To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 8 February 2018 at 2.00 pm

Town Hall, Oxford

PG Clark

Peter G. Clark
Chief Executive

January 2018

Contact Officer: **Helena Jones, Policy Officer**
Tel: 07500 784428; Email: helena.jones@oxfordshire.gov.uk

Membership

Chairman – District Councillor Anna Badcock
Vice Chairman - District Cllr Marie Tidball

Board Members:

Cllr Jeanette Baker	West Oxfordshire District Council
Cllr John Donaldson	Cherwell District Council
Cllr Hilary Hibbert-Biles	OCC – Cabinet Member for Public Health & Education
Richard Lohman	Healthwatch Ambassador
Cllr Monica Lovatt	Vale of White Horse District Council
Dr Jonathan McWilliam	Strategic Director for People and Director of Public Health
Dr Kiren Collison	Clinical Chair of Oxfordshire Clinical Commissioning Group
Diane Hedges	Chief Operating Officer of Oxfordshire Clinical Commissioning Group
Diana Shelton	West Oxfordshire District Council
Jackie Wilderspin	Public Health Specialist

Notes:

* *Date of next meeting: 1 May 2018*

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 Anna Badcock

2.00

2.   Apologies for Absence and Temporary Appointments

3.   Declaration of Interest - see guidance note opposite

4.   Petitions and Public Address

5.   Minutes of Last Meeting (Pages 1 - 6)

2.05pm
10 minutes

To approve the minutes of the meeting held on 26 September 2017 and to receive information arising from them.

6.   Performance Report (Pages 7 - 24)

2.15pm
15 minutes

Performance report presented by Public Health Team, Oxfordshire County Council

A report on progress against the targets of the Health Improvement Board in Quarter 2, including Quarter 3 data where available.
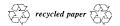
Two additional reports include a breakdown of performance against housing indicators and an exception report from the Housing Support Advisory Group on rough sleeping.

7.   Trailblazer Project and the City Conversation on Rough Sleeping (Pages 25 - 36)

2.30
15 minutes

Report on the Trailblazer Programme presented by Nery Parry, System Change Manager – Trailblazer Programme.

The report provides an update on the progress made on the key areas of work in this local homelessness programme. The programme summary gives a brief overview of

recycled paper

the work.

Report on the City Conversation on Rough Sleeping presented by Daniella Granito, Policy and Partnership Team Manager, Oxford City Council.

The report shares an update on the partnership event which happened on 28th November 2018 and the next steps following this event. The statement of intent provides the agreed vision and common ground from the event.

8. Health Inequalities Commission (Pages 37 - 50)

2.45
10 minutes

Report presented by Jackie Wilderspin, Public Health Specialist, Oxfordshire County Council.

The report gives a comprehensive overview of progress against each of the 60 recommendations in the Oxfordshire Health Inequalities Commission report.

9. Welfare Reform (Pages 51 - 56)

2.55
15 minutes

Report presented by Paul Wilding, Revenues & Benefits Programme Manager, Oxford City Council.

The report discusses the impacts of the rollout of Universal Credit and recommends areas for further exploration. The report focuses on data from Oxford City but identifies wider themes that affect Oxfordshire as a whole.

10. Domestic Abuse Strategic Board (Pages 57 - 58)

3.10
15 minutes

Report presented by Sarah Breton, Lead Commissioner (Children and Maternity), Oxfordshire County Council.

The report shares the outcomes of the most recent meeting of the Domestic Abuse Strategic Board.

11. Oxfordshire Sport and Physical Activity (OxSPA)

3.25
20 minutes

Verbal report presented by Keith Johnson, Chairman, Oxfordshire Sport & Physical Activity.

An update will be provided on the current position of OxSPA and the work undertaken through the partnership.

12. Healthwatch Ambassador's Report

3.45
5 minutes

Verbal report presented by Richard Lohman, Healthwatch Ambassador.

13. Review of Health Improvement Board Terms of reference (Pages 59 - 60)

3.50
10 minutes

Members are asked to review the Board's terms of reference and agree revisions to go forward to the Health and Wellbeing Board for approval.

14. Forward Plan and Any Other Business (Pages 61 - 62)

4.00
5 minutes

The forward plan is presented by District Councillor Anna Badcock, 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.

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HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on Tuesday 26th September commencing at 2.00pm and finishing at 5.00pm.

