actions - Socioeconomic & Built Environment

Healthy Place Shaping

Create healthy communities where people can maintain and improve their health as they live, learn, work, travel and socialise.

- Learn from Healthy New Towns in Bicester and Barton.
- Prevent physical inactivity and impact of inactive lifestyles across a range of preventable diseases

3. PH / CCG Priority Actions – Healthcare Factors

Healthcare factors influence health outcomes, e.g. lifestyle choices which is a key driver of preventable illness.

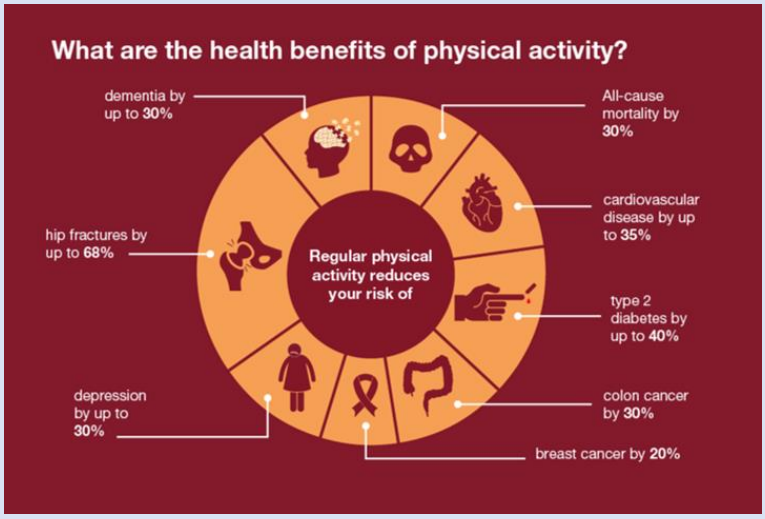
- Address top 5 RFs for premature death (primary prevention):
  - Smoking
  - Poor diet
  - High blood pressure
  - Obesity
  - Alcohol and drug use
  - **Plus - lack of exercise**
- Provide interventions to address secondary prevention, including:

- CVD
- Stroke
- Respiratory disease
- Mental health,
- Cancer

- Apply a Population Health Management approach
  - Targeted approach for those with poorest outcomes or highest need
  - Reduce variation in outcomes
  - Reduce health inequalities

Active Oxfordshire: supporting and delivering a wide-ranging prevention agenda

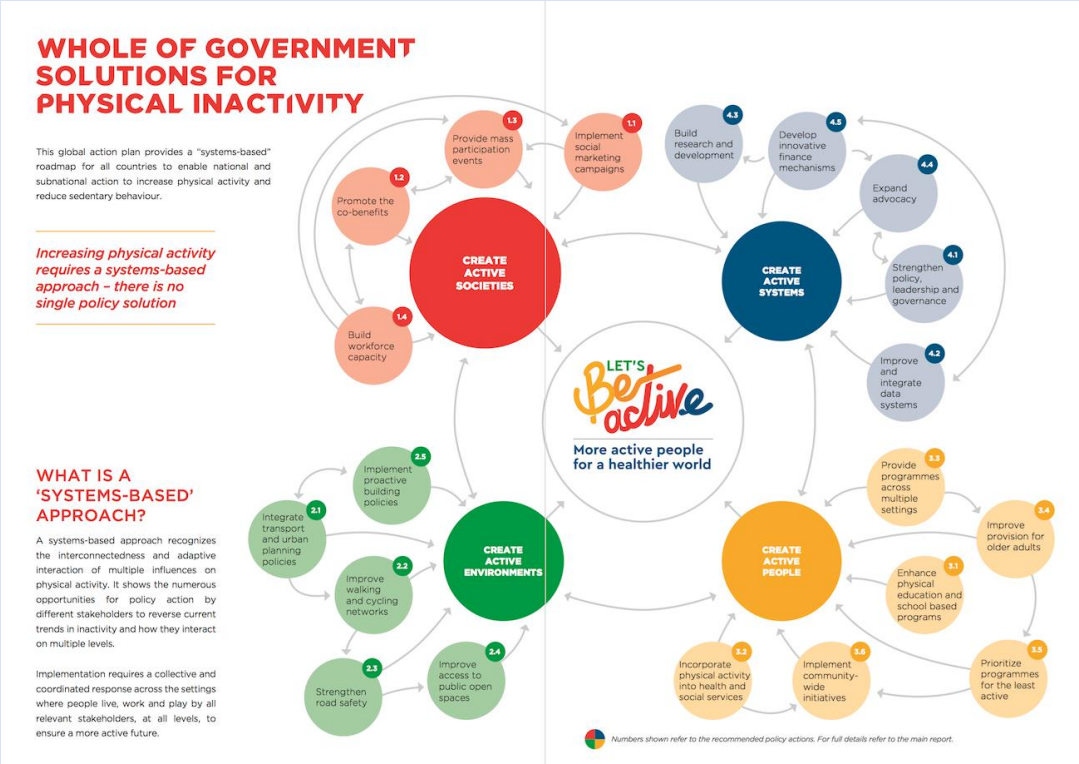
Active Oxfordshire's purpose is to work together with partners to increase physical activity and contribute towards the Government's outcomes outlined in 'Towards an Active Nation'. Our priority is to improve the health and wellbeing of the local populations across Oxfordshire who are most in need and / or have the poorest outcomes. It is widely acknowledged that there is substantial global evidence for the health benefits of undertaking regular physical activity. Physical activity can reduce the risk of many chronic conditions including CHD, stroke, T2 Diabetes, cancer, obesity, mental health problems and musculoskeletal problems. In addition, it is widely accepted that even relatively small increases in physical activity are associated with some protection against chronic diseases and an improved quality of life. However, new research suggests it is no longer enough just to meet minimum levels recommended by health guidelines. Both physical inactivity and sedentary behaviour have their own health hazards and need to be addressed separately. Hence, physical inactivity is recognised as a key risk factor in the prevention and control of diseases including cardiovascular disease, and consequently increased participation in physical activity is associated with reduced all-cause mortality and lowered incidence of coronary artery disease.



Physical activity, therefore, is a powerful *commodity* that can reduce the burden of preventable death, disease and disability, and support people and their communities to achieve their potential. As a key lifestyle behaviour that contributes to the wider determinants of health, physical activity cuts across many health priorities and has a cross prevention impact on individuals' and communities' health and wellbeing. As an organisation which is a driver for change with inherent expertise in Physical Activity, Active Oxfordshire is fully committed to support the local health and wellbeing systems to achieve the challenging shift from an illness culture, to a wellness culture, embracing a

population health management approach.

Furthermore, in recognition of the World Health Organisation's Global Action Plan on Physical Activity (2018-2030), increasing physical activity at a local, national or global scale requires a systems-based approach. Creating an environment where more active people create a healthier world, requires a collective and co-ordinated approach which recognises the interconnectivity and opportunities across settings and stakeholders, to fully embrace and impact on healthier active lifestyles. Across Oxfordshire, AO is uniquely placed to play a key role as the 'broker' or backbone of the stakeholder / partner infrastructure and provide leverage to galvanise the implementation of specific identified priorities within any Prevention Framework. By working cohesively and collaboratively with partners across the sectors, AO will be able to support the Health Improvement Board and key agencies to achieve successful outcomes more efficiently and effectively.



WHO Global Action Plan on Physical Activity 2018-2030, more active people for a healthier world.

Overview of Priorities	Active Oxfordshire's Role
▪ Obesity a) Develop a WSA: b) Tackle obesogenic environment c) Tier 3 service development d) Evidence-based services – co-commissioning.	a) Work with Public Health b) Increase PA opportunities by working with DCs / other partners etc. c) Work with the CCG d) Support co-commissioning process
▪ Diabetes a) Double the provision and access into NDPP	a) Support promotion and awareness for increased uptake.

b) Improve T2D management to prevent CVD.	Provide sustained PA opportunities post early patient engagement in the NDPP pathway. b) Implement and develop GAGH-Diabetes pathway, ensuring measurable outputs and outcomes.
▪ Physical inactivity a) Increase HCPs' knowledge to provide effective brief advice on benefits of PA. b) Moving Medicine resources c) PHE Clinical Champions programme d) Evidence-based programme development – Exercise Referral. e) Review, develop and promote other structured PA opportunities. f) Review provision of structured exercise interventions and physical activity opportunities for older people. g) Identify opportunities to work collaboratively to tackle risk factors and identify those at high risk of CVD. h) Promote active lifestyles and raise levels of health literacy. i) Embed a WSA approach to a physically active lifestyle whilst simultaneously reducing physical inactivity.	a) Improve social prescribers' awareness through provision of bespoke training as part of the Workforce Innovation Fund **(SE funded).** b) Work closely with MM colleagues to maximise opportunities to embed resources / toolkits into HPs everyday practice c) Identify opportunities to support and develop CC programme within Oxfordshire, through PC networks. d) Review and scope Exercise Referral processes and procedures, for a consistent county-wide approach; enabling sedentary individuals with key risk factors / LTC to access structured interventions; to include provision of Phase IV CR. e) Review existing structured PA opportunities and develop wider menu of choice; being cognisant of diverse needs and barriers to changing physical activity behaviour across specific communities. f) Review provision of Pulmonary Rehab / Respiratory rehab and other PA opportunities, working with key partners, such as Age UK. g) Pursue other opportunities to work across health initiatives to provide opportunistic as well as systematic approaches to promoting PA, e.g. NHS Health Check. h) Adopt and promote co-ordinated national campaigns; promoting Active Travel opportunities and associated benefits for CYP i.e. Living Streets WOW programme; support Primary Schools to effectively spend the PE & School Sport Premium to ensure CYP become physically literate (key driver to higher activity levels) i) Provide a strong leadership role by engaging and empowering key partners and stakeholders in the mission of promoting physical activity supported by a strong county-wide brand; provide bespoke opportunities for at-risk populations and older people in line with need; develop / co-ordinate a network of activity and exercise opportunities

	that cohesively align to support individuals and communities to adopt a more habitually physically active lifestyle.
▪ Healthy Place Shaping a) Create healthier communities using healthy place shaping as a mechanism to increase physical activity amongst residents. b) Through collaborative working apply the learnings from Bicester Healthy New Town and scale healthy place shaping by testing this at a county-wide level. c) Maximise opportunities to provide an evidence-based approach to provide practical evidence and applied learning of well designed, thriving communities to contribute to national learning.	a) Contribute to and support meetings and events regarding healthy place shaping. b) Work closely with key partners / stakeholders to develop physical connectivity and enable habitual physically active residents as part of the 'Scaling Healthy Place Shaping' **(funded by Sport England)**, across the county. c) Support the evaluation of the county-wide project which will include significant insight and learnings from specific targeted interventions which engage with those least active populations who either have a LTC or are socioeconomically deprived.

Paul Brivio, Chief Executive, Active Oxfordshire.

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Active
Oxfordshire

Active Oxfordshire

We help people in the most need across Oxfordshire by working with partners to increase physical activity.

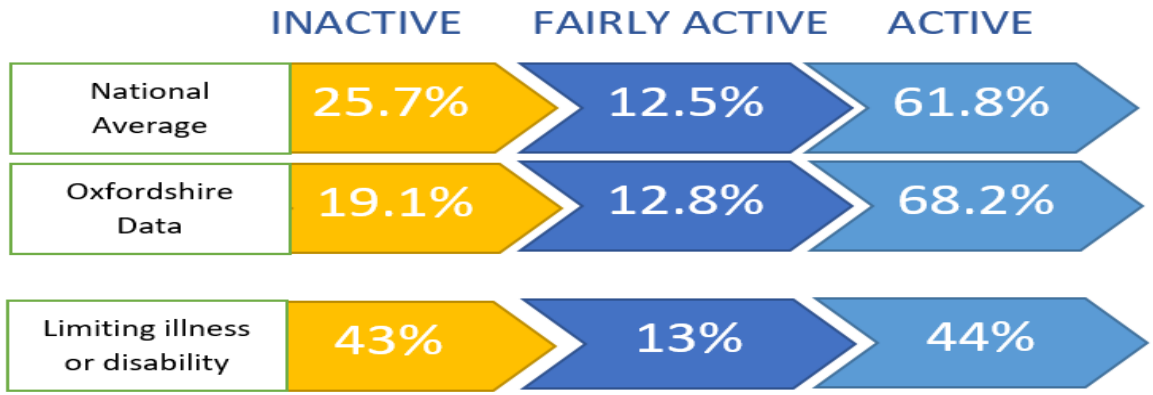
Our Focus

- Children and young people
- Mental wellbeing
- Long-term health conditions
- Older people
- Areas with highest levels of inactivity

Our tactics

- Activate local workforce, increasing skills, capacity and diversity.
- Develop GO Active umbrella brand
- Share ‘what works’
- Place-based approach to inactivity
- Activate national strategies, local health priorities and new marketing campaigns

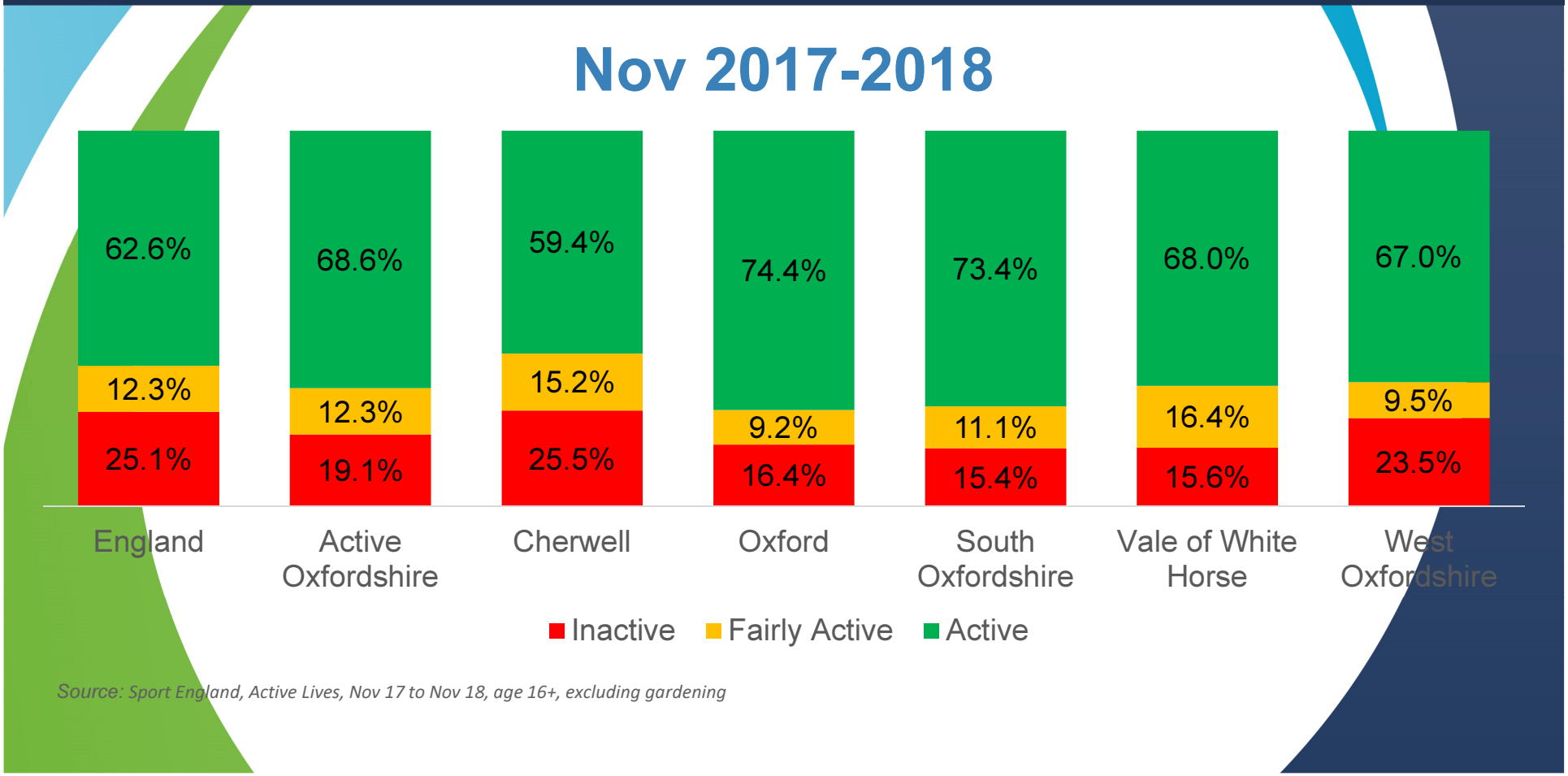
The State of Play



The Ticking Timebomb

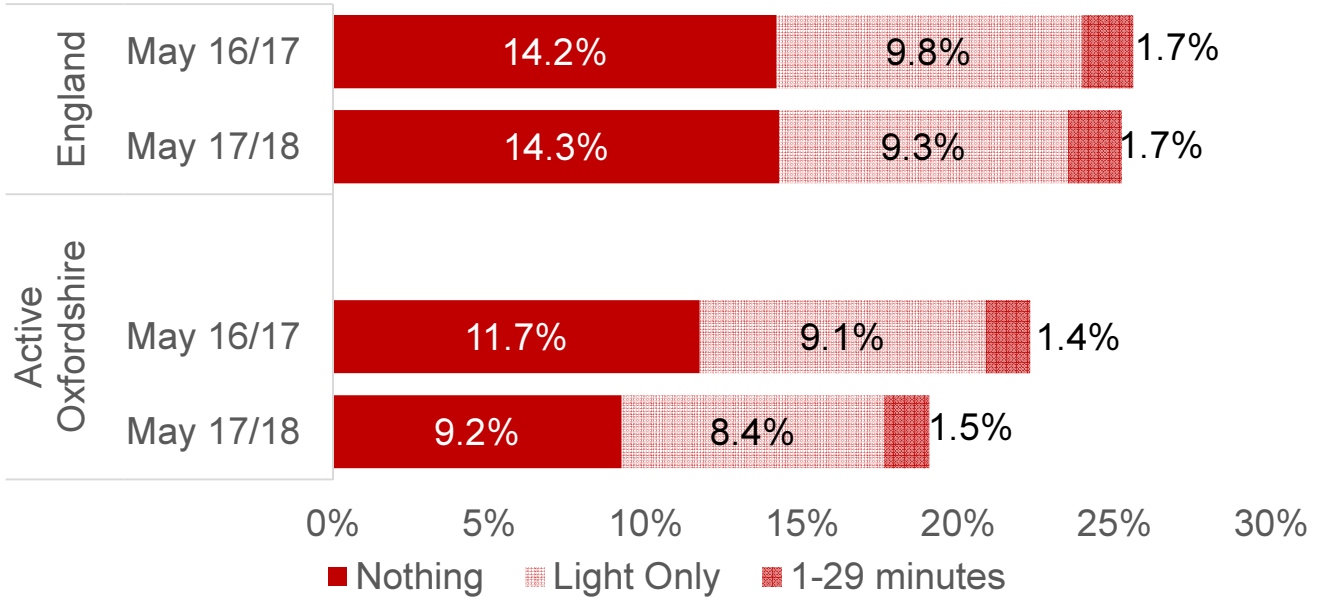
78.8% of Children/Young People in Oxfordshire do not meet the CMO's recommended activity guidelines of 60 minutes per day

Sport and physical activity levels by local authority



Source: Sport England, Active Lives, Nov 17 to Nov 18, age 16+, excluding gardening

Breakdown of inactive behaviour



Source: Sport England, Active Lives, May 16 to May 18, age 16+, excluding gardening

The financial impact of inactivity

Health costs of physical inactivity

1 YEAR

£8,868,813

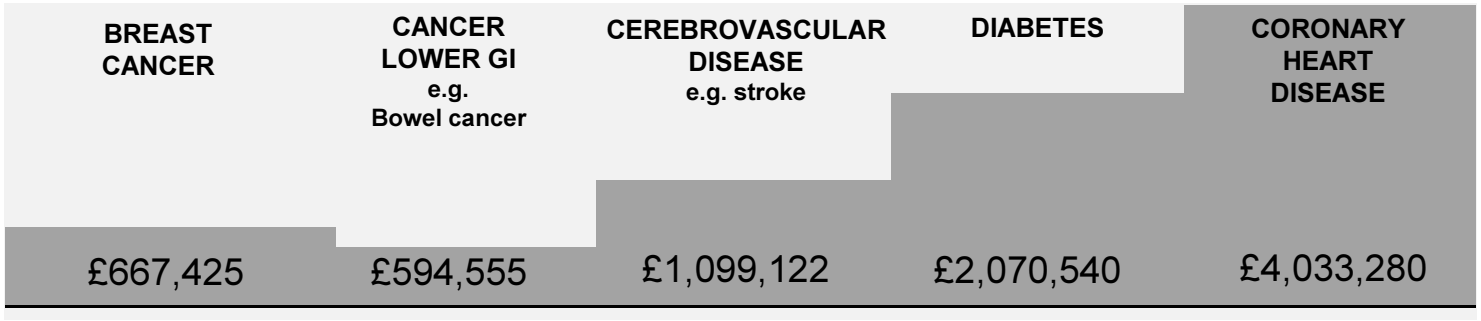
5 YEARS

£44,344,064

AVERAGE COST PER 100,000 POPULATION

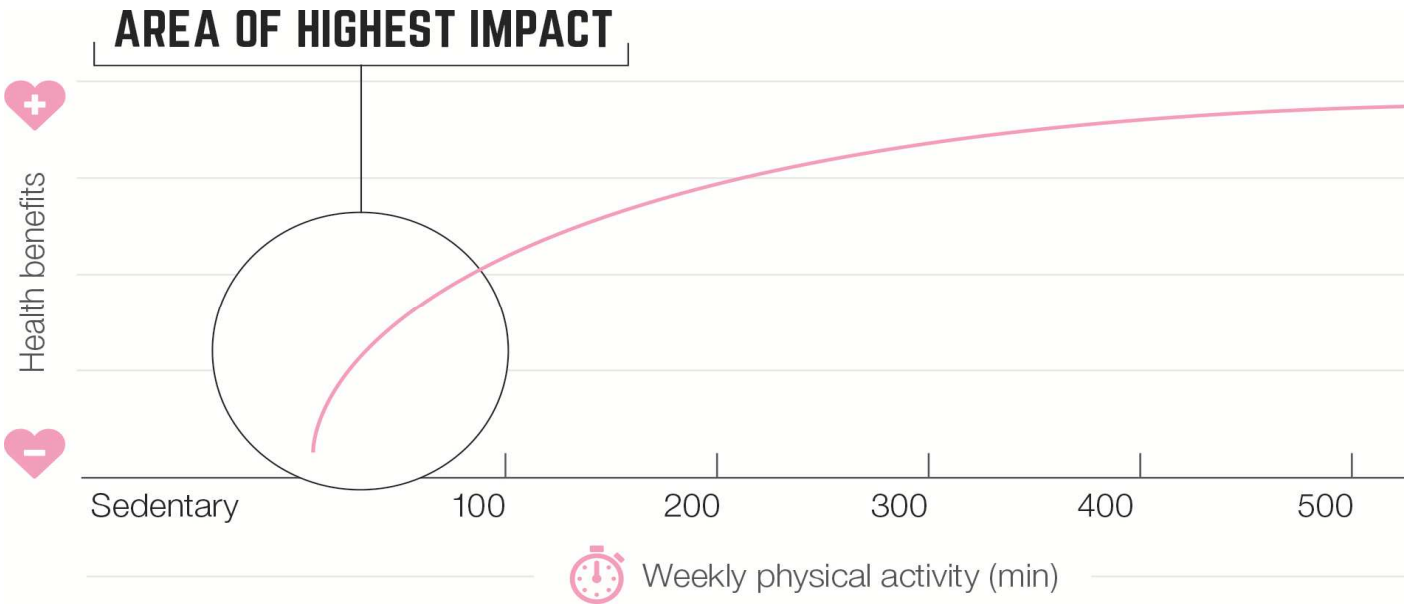
£1,344,828

Disease category cost breakdown per year



SOURCE: Sport England commissioned data from British Heart Foundation Health Promotion Research Group for PCTs, reworked into estimates for LAs by TBR Year: 2009/10, Measure: Health costs of physical inactivity, split by disease type

Focusing resources



Source: The value of getting people active from different starting points. HM Government, A New Strategy for an Active Nation

Leadership Forum Priorities

1. Increase the knowledge and capabilities of the health care professional network.
2. Co-ordinate and promote local and national campaigns
3. Collaboration and integrated, layered investment in places
4. Targeted funding through trusted organisations who can reach and engage with communities/audiences
5. Focused investment on people with long term health conditions
6. Active travel and active design so that activity is built into everyone's everyday
7. Target major employers with a high number of low socio-economic workers to promote workplace health and wellbeing.

New Investment Opportunities

1. £120,000 for healthcare professional workforce development across BOB STP- social prescribing focus as one option in Oxon.
2. £375,000 additional investment in Cherwell to expand Families intervention programme to Bicester and Kidlington
3. £75,000 for 14-19 interventions in Oxford CIZ and Cherwell
4. £375,000 for Expansion of Healthy Place Shaping across the County over 3 years
5. £250,000 for roll out of Active Environment pilots across the County

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Physical activity behaviour insight pack
April 2019

World Health Organisation

Global action plan on physical activity 2018–2030: more active people for a healthier world

WHOLE OF GOVERNMENT SOLUTIONS FOR PHYSICAL INACTIVITY

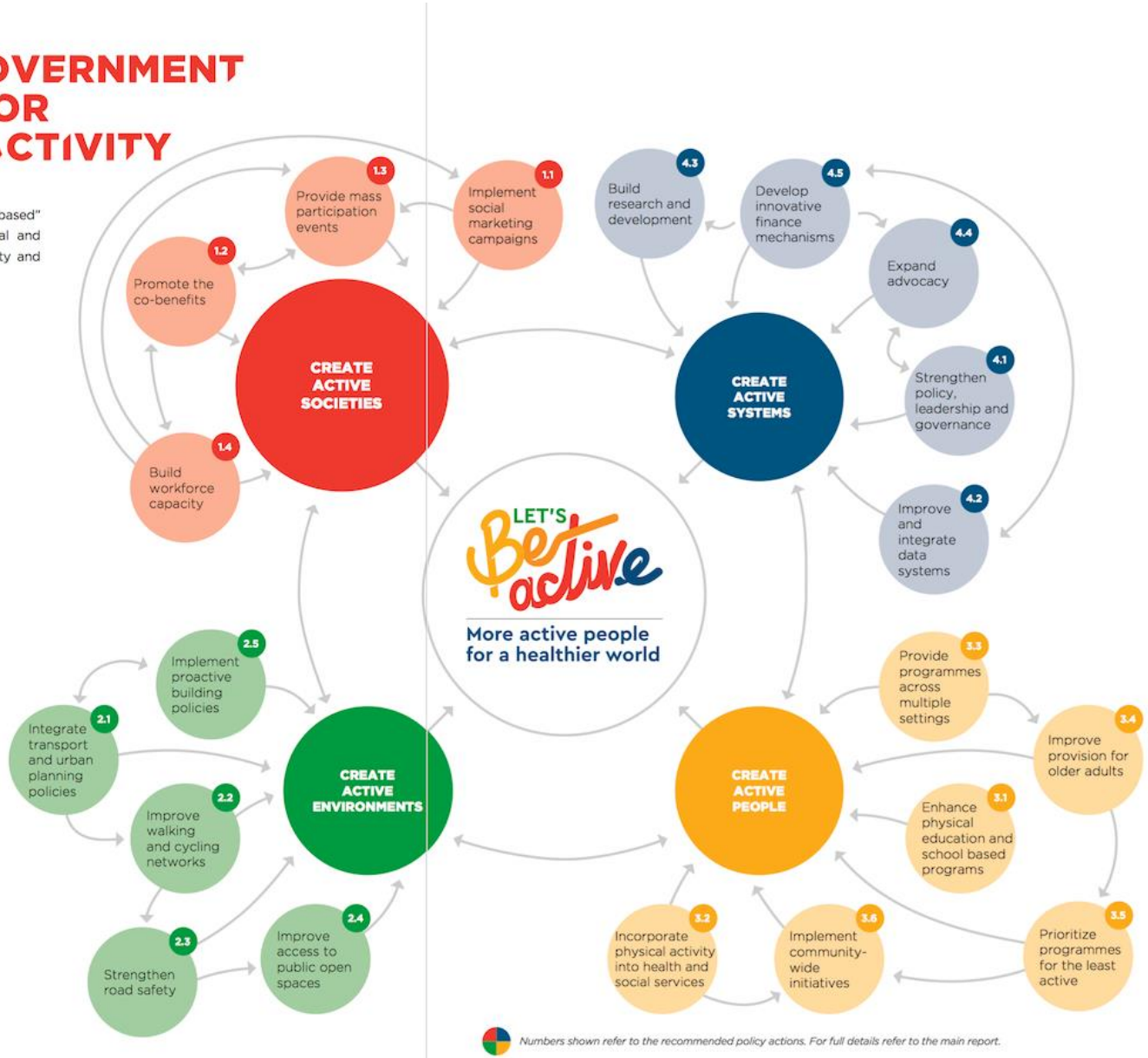
This global action plan provides a "systems-based" roadmap for all countries to enable national and subnational action to increase physical activity and reduce sedentary behaviour.

Increasing physical activity requires a systems-based approach – there is no single policy solution

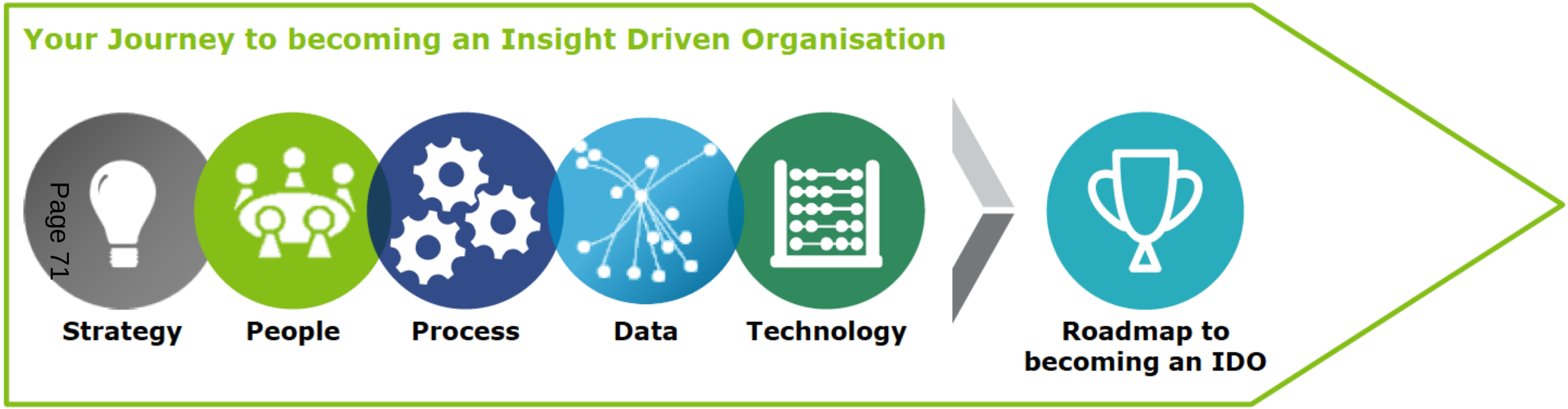
WHAT IS A 'SYSTEMS-BASED' APPROACH?

A systems-based approach recognizes the interconnectedness and adaptive interaction of multiple influences on physical activity. It shows the numerous opportunities for policy action by different stakeholders to reverse current trends in inactivity and how they interact on multiple levels.

Implementation requires a collective and coordinated response across the settings where people live, work and play by all relevant stakeholders, at all levels, to ensure a more active future.

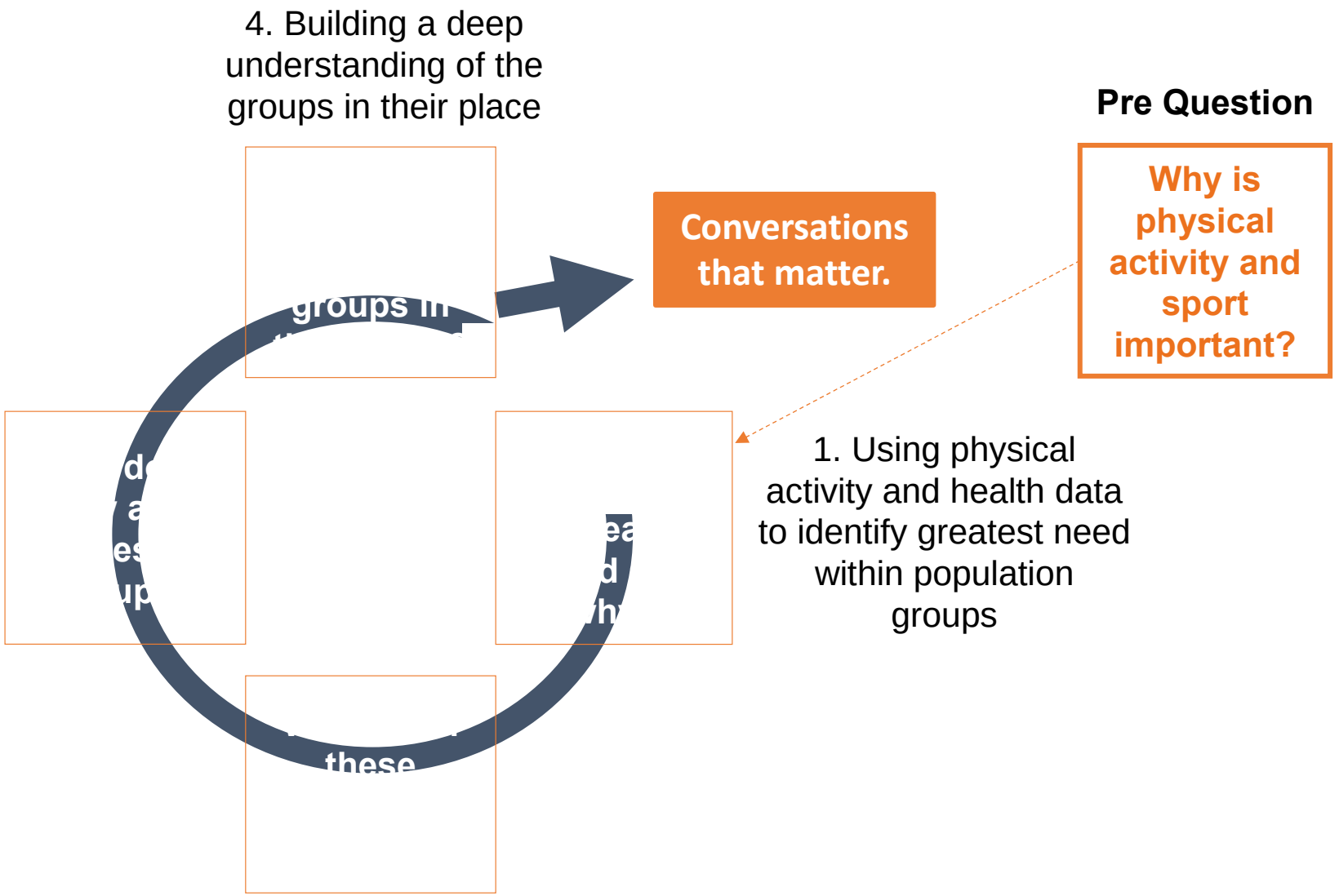


What is an Insight Driven Organisation (IDO)? Deloitte's view…



Source: Building an Insight Driven Organisation, Deloitte 2017

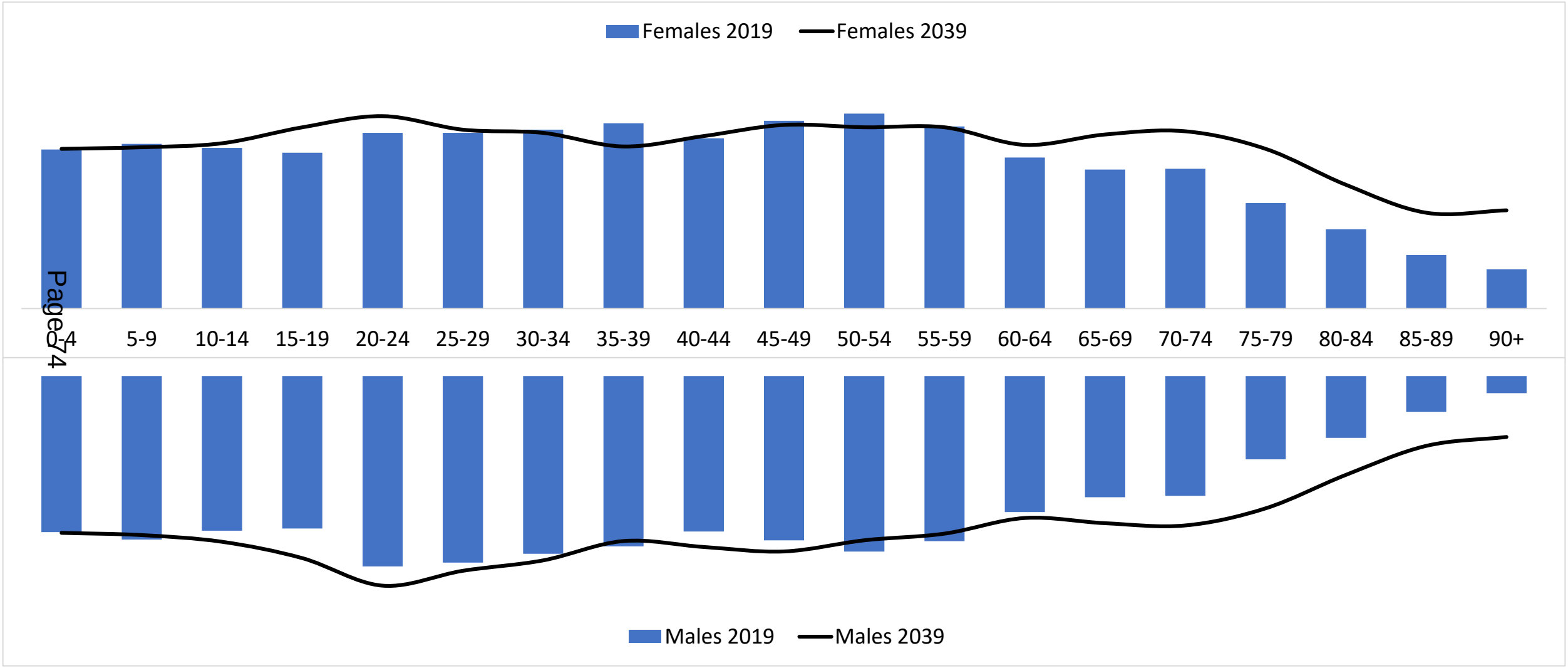
Understanding people and places to change physical activity behaviour