Present:

Board Members:	Councillor Anna Badcock (Chairman), South Oxfordshire District Council
	Councillor Tom Hayes (substituting for Cllr Marie Tidball), Oxford City Council
	Councillor Monica Lovatt, Vale of White Horse District Council
	Dr Jonathan McWilliam, Director of Public Health
	Julie Dandridge, Oxfordshire Clinical Commissioning Group (substituting for Dr Paul Park)
	Diane Shelton, West Oxfordshire District Council
	Richard Lohman, Healthwatch Ambassador

Officers:

Whole of meeting:	Daniella Granito, Oxford City Council
	Katie Read, Oxfordshire County Council
Part of meeting:	
Agenda item 8	Eunan O'Neill, Oxfordshire County Council
	Mai Jarvis, Oxford City Council
	Claire Spendley, South Oxfordshire District Council
Agenda item 9	Donna Husband, Oxfordshire County Council
	David Colchester, Thames Valley Police
Agenda item 10	Penny Thewlis, Age UK
Agenda item 11	Ed Nicholas, Oxfordshire Sport and Physical Activity
	Cath Dale, South Oxfordshire and Vale or White Horse District Councils
Agenda item 12	Debbie Haynes, Oxford City Council

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

If you have a query please contact Katie Read (Tel 07584 909530; Email: katie.read@oxfordshire.gov.uk)

ITEM	ACTION
1. Welcome The Chairman, Councillor Anna Badcock, welcomed all to the meeting and introduced the new Healthwatch Ambassador, Richard Lohman.	
2. Apologies for Absence and Temporary Appointments Apologies were received from Cllr Jeanette Baker and Jackie Wilderspin. Julie Dandridge substituted for Dr Paul Park and Cllr Tom Hayes substituted for the Vice-Chairman, Cllr Marie Tidball.	
3. Declaration of Interest The following interests were declared: - Richard Lohman declared that he is employed by Oxford Health at the Luther Street GP Surgery. - Cllr Tom Hayes declared that he is employed by Restore.	
4. Petitions and Public Address No petitions or public addresses were received.	
5. Minutes of Last Meeting The minutes of the June meeting were approved.	
6. Performance Report Jonathan McWilliam presented the Quarter 1 performance report for 2017-18. A member queried the absence of a target for the number of opiate and non-opiate users successfully completing treatment. Board members were reminded that it was agreed to keep these measures under surveillance in 2017-18, as the previous year's target had been consistently met and exceeded. **The rationale for keeping the measures relating to opiate and non-opiate users will be circulated.** The Board discussed the important role of Health Checks in preventing illness and disease and questioned what further work could be done in partnership with the Clinical Commissioning Group (CCG). It was explained that rates of uptake are the main issue, not the sending of invitations. Public Health welcomed the support of the CCG to engage with GP Practices where uptake is poor.	**Katie Read**
7. Director of Public Health Annual Report Dr Jonathan McWilliam presented his Annual Report for 2016-17. Board members highlighted the importance of considering health in planning new developments and infrastructure. It was reported that the CCG is working closely with local authority planners on the new model of healthcare delivery, e.g. through neighbourhood hubs.	

Members agreed that the Healthy New Town (HNT) initiatives represented good practice in this area. **The Board requested an update on the HNT projects at a future meeting.**	Katie Read
The links between health and planning were reported to be high on the agenda of Local Authority Chief Executives. Building on a Public Health learning event held in 2016 and the strategic discussions taking place across authorities, **the Board agreed to hold a further workshop on Planning and Health to identify how the two areas can be further aligned.**	Jonathan McWilliam
Work with employers on smoking cessation was discussed. Whilst it can be difficult to access private employers to deliver stop smoking services, it was explained that the current model includes targeted work with employers and priority groups. The Public Health team is also interested in making all NHS sites smoke free.	
It was highlighted that single homelessness is the most visible form of homelessness on the streets of Oxfordshire, not homeless households. It was thought that these figures should be included in the report. **A different approach to reporting homelessness will be considered in the next Director of Public Health Annual Report.**	Jonathan McWilliam
8. Health Protection and Air Quality Management Mai Jarvis and Claire Spendley presented the Air Quality Management Group Annual Report. Board members discussed the difficulty altering existing road layouts to reduce air quality in high traffic areas and the problems faced by retailers if HGVs used for deliveries are prevented from using main roads. Members encouraged officers to consider best practice from other countries where bans on certain vehicles are being used effectively. The City and County Council's commitment to introducing a Zero Emission Zone in the City centre was supported, although members highlighted the importance of working with community groups to influence a change in behaviour. It was suggested that a clear statement of intent is needed from both Councils, so that bus companies, retailers and individuals have adequate time to prepare for the changes and cost implications, e.g. the purchase of low / zero emission vehicles.	
The Board asked the Director of Public Health to consider how place-making and planning can continue to contribute to health improvement.	Jonathan McWilliam
Eunan O'Neill presented the annual Health Protection Forum report. Members commented that the age threshold for breast and cervical screening is reasonably high at 25yrs, but were reassured that despite the threshold being nationally set, GPs can refer for tests at a younger age on a case by case basis. Rates of misdiagnosis were also discussed. The Board	