Population Breakdown

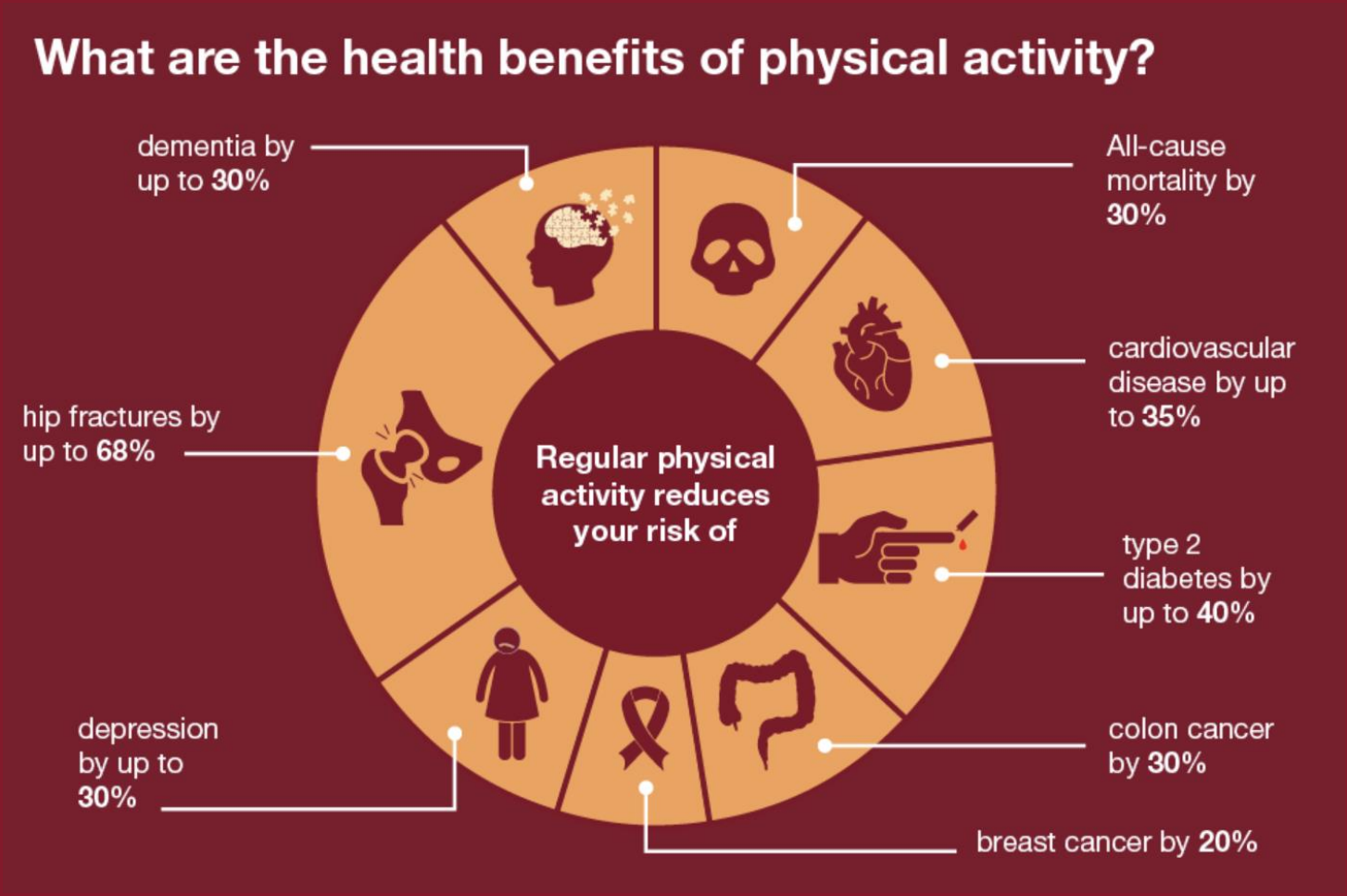
POPULATION DEMOGRAPHICS	England	Active Oxfordshire
Male	49.2%	49.4%
Female	50.8%	50.6%
Not limited	82.4%	86.3%
Limited a lot/a little	17.6%	13.7%
0-15 years	18.9%	18.7%
16-34 years	25.4%	26.4%
35-54 years	27.8%	27.7%
55-74 years	20.2%	19.6%
75+ years	7.7%	7.5%
NS SEC 1-2	31.3%	38.1%
NS SEC 3-5	29.1%	27.1%
NS SEC 6-8	30.6%	23.6%
Unclassified	9.0%	11.2%
White British	85.4%	90.9%
BME	14.6%	9.1%

Estimated population growth



Source: ONS 2014, subnational projections

Health benefits of physical activity

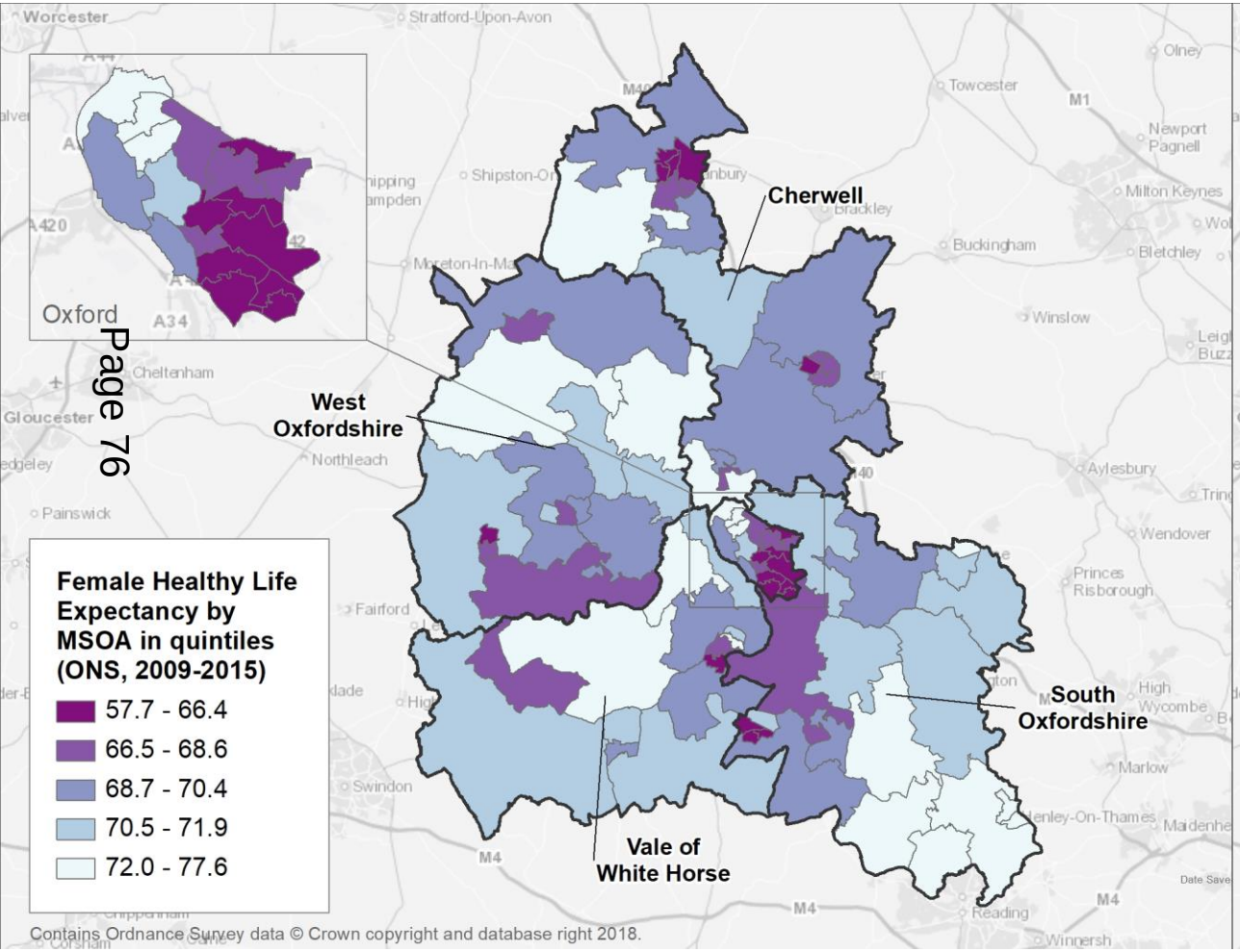


Source: PHE Health matters: Getting every adult active every day

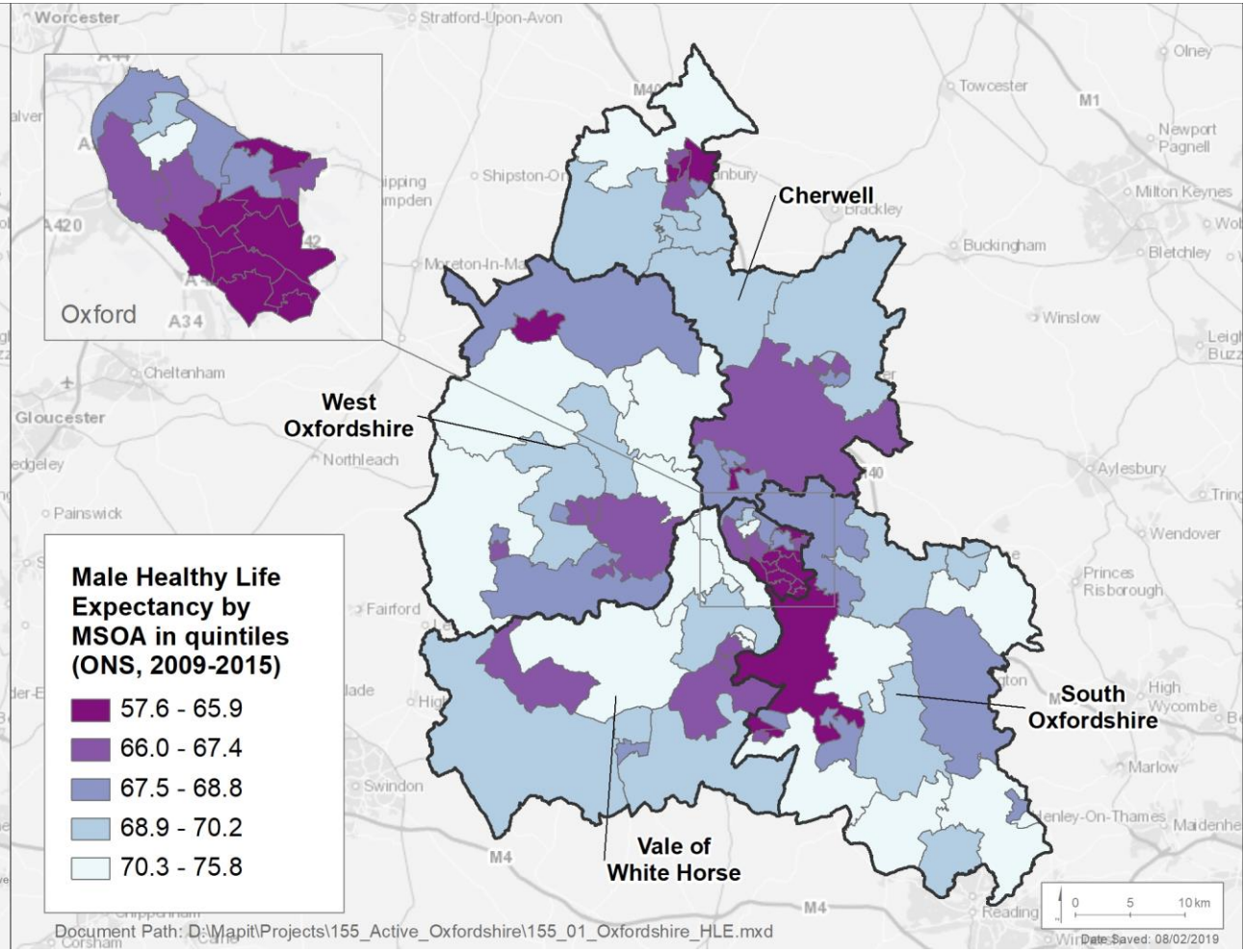
Active Oxfordshire

Healthy life expectancy by MSOA

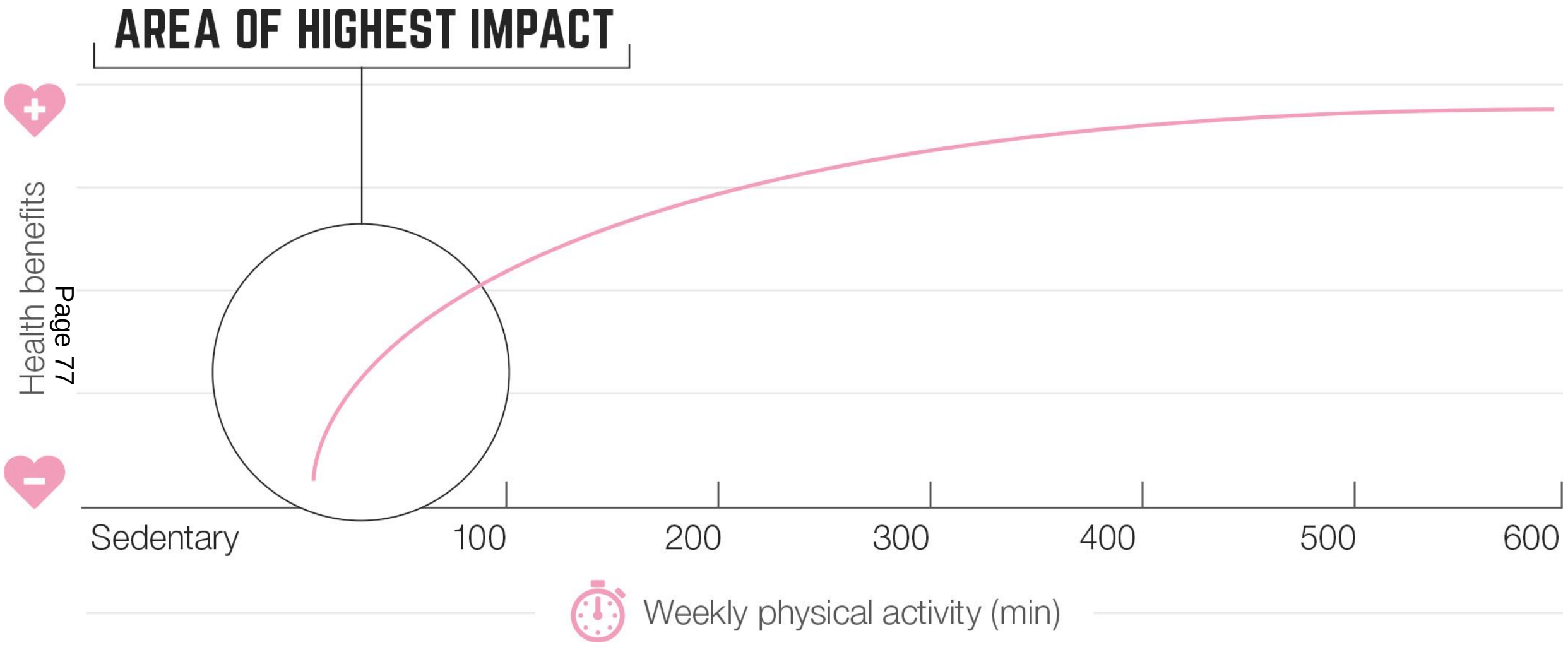
Female



Male



Health benefits of physical activity

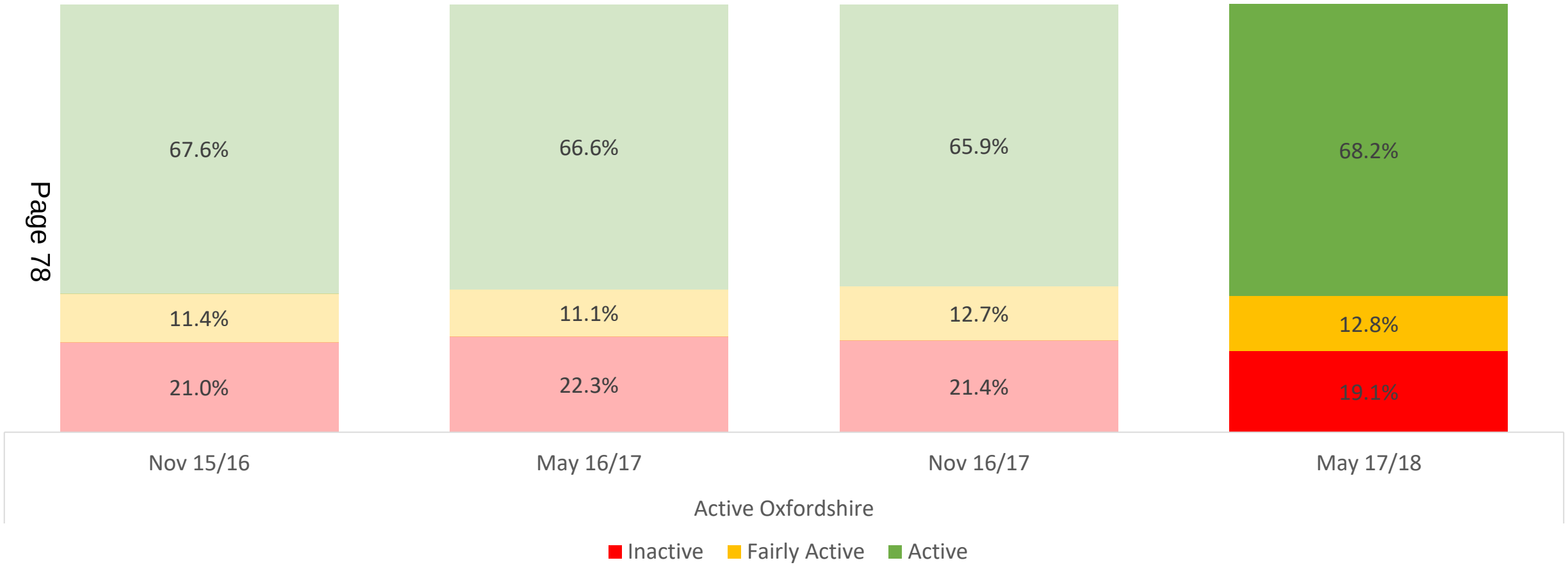


Source: The value of getting people active from different starting points. HM Government, A New Strategy for an Active Nation

Active Oxfordshire

Physical activity behaviour over time

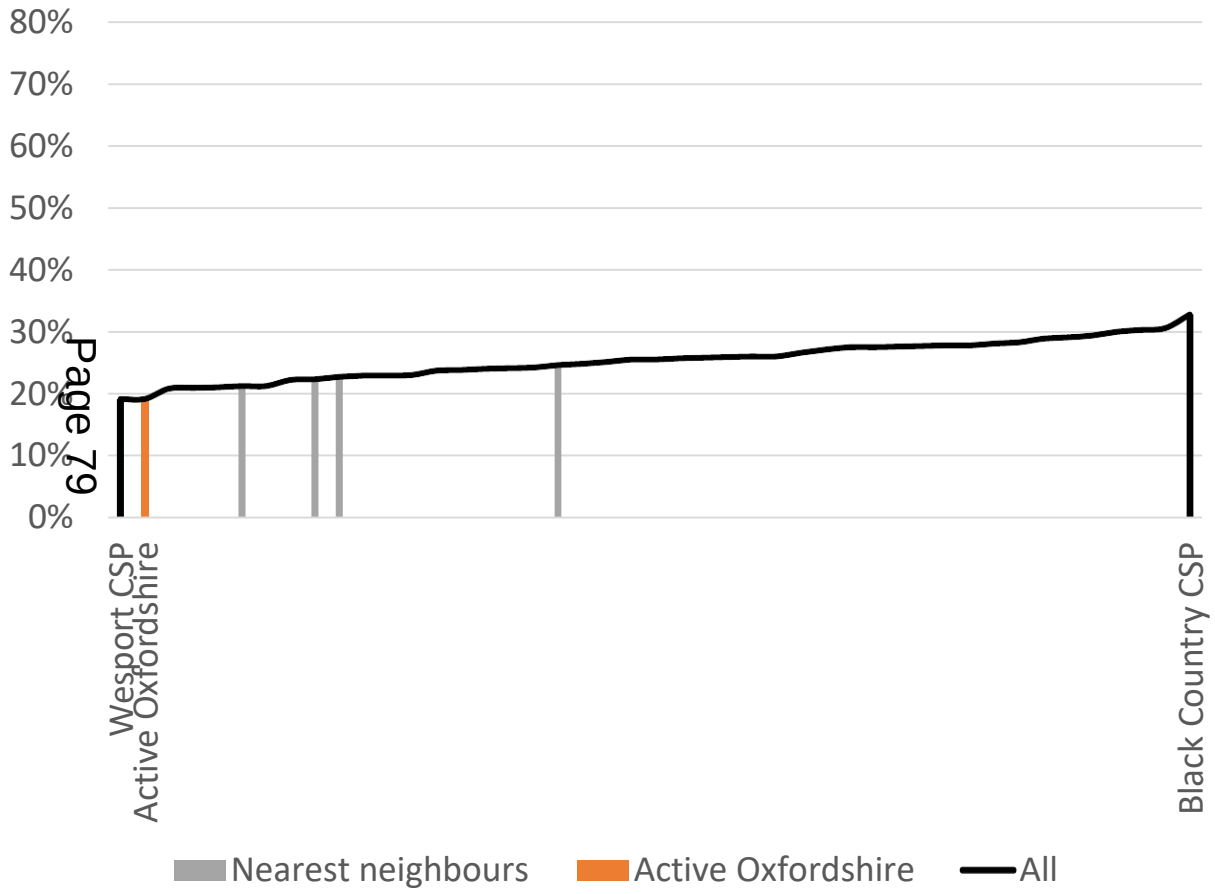
Whole population (16+)



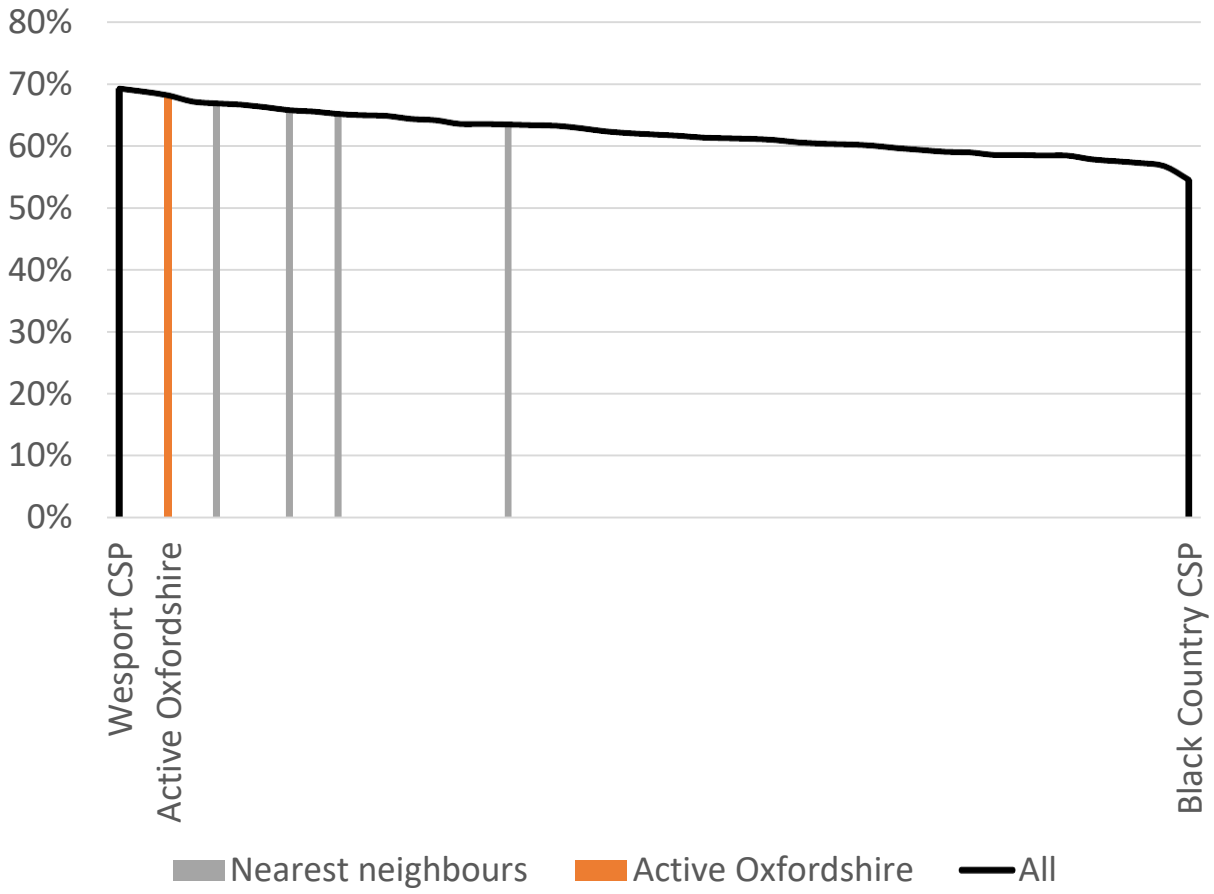
Source: Sport England, Active Lives, Nov 15 to May 18, age 16+, excluding gardening

Physical activity behaviour compared to peers

Inactive - Whole population



Active - Whole population

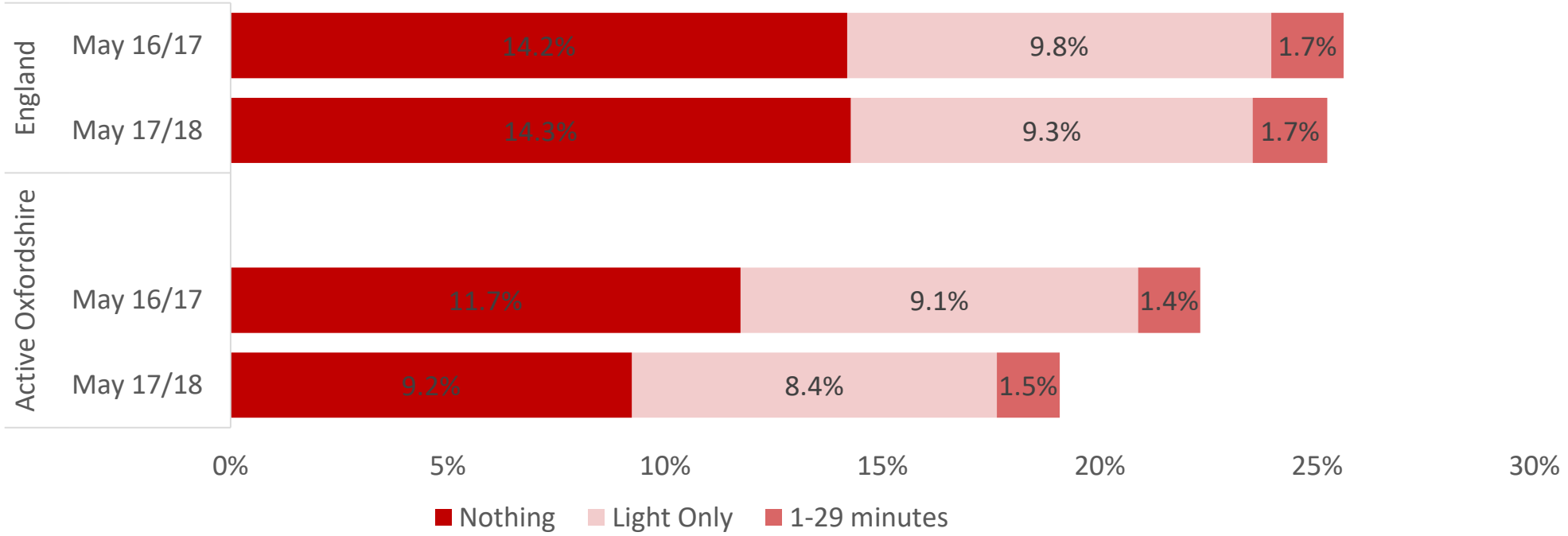


Source: Sport England, Active Lives, May 17 to May 18, age 16+, excluding gardening

Breakdown of inactive behaviour

Inactive behaviour can be broken down further into three sub-categories:

- Those that do NOTHING, i.e. no physical activity at all
- Those that do LIGHT INTENSITY ONLY, i.e. no moderate or vigorous intensity activity
- Those that ONLY ACHIEVE 1-29 MINUTES in a week



Source: Sport England, Active Lives, May 16 to May 18, age 16+, excluding gardening

Whole population (16+) physical activity behaviour summary

Inactive

- 19.1% (May 17/18) of the population are inactive which is lower (**better**) than England (25.2%)
- Decreased (**improved**) compared to May 16/17 proportion (22.3%)
- Ranked **1st** amongst 5 nearest neighbours
- Historical trend (APS data) slightly downwards (**improving**) at a **similar** rate to England
- A **smaller** percentage in the 'Nothing' and 'Light only' inactive groups and similar in the '1-29 minutes' group compared to England
- Based on Nov 15/16 data gardening reduces (**improves**) levels of inactivity by 4.8 percentage points (pp) compared to 3.6pp for England

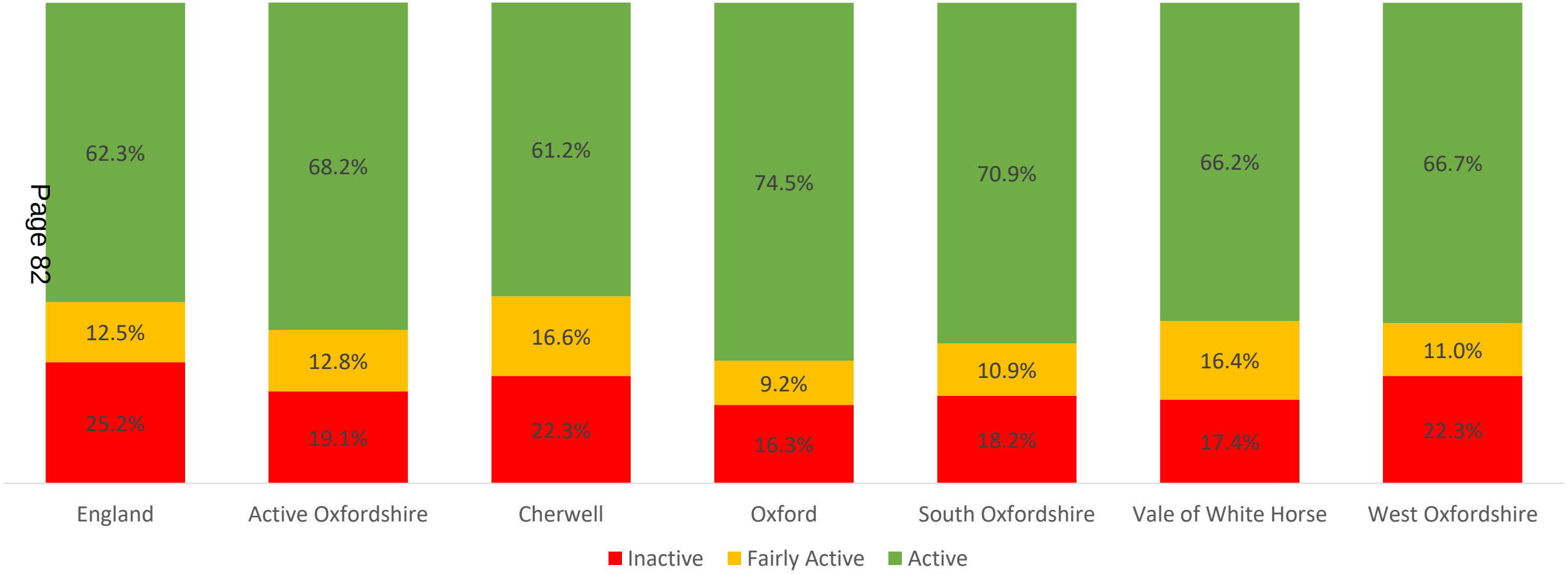
Active

- 68.2% (May 17/18) of the population are active which is higher (**better**) than England (62.3%)
- Increased (**improved**) compared to May 16/17 proportion (66.6%)
- Ranked **1st** amongst 5 nearest neighbours
- Historical trend (APS data) slightly upwards (**improving**) and at a **similar** rate to England

LOCALITY

Physical activity behaviour by locality

Age 16+ excluding gardening



Source: Sport England, Active Lives, May 17 to May 18, age 16+, excluding gardening

LOCALITY

Scale of inactivity challenge by locality

Inactive Population

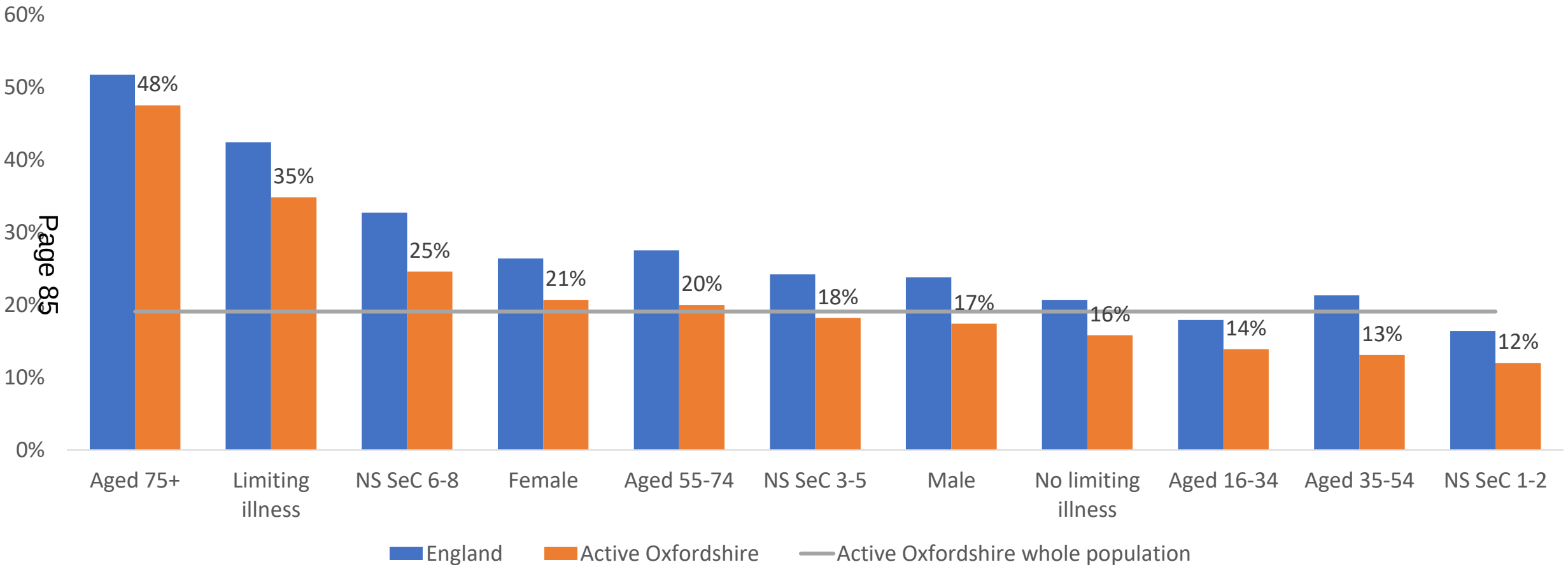
Source: Sport England, Active Lives, Nov May 16 to May 18, age 16+, excluding gardening, ONS 2016 Population Projections
Note: Figures are estimates calculated using Active Lives inactive proportions and population projections

Localities Summary

- Only Cherwell **active** proportion (61.2%) is lower (**worse**) than England (62.3%)
- All localities have a lower (**better**) proportion of **inactive** than England (25.2%) with Oxford the lowest (**best**) at 16.3% May 17/18
- Despite improving from May 16/17 to May 17/18, Cherwell has a higher impact on the CSP **inactivity** proportions due to **higher** population numbers and a **higher** rate of inactivity
- All localities have lower (**better**) **inactive** proportion than in May 16/17 which has resulted on the overall CSP improvement
- There are not significant clusters of MSOA's where inactivity rates are likely to be higher. Instead there are small pockets spread across the whole CSP area