heard that screening processes are subject to quality control and GPs can now make referrals where they are unsure about a diagnosis. This is hoped to identify cancers that might otherwise have been missed.	
The Board requested that HPV vaccine rates are included in future reports.	Eunan O'Neill
It was queried whether the closure of the Oxford HIV service has had an impact on early diagnosis rates. It was reported that there have been no noted concerns about level of HIV identification since the closure. Free testing is also being extended across local authorities and condom distribution will be wider.	
9. Suicide Prevention Donna Husband and David Colchester presented an overview of multi-agency work in Oxfordshire focused on suicide prevention, including a new approach to reviewing real-time suicide reports in order to identify risk factors and signpost people to the appropriate support. A member commented that the 'Help is at Hand' booklet for people affected by the suicide of someone close to them is not used effectively by GP surgeries. It was confirmed that the CCG is a member of the Suicide Prevention Group and will be able to influence this going forward. Members were made aware of a Thames Valley-wide campaign - 'CALM' – to help young men in crisis access help. The Board was pleased to hear that links are being forged with faith and community leaders to engage harder to reach groups. Officers were also encouraged to link with the Oxfordshire Mental Health Partnership, who organise a range of workshops that would complement the work of the suicide prevention group. **The Board supported the proposal to hold a workshop to promote mental wellbeing and the role of all partners on this topic.** A wide range of stakeholders will be invited to contribute to a framework detailing work to improve wellbeing.	Donna Husband
10. Loneliness and Isolation Penny Thewlis attended to discuss with the Board ways to combat loneliness and isolation across Oxfordshire. Members queried approaches to tackling rural isolation and the impact of removing public transport. It was suggested that rural communities are likely to be more resilient, as they are more accustomed to having fewer people nearby. There was particular emphasis on the lack of intergenerational activities organised in local communities and this was viewed as a missed opportunity. However, it was reported that some joint activities are already being planned in Wallingford and learning from this could be used elsewhere in the county.	

Board members asked whether any charitable organisations were involved in funding work in this area. It was reported that the Big Lottery has a focus on making people understand that loneliness is everyone's problem. **The Board supported the proposal to have a greater strategic focus on loneliness as an issue and requested that further work is undertaken to consider how best to include this in the next Joint Strategic Needs Assessment.**	**Penny Thewlis & Donna Husband**
11. Exercise on referral Ed Nicholas and Cath Dale presented an overview of exercise on referral programmes across the county, highlighting the challenges and gaps in service provision. A particular issue highlighted was the disconnect between the forms being used by GPs to refer and the services offered by each district/city council. There was also reported to be some lack of communication between healthy weight programmes operating across the county. The CCG reported that the referral forms are in the process of being digitalised for ease of completion. The social prescribing undertaken by the district council in the Cotswolds was identified as positive. The CCG confirmed that they are in the process of developing an Oxfordshire approach to social prescribing. **The Board agreed that Oxfordshire Sport and Physical Activity should be empowered to coordinate further join up between existing exercise on referral schemes and resolve outstanding operational issues.**	**Ed Nicholas (OxSPA)**
12. Approach to fuel poverty in Oxfordshire Debbie Haynes presented the Affordable Warmth Network's plans for tackling fuel poverty in the year ahead, based on the outputs of the workshop held by the HIB in June 2017. It was reported that the Network expects to receive regular feedback on outputs from the service and the number of direct referrals. There are also indicative targets for the provider to reach in the agreement. It was confirmed that the cost of the service will remain at c. £35k. **Board members supported the recommendations in the report, including establishing a new service and suggested that officers look to develop a number of SMART goals to monitor progress on implementation.**	**Affordable Warmth Network**
13. Oxford green health conference The Board agreed to delay discussion about this item to a future meeting.	
14. Forward Plan From discussion at the meeting the following items will be added:	**Katie Read**

• Best practice from Healthy New Towns • Air quality management	
The meeting closed at 5.00pm	6

.... in the Chair

Date of signing   ....