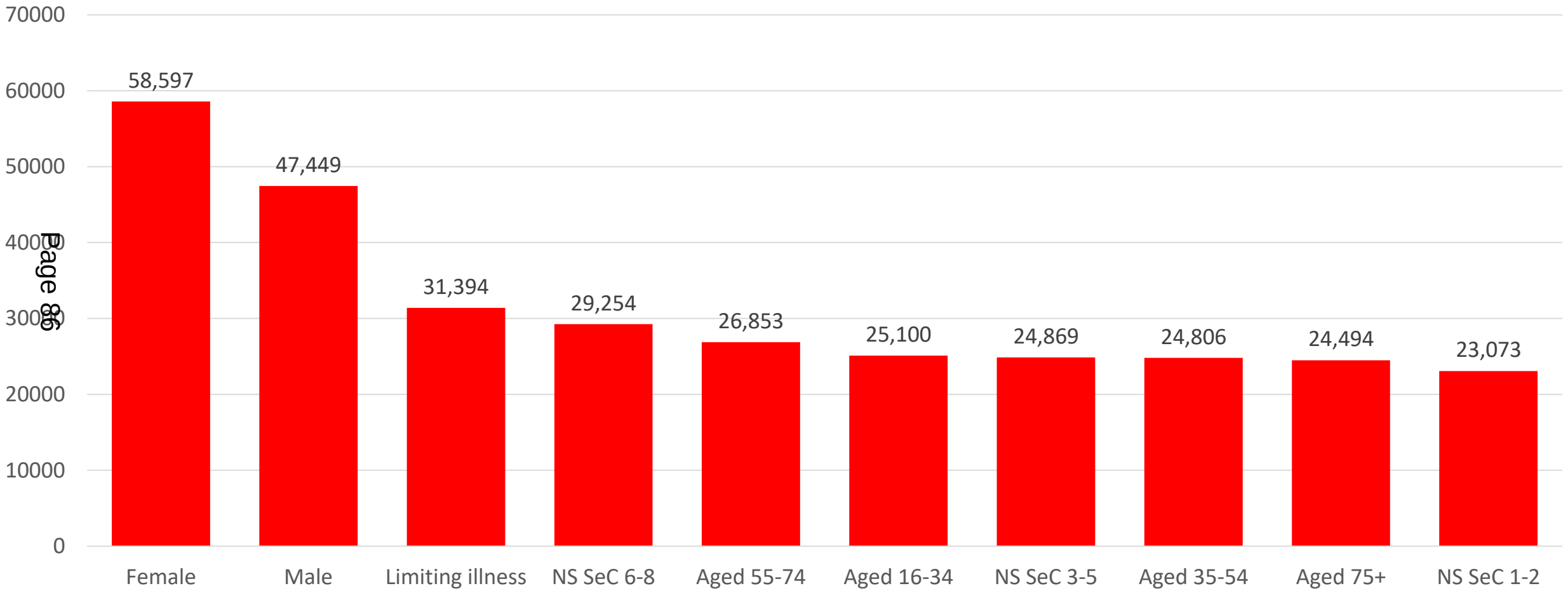
Percentage of inactivity by demographic groups

Proportion of people classed as inactive



Source: Sport England, Active Lives, May 17 to May 18, age 16+, excluding gardening

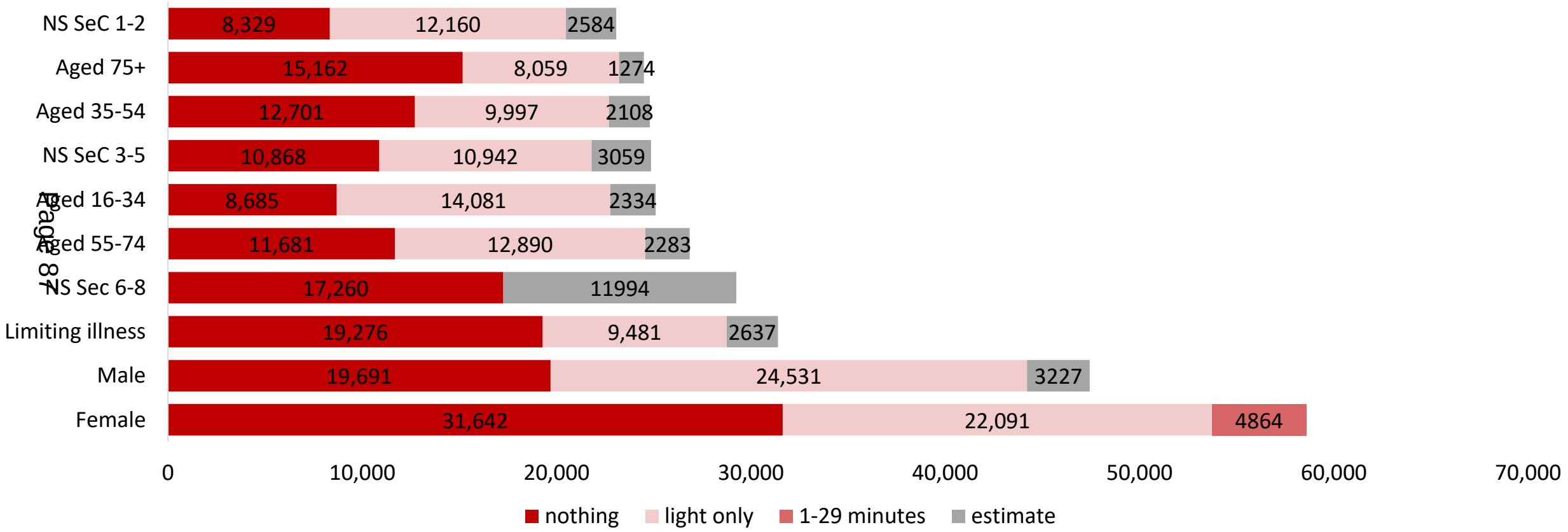
Number of inactive people by demographic groups



Source: Sport England, Active Lives, May 17 to May 18, 16+, excluding gardening, ONS 2016 Population Projections, Census 2011

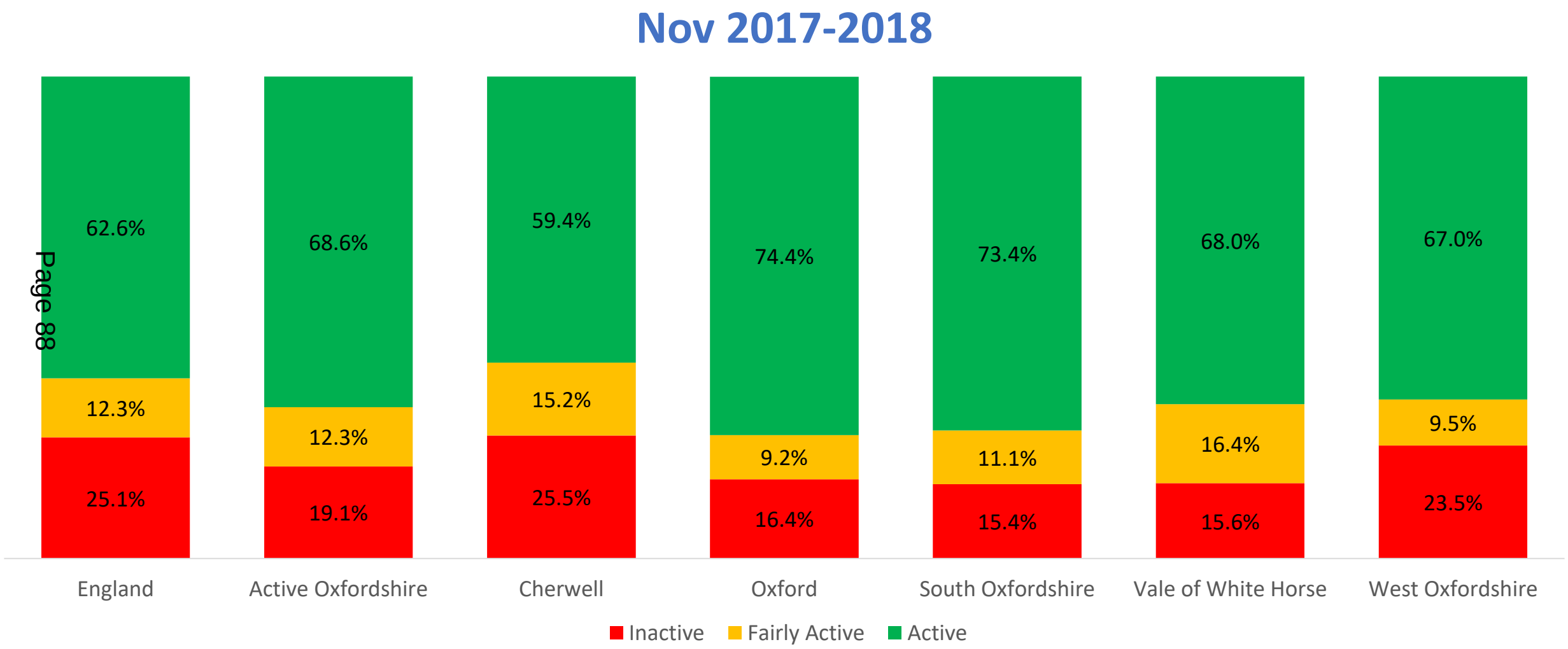
Breakdown of inactivity by demographic group - Numbers

Estimated inactive population



Source: Sport England, Active Lives, May 17 to May 18, age 16+, excluding gardening, ONS 2016 Population Projections, Census 2011

Sport and physical activity levels by local authority



Source: Sport England, Active Lives, Nov 17 to Nov 18, age 16+, excluding gardening

Sport and physical activity levels both at and outside of school

November 2017 - 2018

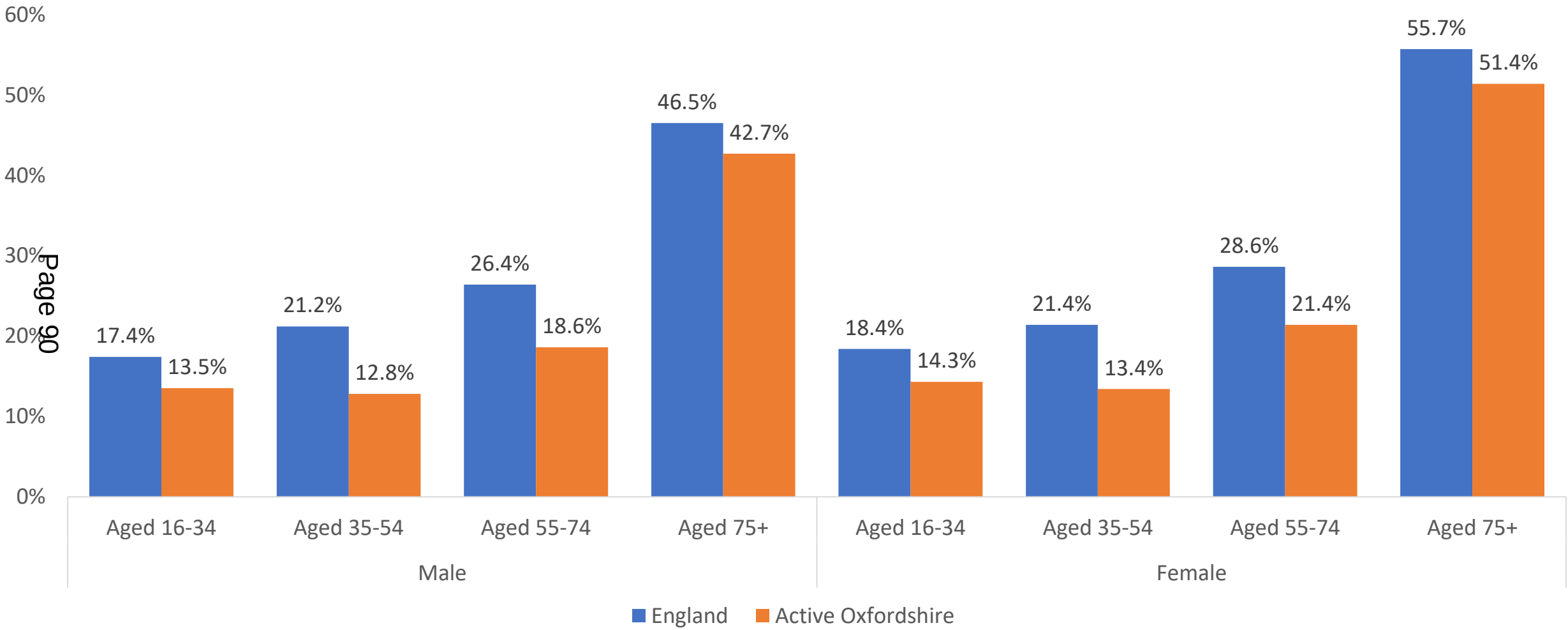
	Inactive	Fairly Active	Active
England	25.1%	12.3%	62.6%
Active Oxfordshire	19.1%	12.3%	68.6%
Cherwell	25.5%	15.2%	59.4%
Oxford	16.4%	9.2%	74.4%
South Oxfordshire	15.4%	11.1%	73.4%
Vale of White Horse	15.6%	16.4%	68.0%
West Oxfordshire	23.5%	9.5%	67.0%

Change in the last 12 months

Inactive	Active
Significant decrease	Significant increase
No change	No change
No change	No change
No change	No change
Significant decrease	Significant increase
No change	No change
No change	No change

Source: Sport England, Active Lives, Nov 17 to Nov 18, age 16+, excluding gardening

Inactive behaviour: age by gender



Source: Sport England, Active Lives, May 17 to May 18, age 16+, excluding gardening

Gender Inequality Gaps: Inactive

KEY

Has the gap widened or narrowed between 16/17 and 17/18?

Widening Narrowing

*Data unavailable

	Male	INEQUALITY GAP	Female
ENGLAND	23.8%	2.6%	26.4%
ACTIVE OXFORDSHIRE	17.4%	3.3%	20.7%
CHERWELL	20.7%	2.9%	23.6%
OXFORD	14.0%	4.8%	18.8%
SOUTH OXFORDSHIRE	17.2%	2.2%	19.4%
VALE OF WHITE HORSE	15.7%	3.1%	18.8%
WEST OXFORDSHIRE	21.6%	1.4%	23.0%

SOURCE: Sport England, Active Lives, May 16–18

Limiting Illness Inequality Gaps: Inactive

KEY

Has the gap widened or narrowed between 16/17 and 17/18?

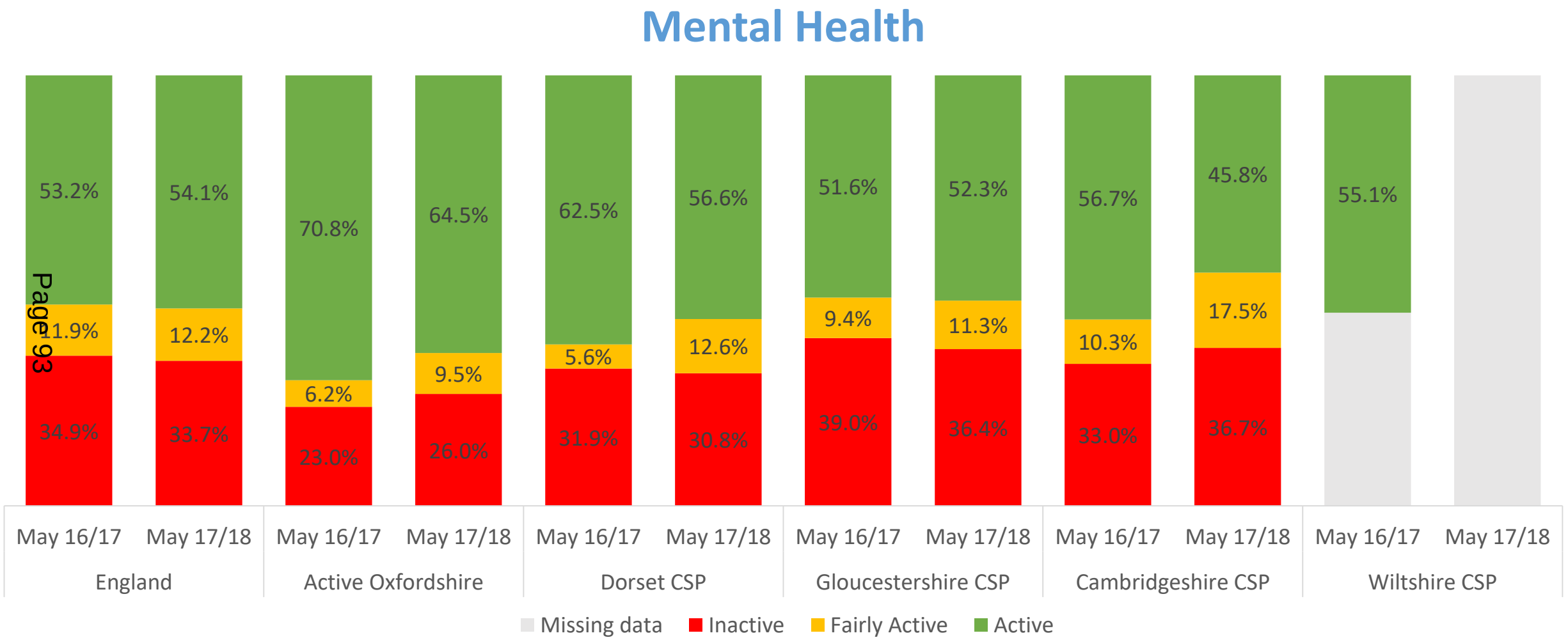
Widening Narrowing

*Data unavailable

	No Limiting Illness	INEQUALITY GAP	Limiting Illness
ENGLAND	20.7%	21.7%	42.4%
ACTIVE OXFORDSHIRE	15.8%	19.0%	34.8%
CHERWELL	19.8%	*	*
OXFORD	13.7%	13.1%	26.8%
SOUTH OXFORDSHIRE	14.1%	*	*
VALE OF WHITE HORSE	15.3%	*	*
WEST OXFORDSHIRE	16.6%	30.0%	46.6%

SOURCE: Sport England, Active Lives, May 16–18

Physical activity behaviour compared to nearest neighbours



Source: Sport England, Active Lives, May 16 to May 18, age 16+, excluding gardening

Social Grade Inequality Gaps: Active

KEY

Has the gap widened or narrowed between 16/17 and 17/18?

Widening Narrowing

*Data unavailable

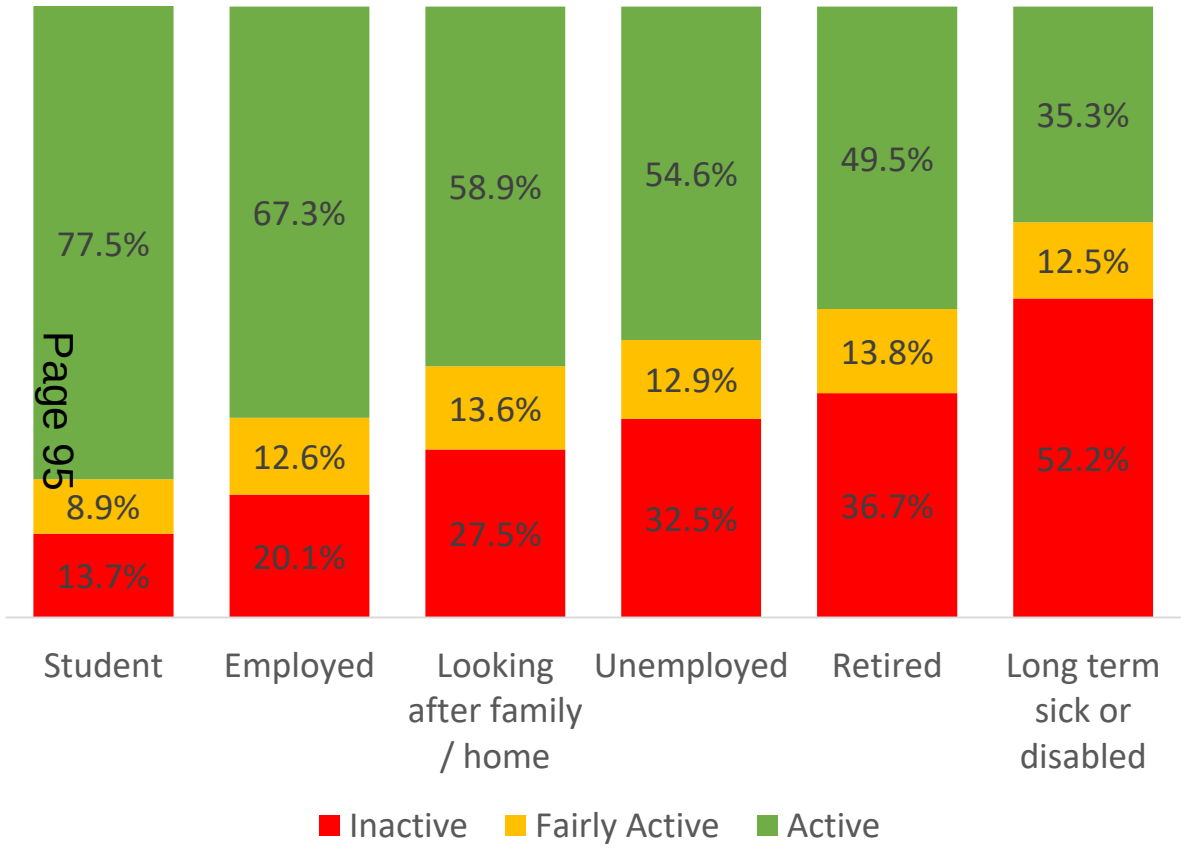
	NS SeC 1–2	INEQUALITY GAP	NS SeC 6–8
ENGLAND	71.4%	17.2%	54.2%
ACTIVE OXFORDSHIRE	74.7%	11.1%	63.6%
CHERWELL	70.2%	9.9%	60.3%
OXFORD	80.9%	*	*
SOUTH OXFORDSHIRE	73.4%	*	*
VALE OF WHITE HORSE	72.4%	*	*
WEST OXFORDSHIRE	75.8%	*	*

SOURCE: Sport England, Active Lives, May 16–18

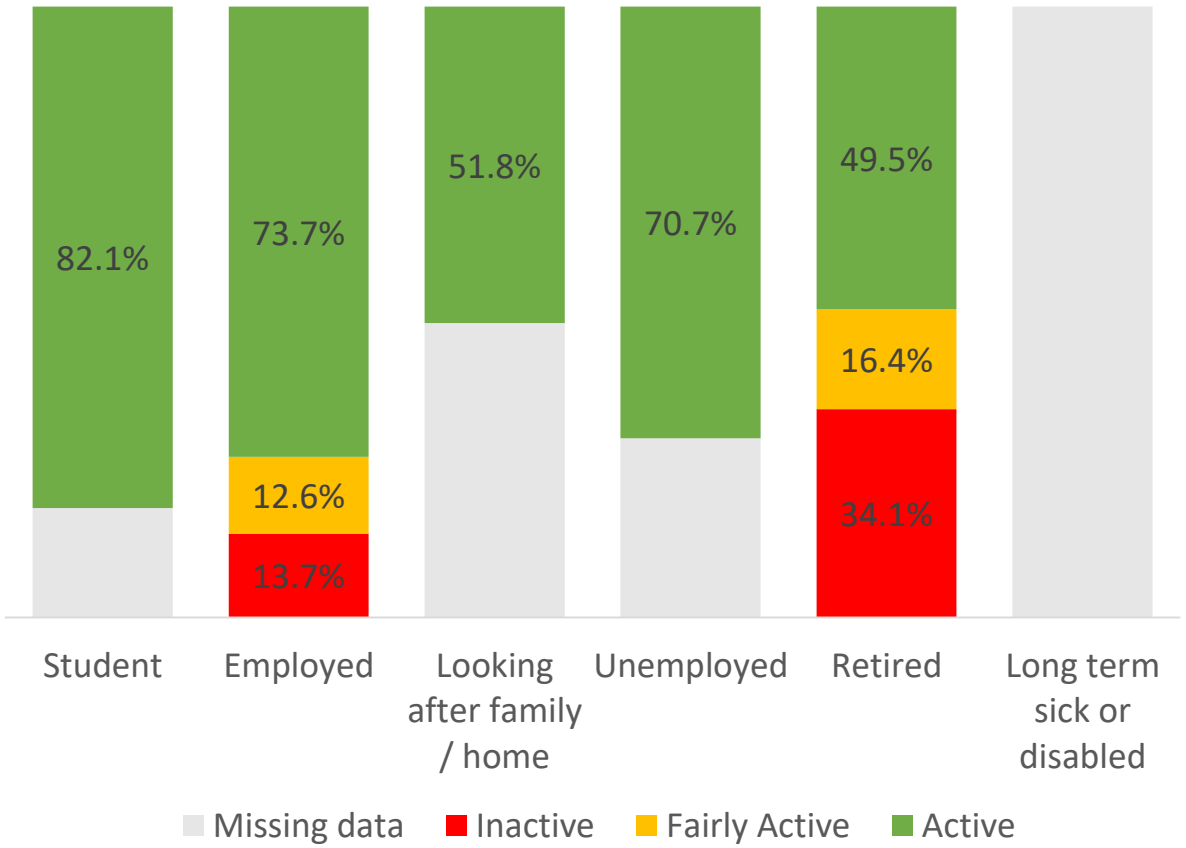
SOCIAL GRADE

Physical activity behaviour by work status

England



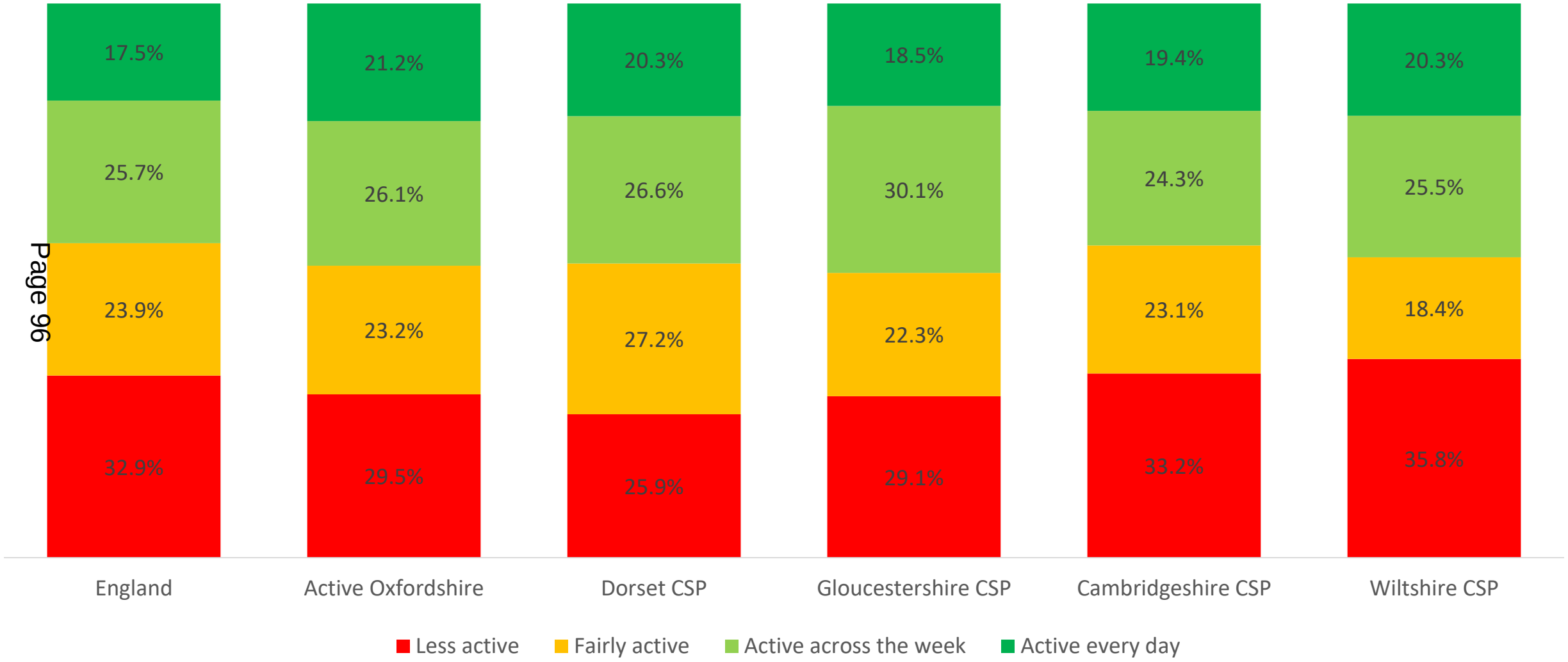
Active Oxfordshire



Source: Sport England, Active Lives, May 17 to May 18, age 16+, excluding gardening

AGE CYP

Sport and physical activity years 1-11 compared to nearest neighbours



Source: Sport England Active Lives CYP Survey Sept 17-July 18

Sports participation summary

When compared to England and nearest neighbours, Active Oxfordshire:

- Running or jogging proportion (15.3%) is **higher** than England (12.1%) and **1st** amongst nearest neighbours. Historical APS data suggests an increasing trend at a faster rate than England
- Cycling for leisure or sport proportion (17.2%) is **higher** than England (13.7%) and **2nd** amongst nearest neighbours although APS trends suggest a steeper decline than England
- Swimming participation (10.3%) is slightly **higher** than England (10.0%) and **5th** amongst nearest neighbours. Historical APS trends though suggest a decline at a similar rate to England
- All walking proportion (63.5%) is **higher** than England (59.5%) and **2nd** of nearest neighbours
- Active travel proportion (44.0%) is **higher** than England (36.6%) and **1st** of nearest neighbours

Additional historical trend data (APS) suggests:

- Participation in flexible location activities is **increasing** but at a slightly **slower** rate than England
- Participation in all other activities in Active Oxfordshire are **decreasing** at a **similar** (individual sports), slightly **faster** rate (indoor, outdoor and team sports) or **faster** rate (those participating in outdoor pitch based sports) than England

Overall summary – possible groups in greater need…

- **Females** – whilst they compare well to England and nearest neighbours the inequality gap between males and females is larger than nationally and has increased compared to the previous year – **consider females in lower socio-economic groups and those with limiting illness or disability**
- **Those aged 16-34 -** compare poorly to nearest neighbours for both inactive and active and have got worse compared to last year for both inactive and active proportions
- **CYP** – whilst Active Oxfordshire compares well to England and nearest neighbours the proportions achieving the recommended 'Active Every Day' are still very low
- **Cherwell** – has the largest population of any of the districts in Active Oxfordshire and therefore has greatest impact on the CSP, has a higher proportion of those in NS SeC groups 6-8 (who are often less active) and generally has higher inactivity rates across the demographic groups than the other districts

Health Improvement Board
Forward Planning

Forward Plan

Meeting Date	Other papers that could be scheduled	Standing items
16th May 2019	Joint Strategic Needs Assessment Final Joint Health and Wellbeing Strategy Active Oxfordshire Update Tobacco Control Alliance	Minutes of the last meeting Performance Dashboard Forward plan Domestic Abuse update Healthwatch Ambassador Report
12th September 2019	Housing Support Advisory Group update Making Every Contact Count Mental Wellbeing working group update Whole System Approach to Obesity Affordable Warmth Network update Healthy Place Shaping	
21st November 2019	Director of Public Health Annual Report Public Health, Health Protection Forum annual report Alcohol Social Prescribing	
February 2020 tbc		

Regular Reports from working groups	When to schedule	Note
PH Health Protection Forum	Once a year	Meets quarterly. Last reported Nov 2018
Affordable Warmth Network	Once a year	Last reported Sept 2017
Housing Support Advisory Group	Twice a year	Last reported Nov 2018
Domestic Abuse Strategy Group	Every meeting	Last report Feb 2019
Tobacco Control Alliance	Tbc	Reported in Nov 18
Mental Wellbeing Working group	At least annually	To be convened. Suggest report in Sept 19
Healthy Weight – whole systems approach	At least annually	New approach. Suggest update May 2019
Active Oxfordshire	Tbc	Requested an update May 2019
Healthy Place making	tbc	County wide events planned for Spring 2019 which HIB members will be invited to.
Social prescribing	Tbc	Update suggested Sept or Nov 2019
Making Every Contact Count	Tbc	Suggest this is twice a year for an update.

Oxfordshire Joint Health and Wellbeing Strategy (2018-2023)

Amended draft for discussion at the Health and Wellbeing Board

14th March 2019

To the people of Oxfordshire

This strategy is all about you, the people who live in, work in and visit Oxfordshire.

It tells the story of how the NHS, Local Government and Healthwatch work together to improve your health and wellbeing. We work together as the Oxfordshire Health and Wellbeing Board. The membership was reviewed in 2018, and so we see this as our chance to begin a fresh conversation with you.

The strategy paints a picture of the things we intend to do, but it needs input from you and so it is written to enable an ongoing conversation with you.

It paints a picture, but we don't start with a blank canvas – health in Oxfordshire is good compared with the national picture. Residents live longer here than elsewhere and remain healthy into older age for longer than the national average. Local people take more exercise than in neighbouring Counties and carry less excess weight. We consistently outperform other areas for measures such as breast feeding, teenage pregnancy and immunisation rates. These positive factors give us a solid foundation on which to build local services.

There is much already going on in our services and how they work together too. For example, we have some of the leading health services and academic organisations in the country on our doorstep, and many highly rated services. Levels of satisfaction from patients and users of our services consistently say that overall they are satisfied with the services they receive.

Yet we face challenging times. The population is growing and ageing. The number of people with chronic complex diseases is growing. Demand for all our services is increasing. House prices locally are high and this exacerbates staffing shortages. Money is very tight, and frankly we struggle to make ends meet and to achieve all of our national targets.

We know we can do better than this and know we have to work together to find our way through these challenges. We are confident that we can. Our major asset is our willingness to work together and to work with you to find new solutions to old problems.

That's what this strategy is all about.

We have agreed a vision to guide us on our journey forward, it is our touchstone and our compass.

Our Shared Vision is: *"To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire"*

We have reviewed the current issues affecting us and have picked out the most urgent priorities for our renewed focus on delivery through partnership.

We aim to: prevent ill health before it starts;
give patients and services users a high quality experience as they use our services;
work with you on re-shaping your local services and
tackle our chronic workforce shortages.

The priorities can be summarised as:

- **Agreeing a coordinated approach to prevention and "healthy place-shaping"*.**
- **Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).**
- **Agreeing an approach to working with the public so as to re-shape and transform services locality by locality.**
- **Agreeing plans to tackle critical workforce shortages.**

In addition to these priorities for the Board we will be developing our work together on a wide range of issues that affect different groups in the population. These are set out in the body of the strategy using an approach which covers all ages and stages of life– ensuring *A Good Start in Life*, enabling adults to continue *Living Well* and paving the way for *Ageing Well*. Many factors underpin our good health and we will work together to address these too under the heading *Tackling Wider Issues That Determine Health*.

And written through all these priorities is our absolute commitment to *tackling health inequalities* and *shifting the focus to prevention*.

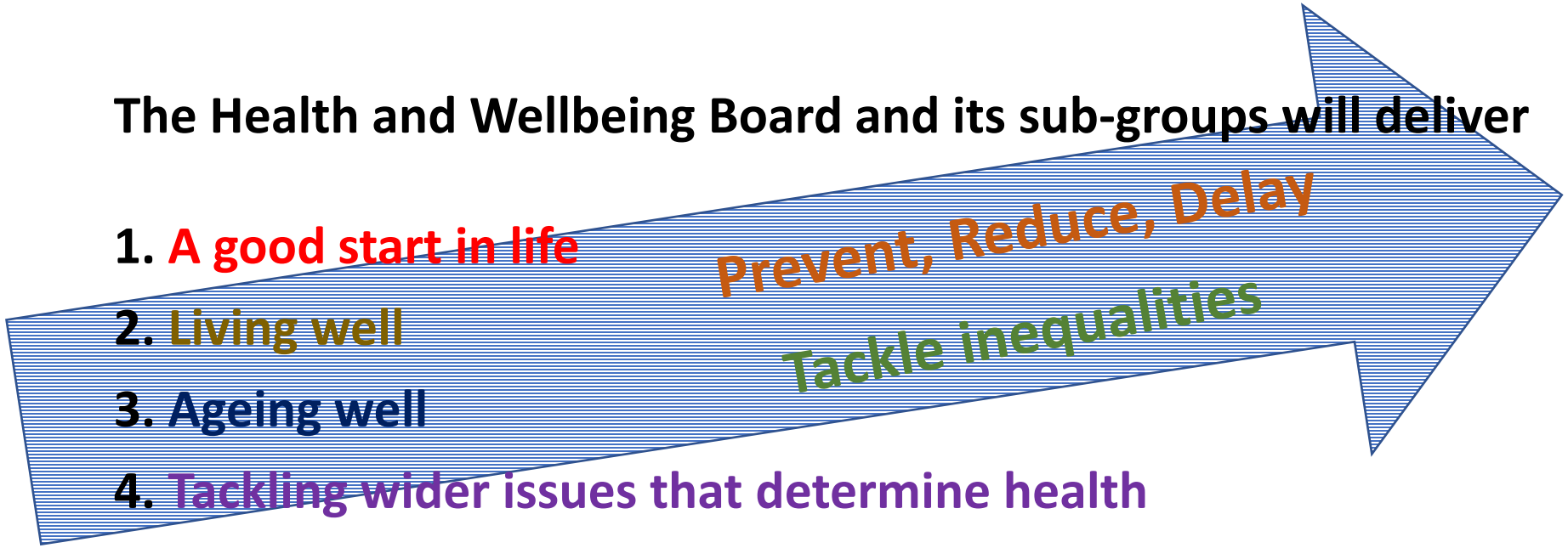
We hope our approach piques your interest, and look forward to sharing our ideas with you in the pages that follow…….

* ***"Healthy Place Shaping"*** *means ensuring the physical environment, housing and social networks can nurture and encourage health and wellbeing; learning from the Healthy New Towns in Bicester and Barton and applying this to other new and existing developments*

Overview of our priorities

The Health and Wellbeing Board will focus on:

- Agreeing a coordinated approach to prevention and healthy place-shaping.
- Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).
- Agreeing an approach to working with the public so as to re-shape and transform services locality by locality.
- Agreeing plans to tackle critical workforce shortages.



Why are these our priorities?

A Good Start in Life

Why is this important?

The best start in life starts with a baby's mother being healthy before and during pregnancy and childbirth. There is a lasting impact in future years from what happens in the early years of a child's life – influencing future physical and mental health, safety, educational achievement and a successful work life.

Schools, the influence of peers and social relationships are formative too. Brain development, attitudes to risk taking and controlling feelings and emotions develop in adolescence and have consequences for health.

What do we need to do to make a difference?

- Enable children and young people to be well educated and grow up to lead successful, happy, healthy and safe lives.
- Schools and universal services working together with local, targeted and specialist services is key to improving outcomes.
- Shift the focus to prevention and early help through real partnerships and using resources effectively.
- Support the most vulnerable, including children with Special Educational Needs and Disabilities, to make sure everyone has an equal opportunity to become everything they want to be – for too many of our children and young people outcomes are not good enough.
- Deliver responsive services that place children, young people and families at the heart of what we do.

The Joint Strategic Needs Assessment shows us that

- Children and young people aged 0 to 17 made up 21% of Oxfordshire's population as of mid-2016, a similar proportion to that in 2006. The greatest increases were in the age groups 0-4 and 5-9.
- Childhood obesity in Oxfordshire is lower than the national average and is remaining stable, unlike the national rising trend.
- 14,000 children in Oxfordshire were affected by income deprivation.
- In the past year, there has (again) been an increase in the number of people referred for treatment to Oxford Health mental health services, particularly children and young people
- Oxfordshire has seen increases in the number of children referred to social care, children on protection plans and children who are looked after.
- Care leavers in Oxfordshire are less likely than average to be in employment, education or training.
- The proportion of Oxfordshire's disadvantaged pupils aged 10-11 achieving the expected standard at Key Stage 2 was below the England average in 2017
- Oxfordshire has a relatively high rate of unauthorised absences from school

Living Well

Why is this important?

Oxfordshire is above the national average for many health outcomes, but many people still live with avoidable conditions such as heart disease, cancer and diabetes. Risk of contracting these illnesses can be reduced through adopting healthy lifestyles. Early detection of long term conditions leads to better outcomes.

People who are already diagnosed need to be supported to stay as well as possible and enjoy life.

There are some groups of people who are more at risk because of where they live, their age, ethnicity, gender, mental health or other factors. Appropriate targeting of services is needed for them. There needs to be care closer to home and smooth flow between services.

What do we need to do to make a difference?

- Shift the focus to prevention, enabling people to get the information and support they need to make healthy choices.
- Nurture healthy communities where people are able to participate, contribute and be healthy.
- Identify disease early and help people to manage their long-term conditions
- Deliver effective and high-quality services which are efficient and joined up.
- Make sure people are involved in design and evaluation of services so that their experiences are valued.
- Ensure that adults with care and support needs can access the services they need for holistic care, valuing mental health equally with physical health.

The Joint Strategic Needs Assessment shows us that

- As of mid-2016, the estimated total population of Oxfordshire was 683,200. Oxfordshire County Council population forecasts, based on local plans for housing growth, predict an increase in the number of Oxfordshire residents of +187,500 people (+27%) between 2016 and 2031, taking the total population of the county from 687,900 to 874,400
- Life expectancy by ward data for Oxford shows the gap in male life expectancy between the more affluent North ward and the relatively deprived ward of Northfield Brook has increased from 4 years in 2003-07 to 15 years in 2011-15. Female life expectancy in these wards has remained at similar levels with a gap of just over 10 years.
- **89,800** people in Oxfordshire reported by the Census 2011 survey as having activities limited by health or disability
- The latest survey of carers shows that around a third (34%) of Oxfordshire carer respondents have had to see their own GP in the past 12 months because of their caring role. This was a similar proportion in carers of all ages.
- For the 3-year period, 2014 to 2016, total deaths of people aged under 75 from the four causes of: cardiovascular diseases, cancer, liver disease and respiratory disease in Oxfordshire was 3,396. Of these **1,959** (58%) were considered preventable
- The number and rate of GP-registered patients in Oxfordshire with depression or anxiety has increased significantly each year for the past 4 years.
- Rates of intentional self-harm in Oxfordshire are now statistically above the England average.
- In September 2017, there was a total of 644 advertised NHS vacancies (full time equivalents), 44% were for nurses/midwives and 22% were administrative and clerical.

Ageing Well

Why is this important?

The number of older people in the county is increasing and is projected to grow further, with the proportion of those aged over 85 increasing by 60-80% in the next 15 years. While people are living longer, many are spending more years at the end of life in poor health. The number of people with dementia is also growing.

The evidence shows that we should identify the people at risk, intervene earlier and deploy multi-disciplinary teams in new ways to support active ageing and prevent loneliness, ill health and disability among older people. There needs to be care closer to home and smooth flow between services.

What do we need to do to make a difference?

- Focus on prevention, reduce the need for treatment and delay the need for care by helping people to manage long term conditions
- Use innovative and appropriate aids, equipment and services
- Ensure services are effective, efficient and joined up and that the market for provider organisations is sustainable.
- Help people to maintain their independence and remain active in later life.
- Work in multi-speciality teams to ensure frail older people are cared for in the community
- Identify conditions early, including dementia, to enable people to manage their conditions and get the support they need from friends and family.
- Address seasonal and other pressures in the health and care system that can affect older people disproportionately

The Joint Strategic Needs Assessment shows us that

- As of mid-2016, the estimated total population of Oxfordshire was 683,2002.
    - Over the ten-year period, 2006 and 2016, there was an overall growth in the population of Oxfordshire of 52,100 people (+8.3%), similar to the increase across England (+8.4%).
    - The five-year age band with the greatest increase over this period was the newly retired age group 65 to 69 (+41%). There was a decline in the population aged 35 to 44.
    - By 2031, the number of people aged 85 and over is expected to have increased by 55% in Oxfordshire overall, with the highest growth predicted in South Oxfordshire (+64%) and Vale of White Horse (+66%).
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services. Areas rated as “high risk” for isolation and loneliness in Oxfordshire are mainly in urban centres.
- Oxfordshire’s comparative rates of injuries due to falls in people aged 65+ and for people aged 80+ has recently improved, from statistically worse than average to similar to the South East average
- There has been an increase in the proportion of older social care clients supported at home, from 44% of older clients in 2012 to 59% in 2017.
- Oxfordshire County Council estimates that: of the total number of older people receiving care in Oxfordshire, 40% (4,200) are being supported by the County Council or NHS funding and 60% (6,300) are self-funding their care
- Assuming the use of health and social care services remains at current levels for the oldest age group (85+) would mean the forecast population growth in Oxfordshire leading to an increase in demand of:
    - +7,000 additional hospital inpatient spells for people aged 85+: from 12,600 in 2016-17 to 19,600 in 2031-32.
    - +1,000 additional clients supported by long term social care services aged 85+: from 1,900 in 2016-17 to 2,900 in 2031-32.

Tackling Wider Issues that Determine Health

Why is this important?

We know that the physical environment, the quality of housing and opportunities for active travel have a big influence on health and wellbeing.

There will be a massive increase in new housing in Oxfordshire, creating new communities. The challenge is to find a better way to plan for and shape communities so that they actually promote health and wellbeing, learning from the Healthy New Towns in Bicester and Barton

The support of friends and neighbours in communities is also good for physical and mental health and gets more crucial as the population ages. We also want to protect people affected by difficult issues such as domestic abuse.

Health and care workers form a significant proportion of the local workforce. High house prices in Oxfordshire (Oxford is the least affordable place to live nationally) mean that we have chronic and enduring challenges recruiting and retaining health and care staff, without which our services cannot function

What do we need to do to make a difference?

- Learn from the experience of the Healthy New Towns in Barton, Bicester and further afield and work together to implement good practice.
- Influence leaders of the Growth agenda in Oxfordshire to work with us on this agenda
- Protect vulnerable people from the risk of homelessness, threat of violence and the reality of cold homes
- Work together to reduce demand for reactive services and shift the focus to prevention. This will improve quality of life for residents and also contribute to the financial sustainability of public services.
- We need to work successfully together with the public in an effective dialogue about the need to re-shape services across the County, building trust and collaboration.

The Joint Strategic Needs Assessment shows us that

- District Councils' plans for new housing in existing (adopted) and draft local plans set out an ambition for new housing in Oxfordshire of 34,300 by the end of March 2022 and a further 47,200 homes by end March 2031, a total of 81,500 new homes in the next 15 years
- House prices in Oxfordshire continue to increase at a higher rate than earnings
- Over the past 6 years there has been an increase in people presenting as homeless and of people accepted as homeless and in priority need in Oxfordshire, although the latest data for 2016-17 shows a decline. Loss of private rented accommodation is an increasing cause of homelessness.
- There has been an increase in the proportion of households defined as "fuel poor" in each district of Oxfordshire.
- Data from Thames Valley Police shows an increase in recorded victims of abuse and exploitation in Oxfordshire. The exception was the number of recorded victims of Child Sexual Exploitation which declined from 170 in Oxfordshire in 2016 to 106 in 2017

Prevent, Reduce, Delay

Prevent, Reduce, Delay. Prevention measures throughout the system will allow us to

- Live longer lives (**prevent** illness), by helping people keep themselves healthy
- Live well for longer (**reduce** need for treatment) by identifying any health issues early and supporting people to manage their long term conditions
- Keep us independent for longer (**delay** need for care) by providing the right support at the right time

What do we need to do to make a difference?

- To combat increasing chronic disease, we need to shift towards more preventative services. We need to join up NHS and County Council preventative services better with District Council preventative services.
- Funding preventative services is a challenge in the face of rising demand for treatment services but needs to be addressed

What the Joint Strategic Needs Assessment says

- An estimated 55% of people aged 16 or over in Oxfordshire are classified as overweight or obese.
- Smoking prevalence in adults in routine and manual occupations was estimated at 24.5% in Oxfordshire, over double the rate of all adults and similar to the national average.
- The rate of hospital admissions for alcohol-related conditions gives a mixed picture in different age groups. By and large the rates are reducing, except for women aged under 40. In addition the alcohol-specific admissions for females under 18 in Oxfordshire has remained statistically above the national average in the latest data. The rate for males in Oxfordshire was similar to average.
- Oxford and Vale of White Horse were each better than the England average on the proportion of people who were inactive according to the Active Lives survey. Cherwell, South and West Oxfordshire districts were similar to the national average.
- The Joint Strategic Needs Assessment has no figures on numbers of people with high plasma glucose levels but does record In 2016-17 there were around 29,500 GP-registered patients in the Oxfordshire Clinical Commissioning Group area with a recorded diagnosis of diabetes, up from 27,900 in 2015-16
- In 2016-17 there were around 89,900 GP-registered patients in the Oxfordshire Clinical Commissioning Group area with a recorded diagnosis of Hypertension, up from 85,800 in 2015-16.

Tackle Inequalities

Why is this important?

Addressing health inequalities is essential because we know there are 2 main issues:

- Inequalities in opportunity and / or outcome – some people don't get a good start in life, live shorter lives or have longer periods of ill health
- Inequalities of access – some people cannot get to services, don't know about them or can't use them

What do we need to do to make a difference?

- We need to use information well to identify communities and groups who experience poorer outcomes and ensure the right services and support are available to them, measuring the impact of our work.
- We need to work together to build on the success of recent years in coordinating our approach to wellbeing challenges which are the responsibility of multiple agencies. Examples of this are coordinated work for homeless people and people suffering domestic abuse with City and District Councils
- We need to continue to develop the ways we work with the voluntary sector, carers and self-help groups.
- We have to address the challenge of funding in all areas and ensure that decisions on changing services do not adversely affect people with poor outcomes

What the Joint Strategic Needs Assessment says

- Earnings remain relatively high for Oxfordshire residents. Despite relative affluence, income deprivation is an issue in urban and rural areas.
- 14,000 children in Oxfordshire were affected by income deprivation.
- Snapshot HMRC data (Aug14) shows almost 1 in 5 children aged 0-15 in Oxford were living in low income families.
- 13,500 older people in Oxfordshire were affected by income deprivation, 68% of whom were living in urban areas and 32% in rural Oxfordshire.
- ONS analysis has demonstrated higher life expectancies and greater life expectancy gains for people in the higher socio-economic groups.
- Out of the 407 lower super output areas in Oxfordshire, the clear majority (80%) were ranked within the least deprived 50% in England on the income deprivation domain. The most deprived areas of Oxfordshire on income deprivation were 3 areas within Oxford (parts of Rose Hill & Iffley, Blackbird Leys and Northfield Brook wards).
- The Education and Skills domain of the Indices of Multiple Deprivation 2015 had 25 areas within Oxfordshire ranked in the top 10% most deprived nationally
- People diagnosed with severe and enduring mental disorders are at increased risk of deprivation due to the challenges of maintaining employment, housing and social connections.
- Common reasons for self-harm are: difficult personal circumstances; past trauma and social/economic deprivation together with some level of mental disorder. Self-harm can be associated with the misuse of drugs or alcohol.
- Out of the total of 407 Lower Super Output Areas135 (LSOAs) in Oxfordshire, 101 (31%) were 2 miles or more (3.2km) from the nearest GP surgery, covering a total population of 157,000 (25%) as of 2011.
- There were no areas of Oxford City classified as 2 miles or more from a GP surgery. Areas classified as 2 miles or more from a GP surgery in rural districts in Oxfordshire covered:
    - 3,700 households with no car (23% of total households in rural districts)
    - 30,300 people aged 0-15 (32% of the total in rural districts)
    - 28,800 people aged 65 and over (34% of the older population in rural districts).

How will we address these priorities?

A good start in life

Aim: 'Oxfordshire – a great place to grow up and have the opportunity to become everything you want to be'

Strategic Objectives

- **Be Successful –** This looks to ensure children have the best start in life; have access to high quality education, employment and motivational training; go to school feeling inspired to stay and learn; and have good self-esteem and faith in themselves.
- **Be Happy and Healthy** – Children can be confident that services are available to promote good health, and prevent ill health; learn the importance of healthy, secure relationships and having a support network; have access to services to improve overall well-being, and easy ways to get active.
- **Be Safe** – This looks to ensure children are protected from all types of abuse and neglect; have a place to feel safe and a sense of belonging; access education and support about how to stay safe; and have access to appropriate housing.
- **Be Supported** – Children are empowered to know who to speak to when they need support, and know that they'll be listened to and believed; can access information in a way that suits them; have inspiring role models; and can talk to staff who are experienced and caring.

Prevention of illness through promoting

- Healthy living
- Healthy weight
- Physical activity
- Mental wellbeing
- Childhood immunisations

Inequalities issues to be addressed by targeting particular groups with worse outcomes

- childhood obesity
- Identify hotspots for children missing out on education
- Inequalities in opportunity and life chances

Areas of Focus for the Children's Trust (2018-2020)

- Focus on children missing out on education
- Focus on social and emotional wellbeing and mental health
- Focus on young people affected by domestic abuse

Areas of Focus for the Health Improvement Board (2018-2020)

- Childhood immunisations
- Preventing childhood obesity
- Promoting physical activity including active travel
- Mental wellbeing for all

Delivery Mechanisms include	1. ***Children's Plan*** - The implementation plan, within the CYPP, focuses on one theme within each of the four areas of focus each year. These are updated on an annual basis and are continually monitored by the Children's Trust Board throughout the year 2. ***The Health Improvement Board*** which oversees work on immunisation, obesity, physical activity and mental wellbeing for all ages

Living Well

Aim: Adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health and social care services.

Strategic Objectives

- **Prevent the development of long term conditions** by helping people to live healthy lives, live in healthy places and avoid the need to go to hospital
- **Identify ill health early,** through comprehensive screening programmes, good access to services and targeting those least likely to attend.
- **Value mental health equally with physical health**
- **Deliver sustained and improved experience** for people who access services, by working together to deliver effective services and using the expertise of our customers and other key stakeholders to design, procure and evaluate services.
- **Ensure services are effective, efficient and joined up**, available when needed and that movement through the "system" is seamless
- **Nurture healthy communities** that enable people to participate, be active, give and receive support.

Prevent, Reduce, Delay

Keeping Yourself Healthy (Prevent)

- Promote healthy lifestyles including Reduce Physical Inactivity / Promote Physical Activity, Enable people to eat healthily, Reduce smoking prevalence, Promote Mental Wellbeing
- Ensure Immunisation coverage remains high

Reducing the impact of ill health (Reduce)

- Prevent chronic disease (e.g. diabetes) though tackling obesity
- Screening for early awareness of risk - cancer & heart disease
- Alcohol advice and treatment

Inequalities issues to be addressed

- Identify those at risk of premature and preventable disease and deaths and working to reduce that risk
- Improving the physical health of people with Learning disabilities or mental illness

Areas of Focus for the Health Improvement Board (2018-2020)

- Healthy Weight Whole Systems approach
- Reduce physical inactivity
- Mental Wellbeing and Prevention Concordat
- Public Health, Health Protection - immunisation and screening, air quality
- Housing and Homelessness

Areas of Focus for the Joint Management Groups /Integrated Service Delivery Board

- Identify risk groups and design integrated services to meet their needs
- Provide care close to, or at, home, reduce urgent admissions to hospital
- Improve the satisfaction of service users
- Increase the number of people supported at home
- Improve the quality and sustainability of care providers in Oxfordshire
- Involve more local people and organisations in the development of services

Delivery Mechanisms include	1. The Adults of Working Age Strategy – to be developed 2. The Health Improvement Board which oversees work on social prescribing, mental wellbeing for all, public health protection and supporting healthy lifestyles.

Ageing Well

Aim: Oxfordshire is a place where individuals, whatever their age, are valued and empowered to live healthy, active and socially fulfilling lives, connected to their family and friends. Supported by thriving communities and locally provided universal services or through targeted and specialist services when the need arises

Strategic Objectives

- **Increase independence, mobility and years of active life** for those aged 75+ through healthy lifestyles as well as using digital aids, equipment and adaptations and making tools for self-management available and easily accessible.
- **Ensure services are effective, efficient and joined up**, available when needed and that movement through the "system" is seamless
- **Support the care of frail older people** by developing multi-speciality provider teams in the community
- **Identify and diagnose dementia** at an early stage and support people, their families, carers and communities to help them manage their condition.
- **Support carers** in their caring role and in looking after their own health
- **Deliver preventative services** in the community to reduce or delay the need for health and care services

Prevent, Reduce, Delay

- **Prevent** ill health by addressing the growing problems of loneliness and promoting mental wellbeing; Supporting carers; increasing coverage of immunisations and screening
- **Reduce** the impact of ill health through Falls prevention; tools for self-management
- **Delay** the need for services and care through services close to home;

Inequalities issues to be addressed

There are pockets of deprivation and significant numbers of ethnic minority groups within Oxfordshire. People in these groups often suffer the worst health and poorer health outcomes and need to be identified and targeted by appropriate services

Areas of Focus for the Joint Management Groups / Integrated Service Delivery Board

- The new Older People strategy reflects the needs of a changing demographic and the increase in the numbers of people who are growing older across the county, particularly those aged over 85 years.
- It also supports those over 65 years that are currently fit and healthy whom we need to support to remain well, for as long as possible, whilst promoting early intervention and access to health and care services when they are needed.
- The new strategy also addresses the needs of people suffering from dementia and people who are living into older age with a learning disability.

Delivery Mechanisms include

- Older People Strategy
- Carer's Strategy
- The Better Care Fund Plan

There are also links to the Oxfordshire's Adult strategy, and a range of Health Improvement strategies.

The Older People strategy also links to relevant pathways of care including Oxfordshire's Frailty, Mental Health (including Dementia), Learning Disability and End of Life pathways.

Improving Health by Tackling Wider Issues

Aim: To create healthy communities where people of all ages can maintain and improve their health as they live, learn, work, travel and socialise.

Strategic Objectives

- **Healthy Place Making –** which means ensuring the physical environment, housing and social networks can nurture and encourage health and wellbeing; learning from the Healthy New Towns in Bicester and Barton and applying this to other new and existing developments
- **Housing and Homelessness** – preventing homelessness and reducing rough sleeping
- **Protect vulnerable people** – from the impact of domestic abuse, cold homes and other factors
- **Contribute to financial sustainability** in the long term for public services by reducing demand

Prevent, Reduce, Delay

- **Prevent poor health outcomes through** good spatial planning for community interaction and active travel
- **Reduce** the impact of Domestic abuse, poor air quality, fuel poverty and other factors which have a negative impact on health

Inequalities issues to be addressed

- Focus on particular groups or locations where people have worse health
- Housing and homelessness
- Domestic abuse

Areas of Focus for the Health Improvement Board

- Healthy Place Shaping - Learn from the Healthy New Towns and influence policy
- Social Prescribing, including community and voluntary services
- Housing and homelessness prevention
- Health Protection
- Domestic Abuse services and training
- Affordable Warmth

Delivery Mechanisms include	1. Bicester and Barton Healthy New Towns 2. Housing Support Advisory Group 3. Domestic Abuse Strategy Group 4. Public Health, Health Protection Forum

Oxfordshire Health and Wellbeing Board

Shared Vision: "To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire"

Joint Health and Wellbeing Strategy

The Integrated System Delivery Board

Integrated System Delivery Plan

The Adults with Support and Care Needs Joint Management Group

Adults of Working Age Strategy
(to be created)

The Better Care Fund Joint Management Group

The Better Care Fund Plan

Carers Strategy

The Older People's Strategy

The Children's Trust

The Children and Young People Plan 2018-2021

The Health Improvement Board

Healthy Weight Action Plan

Public Health Protection

Affordable Warmth

Housing Related Support

Mental Wellbeing Framework

Domestic Abuse Strategy Group

Finding out about progress

The role and responsibilities of the Health and Wellbeing Board sub groups

Sub groups of the Health and Wellbeing Board are responsible for developing a suite of strategies and action plans to deliver this overarching Joint Health and Wellbeing Strategy.

The names of these groups and the areas they cover are shown on the previous page.

The groups all report their progress at every meeting of the Health and Wellbeing Board and keep up to date performance dashboards to monitor progress and hold partners to account. These performance indicators are published for every meeting of the Health and Wellbeing Board.

All papers published for meetings of the Health and Wellbeing Board and sub-group meetings held in public can be found here:
http://mycouncil.oxfordshire.gov.uk/mgCalendarMonthView.aspx?GL=1&bcr=1

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BETTER HOUSING BETTER HEALTH

Oxfordshire Impact Report 2018/19

Households supported 419

Home energy visits completed 114

over 1000 Interventions provided

£152k in lifetime energy savings

£105k Of Grant funded installs

£54k in new incomes identified

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NATIONAL ENERGY FOUNDATION

improving the use of energy in buildings

Better Housing Better Health

Better Housing Better Health Service

Oxfordshire Annual Report 2018/19

Date: 24.04.2019

The National Energy Centre • Davy Avenue • Knowlhill • Milton Keynes • MK5 8NG
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Registered Charity No. 298951 Registered in England with liability limited by guarantee No 2218531

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The National Energy Foundation is an independent, national charity based in Milton Keynes. The Foundation has been at the forefront of improving the use of energy in buildings since 1988. It aims to give people, organisations and government the knowledge, support and inspiration they need to understand and improve the use of energy in buildings.

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Abbreviations: NEF, National Energy Foundation; CDC, Cherwell District Council; OCC, Oxford City Council; SODC, South Oxfordshire District Council; VOWH, Vale of Whitehorse District Council; WODC, West Oxfordshire District Council SBDC, South Bucks District Council; AWN, Affordable Warmth Network; BHBH, Better Housing Better Health; CCG, Clinical Commissioning Group; NHS, National Health Service; LEAP, Local Energy Advice Programme; MEES, Minimum Energy Efficiency Standards; ECHO, Emergency Central Heating Offer; EST, Energy Saving Trust.

1 BHBH Service Summary

1.1 Introduction

Better Housing Better Health (BHBH) is a preventative service working to reduce and prevent the number of people in fuel poverty; and so improve health & wellbeing it is coordinated by the National Energy Foundation (NEF) but is built on a network of other health and social care orientated organisations, with a cross-referral mechanism in place to maximise help available to residents. BHBH operates across Oxfordshire and is funded by the County Council, Oxford City Council and all four district councils. There are no eligibility criteria to access this service, although it is targeted towards vulnerable residents.

The following report provides an overview of the service from 1st April 2017 to 31st March 2018 and is produced for the Affordable Warmth Network (AWN) steering group which consists of representatives of participating local authorities and key stakeholders. The steering group meets on a quarterly basis to evaluate the services progress against targets and discuss future activity.

1.2 Key Statistics

The BHBH Service can be accredited to levering and creating **£335,092** of funding and savings that will directly improve the health and wellbeing of fuel poor households across Oxfordshire.

BHBH in numbers:

- **419** Households directly supported
- **114** Home energy visits completed
- Over **1000** Interventions provided
- **£152k** in lifetime energy savings
- **£105k** of Grant funded installs
- **£54k** in new incomes identified

1.3 Service Enquiries

419 new enquiries (i.e. not repeat users) into the BHBH service.

687 outgoing follow up calls made by NEF associated with the new enquiries.

Table 1. BHBH enquires and follow ups by local authority area

Local Authority	New Enquires	Follow Ups
CDC	76	127
OCC	129	209
SODC	72	116
VOWH	71	117
WODC	71	118
Totals	**419**	**687**

- The service achieved its annual target of 400 new enquiries
- Each enquiry can require different levels of support and often multiple follow up calls are made to ensure a successful outcome for the resident.
- On average each enquiry takes 1.5 hours of NEF time to manage from the starting point of a call or referral to the end point of a successful intervention being implemented.

1.4 Service Outcomes

The below represents the resulting outcomes of an intervention offered via the BHBH service.

Note: Not all outcomes are quantifiable and so these do not feature. Some of the values are based on averages and all information is reliant on accurate reporting from intervention providers.

Table 2. Measurable outcomes by Local Authority area.

BHBH Outcome	Total Interventions	Approx. Value	Lifetime Savings (EST)	kgCO2
Home energy visit completed	114	£24,054		
New income awarded	34	£54,000		
New boiler	32	£96,000	£64,320	310,505
Cavity wall insulation	2	£1,800	£6,500	31,379
Loft insulation	10	£7,000	£8,800	42,482
Small measures	556		£72,618	201,307
Totals	**747**	**£182,854**	**£152,238**	**585,673**

- The service levered in over £180k in additional funding and income to support vulnerable households across the county.

- By utilising EST's savings calculator (which takes into account product life expectancy and average energy use), energy efficiency measures installed are estimated to provide bill savings of over £150k.

- As well as tackling fuel poverty the service is also helping to reduce climate change with new measures installed representing carbon savings of approximately 585,673kgCO2

2 Service User Summary

2.1 Key Statistics

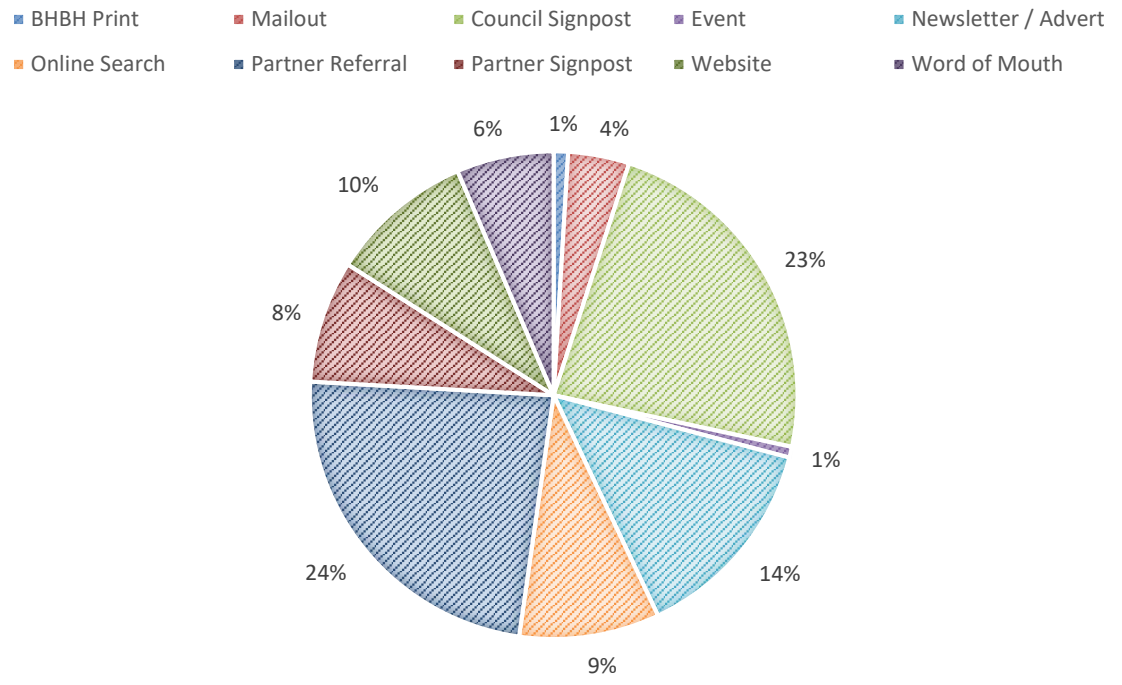
A brief summary of the demographic and property types seeking support via the BHBH service:

- **99** Health and Social Care referrals
- **60%** of enquiries received suffer with a long term health condition
- **25%** of all service users lived in an 'off-gas' property
- Over **100** service users had more than one vulnerability to fuel poverty and cold homes

2.2 Source of Enquiry

The service tries to utilise various sources in order to encourage enquiries into the service. The below gives an overview of where the 419 enquiries received during 2018/19 were generated from.

Figure 1. Source of enquiries into BHBH Service.



- 99 direct referrals (24%) from partner organisation proved to be the most successful source of enquiry. This is excellent news as the service has put a lot of resources into encouraging frontline health and social care professionals to identify and refer residents at risk of being negatively affected by living in a cold home.

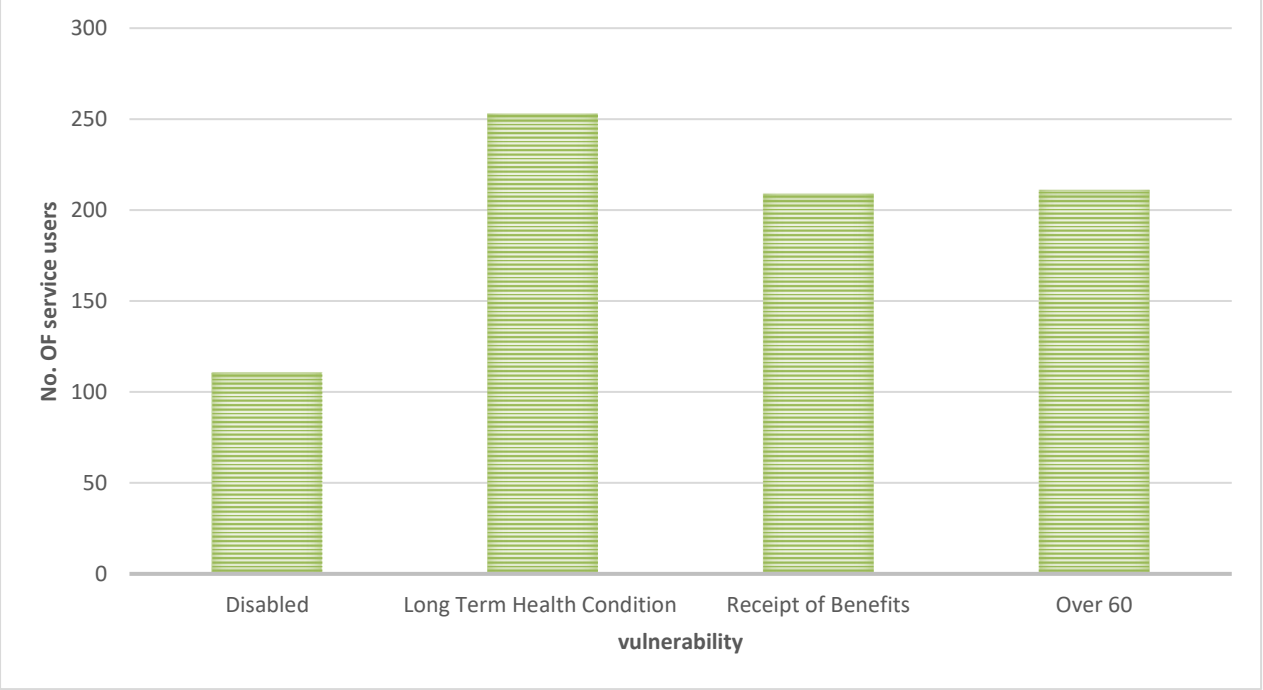
- The council's signposted 98 residents towards the service which is pleasing and shows a growing awareness amongst staff; however in order to minimise drop out we would ideally like to see these residents being directly referred for support. This is a good area we can look to improve upon during 2019-20. Most residents often turn to their council first when seeking help for energy efficiency related advice and it is integral that council staff are well versed in the service.

- We saw a big drop off in residents enquiring as a result of seeing BHBH marketing. The service has not had any new resources and print for a couple of years and this is an area that NEF have planned to develop and improve during the next year.

2.3 User Vulnerabilities

Some residents are more susceptible to fuel poverty and cold homes than others and there are certain characteristics and circumstances which can be used as a good indicator to this vulnerability. This information helps the project officer to assess what support the resident may be eligible for and helps the service to know if it is reaching the correct demographic.

Figure 2. Service user's vulnerabilities



Note: Some service users may have one or more of the vulnerabilities above.

- 60% of all enquiries into the BHBH service indicated that they suffer with some form of long term health condition. This highlights the correlation between cold homes and health and vindicates the services decision to target this group.

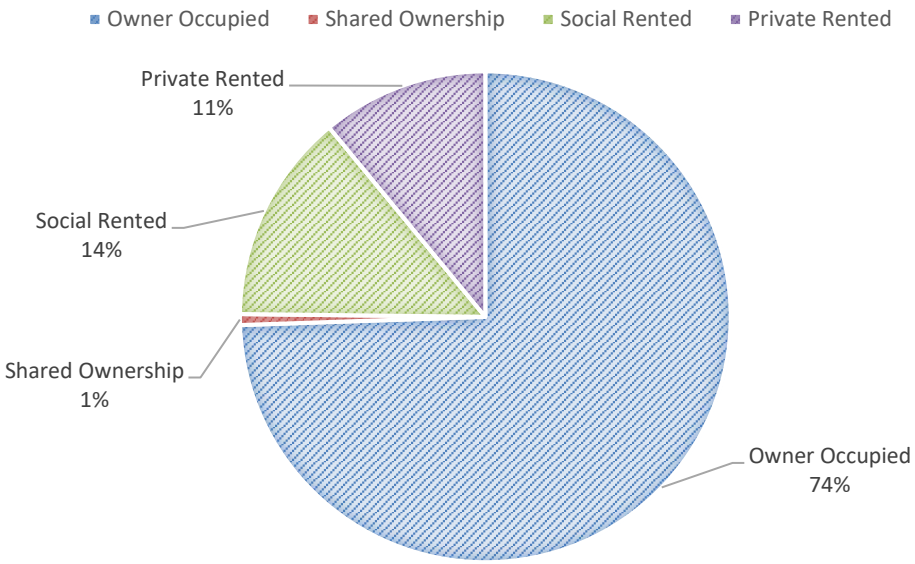
- Often age and health implications go hand in hand and there would appear to be a relationship between the 'Over 60' and 'long term health condition' categories.

- Many funding avenues and support schemes have eligibility criteria attached; often closely linked with the above demographics. Increasing focus onto these groups by engaging health and social care professionals to help with identification would enable more residents who seek the help of the service to benefit from a quantifiable intervention.

2.4 Housing Tenure

Housing tenure is recorded as it can give an indication to the personal circumstances of the resident and ultimately who should be responsible for any associated costs. It can also be used as part of the eligibility criteria for schemes that provide financial assistance.

Figure 3. Housing tenure of 419 BHBH Service User's



- The majority of enquiries came from owner occupiers which is fairly typical for the service. Housing stock is becoming older and residents who own their home are struggling with the costs associated with upgrading the energy efficiency and warmth of the property.

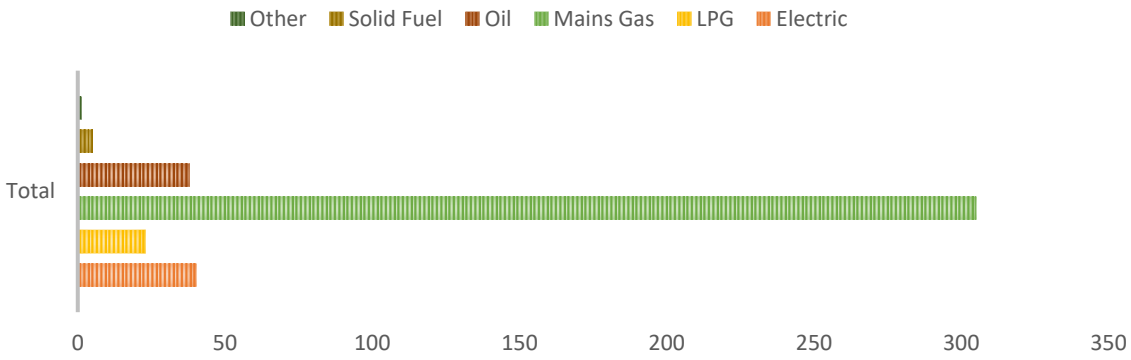
- Service Users living in socially rented properties represented 14% of all enquiries. They are often some of the most vulnerable residents in our society however the tenure often rules occupiers out of schemes as responsibility for the up keep of the property is seen to be with the provider

- Over 50% of all fuel poor households across England are said to be privately renting. More work is needed to increase uptake amongst this sector especially as housing improvements are now enforced by MEES.

2.5 Heating Fuel

Heating fuel is recorded during the initial phone assessment as this can affect the building energy efficiency and heating performance as well as associated costs.

Figure 4. Heating fuel used by 602 BHBH enquiries



	Total
Other	1
Solid Fuel	5
Oil	38
Mains Gas	305
LPG	23
Electric	40

- Typically for the service and the area 'Mains Gas' fuels the majority of heating systems used by those seeking help. Funding for gas replacement boilers has been intermittent at best during the last couple of years which can make it hard to assist with gas boiler upgrades.

- A quarter of those contacting the service live in 'off-gas' properties. These can often be harder to heat homes and unless they can be connected to the grid, financial support for upgrades and repairs is difficult to obtain.

- 10% of enquiries heated their properties using electric which if combined with an inefficient heating system can be costly and lead to high energy bills.

3 Yearly Targets

Each year the service is set targets by the steering group to aim towards. Overall the service performed well and represented value for money which is demonstrated well by the funding and savings the service managed to lever in however some targets were not met and this needs to be addressed going forward.

Table 3. Targets and final figures achieved by BHBH

Targets	Totals	Achieved
400 Households Supported	419	Yes
50 Frontline Staff Trained (online)	0	No
150 Energy Efficiency Measures Installed	76	No
50 New Incomes Identified	34	No
3 New Services Integrated	3	Yes
2 Bids Submitted to External Funders	4	Yes

- 3 of 6 targets were met or exceeded. This included the integration of new services and support schemes which featured ECHO, the PSR register and the Warm Home Discount.

- The biggest failure relates to the staff training target. NEF had hoped to be able to produce an online training programme aimed at engaging health and social care staff on fuel poverty and cold homes. Despite two funding bids being submitted this has failed to materialise. NEF did attend several workshops and engaged hundreds more staff via newsletters and emails however these have not been included as the training was not formalised.

- Although the service did fail to achieve the target of 150 energy efficiency installs the 76 larger measures installed was a good result in a year where ECO (main funding source) was not available throughout the busy winter period as the new ECO3 scheme was being finalised. The figure does also not include the 556 smaller measures (draught proofing, LED lightbulbs, radiator foils etc.) installed during home visits.