It is noted that following this meeting of the Board, the Chairman and the Vice Chair of the Board were each interviewed as part of the Care Quality Commission inspection in Oxfordshire in December 2017.

Health Improvement Board
8 February 2018

Performance Report

Background

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

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

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

Current Performance

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

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

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

   7 indicators are Green (2 of these are for Q3 NHS Health Checks)
   6 indicators are Amber (defined as within 5% of target) – please note two of these are for Q3 (9.1 Obesity in Year 6 and 8.4 Smoking Quitters)
   2 indicators are Red (please note one of these is for Q3 (10.4- Rough sleeping count)
   1 indicator does not yet have information available for Q2 – this is indicator 8.1 which can be expected as Bowel screening data experiences at least a 6-month delay.

6. **Red indicators are:**
   10.1 The number of households in temporary accommodation on 31 March 2018 - the number reported is 180 which is above 161 reported in March 2017.
   10.4 The rough sleeper count in November 2017- the total is 117 which is above the 79 reported in November 2016.

   Sue Lygo
   Health Improvement Practitioner
   24 January 2018

Oxfordshire Health and Wellbeing Board
Performance Report

Priority 8: Preventing early death and improving quality of life in later years										
	Indicator	**Target**	**Quarter 1**		**Quarter 2**		**Quarter 3**		**Quarter 4**		**Comments**
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
8.1	At least 60% of those sent bowel screening packs will complete and return them (aged 60-74 years) - and adequately screened	60%	58.3%	A	0%		0%		0%		Data at least six months in arrears.
8.2	At least 95% of the eligible population 40-74 will have been invited for a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 80%	95% over 5-year period Q1 84%, Q2 88%, Q3 92%, Q4 95%	85.2%	G	90.7%	G	95.1%	G	0%		All CCG localities are above 80% (Oxford City has lowest proportion offered at 89.8%)
8.3	At least 45% of the eligible population 40-74 will have received a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 40%.	45% over 5-year period Q1 42%, Q2 43%, Q3 44%, Q4 45%	42.3%	A	44.7%	G	47.3%	G	0.0%		CCG Localities are above 40% Ranges from Oxford City 40.1% to North Oxfordshire 51.6%
8.4	Rate of successful quitters per 100,000 smokers aged 18+ should exceed the baseline set in 2017-18	>2315	2432	G	2159	A	2219	A	0		
8.5	The number of women smoking in pregnancy should remain below 8% recorded at time of delivery	<8%	8.0%	G	7.5%	G	0.0%		0.0%		-
8.6	Oxfordshire performance for the proportion of opiate users who successfully complete treatment.	>6.8%	7.3%	G	8.4%	G	0.0%		0.0%		
8.7	Oxfordshire performance for the proportion of non-opiate users who successfully complete treatment	>37.3%	44.6%	G	45.6%	G	0.0%		0.0%		-

Page 9

Priority 9: Preventing chronic disease through tackling obesity

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
9.1	Ensure that obesity level in Year 6 children is held at below 16% (in 2016 this was 16.0%) No district population should record more than 19% (NCMP)	<=16%					16.9%	A			Cherwell 18.8%; Oxford 21.3%; South Oxfordshire 12.9%; Vale of White Horse 16%; West Oxfordshire 14.7%
9.2	Reduce by 0.5% the percentage of adults classified as "inactive" (Oxfordshire baseline Nov 2016 of 17%).	Reduce by 0.5% from baseline (17%)					0.0%				Nov. 18 next release (note change of definition from 16+ to 19+)
9.3	63% of babies are breastfed at 6-8 weeks of age (county). KEEP UNDER SURVEILLANCE IN 2017/18	63%	60.1%		62.3%		59.8%		0.0%		There has been a slight decline in breastfeeding at 6-8 weeks in the recent Quarter (Q3)

Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
10.1	The number of households in temporary accommodation on 31 March 2018 should be no greater than level reported in March 2017 (baseline161 households in Oxfordshire 2016-17).	≥161			180	R			0		Please see breakdown of housing data
10.2	At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.3% in 2016-17)	≥75%	85.6%	G	83.1%	G	0.0%		0.0%		
10.3	At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless (baseline 80% in 2016-17).	80%			80.0%	G			0%		

Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness (continued)

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
10.4	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2016-17 (baseline 79)	≥79					117	R			Please see exception report by HSAG
10.5	At least 70% of young people leaving supported housing services will have positive outcomes in 2017-18	<=70% Aspire 95%			63.1%	A	0.0%		0.0%		Q1+Q2 combined
10.6	At least 1430 residents are helped per year over the next 4 years where building based measures account for 25% of those interventions by the final year. KEEP UNDER SURVEILLANCE in 2017/18	NO TARGET							0		

Priority 11: Preventing infectious disease through immunisation

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
11.1	1 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 94.6%) No CCG locality should perform below 94%	95%	95.0%	G	94.6%	A	0.0%		0.0%		North Oxfordshire 92% in Q1
11.2	2 At least 95% children receive dose 2 of MMR (measles, mumps, rubella) vaccination by age 5 (currently 93.1%) No CCG locality should perform below 94%	95%	93.6%	A	93.0%	A	0.0%		0.0%		Oxford City 91.5% & South West 93.9% in Q1
11.3	At least 55% of people aged under 65 in "risk groups" receive flu vaccination	≥ 55%							0.0%		

Priority 11: Preventing infectious disease through immunisation (continued)										
	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
11.4	At least 90% of young women to receive both doses of HPV vaccination. KEEP UNDER SURVEILLANCE in 2017/18	≥ 90%							0%		Data available annually for school year Sept-Aug so published after September.

Housing data collection, for performance reporting to Health Improvement Board in 2017-18

Regular Performance reporting – outcomes for 2017-18 on priority 10 in the Joint Health and Wellbeing Strategy 2015-19:
Tackling the broader determinants of health through better housing and preventing homelessness

Data collection (Housing Support Advisory Group Chairman):

Collecting	Joanne Barrett, Cherwell District Council	Joanne.Barrett@oxfordshire.gov.uk
Coordinating	Helena Jones, Oxfordshire County Council	Helena.jones@oxfordshire.gov.uk
For performance report written by:	Sue Lygo, Oxfordshire County Council	sue.lygo@oxfordshire.gov.uk

District contact to provide data:

District	Name	Email
Cherwell	Chris Weight	Chris.weight@cherwell-dc.gov.uk
City	Lena Haapalahti	lhaapalahti@oxford.gov.uk
South	Jaffa Holland or Melissa Cripps	Jaffa.holland@southandvale.gov.uk or Melissa.cripps@southandvale.gov.uk
Vale	Jaffa Holland or Melissa Cripps	Jaffa.holland@southandvale.gov.uk or Melissa.cripps@southandvale.gov.uk
West	Lisa Firstbrook or Caroline Clissold	Lisa.Firstbrook@fdean.gov.uk or Caroline.Clissold@fdean.gcsx.gov.uk

Quarter 2 data

Measure 10.1

10.1	The number of households in temporary accommodation on 31 March 2018 should be no greater than level reported in March 2017 (baseline 161 households in Oxfordshire 2016-17). ***Responsible Organisation: District Councils*** ***Separate out the number in bed and breakfast accommodation***	6-monthly Quarter 2 Quarter 4	Housing Support Advisory Group District representatives Collated by the Chairman of the Housing Support Advisory Group (via Helena Jones)

		Cherwell	City	South	Vale	West	Total	
1	The number of households in temporary accommodation	38	100	15	9	18	**180**	
2	The number of households in temporary accommodation, housed in bed and breakfast accommodation	2	0	1	0	4	**7**	

Measure 10.3

10.3	At least **80% of households** presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless (baseline 80% in 2016-17). ***Responsible Organisation: District Councils***	6-monthly Quarter 2 Quarter 4	Housing Support Advisory Group District representatives Collated by the Chairman of HSAG (via Helena Jones)

			Cherwell	City	South	Vale	West	Total
1 (E1)	Total number of applicant households who were homeless as defined by the Housing Act 1996, comprising the following categories	A	33	42	8	10	60	153
1a (E1,1)	Eligible, unintentionally homeless and in priority need		21	21	5	4	29	80
1b (E1,2)	Eligible, homeless and in priority need but intentionally so		6	17	3	4	2	32
1c (E1,3)	Eligible, homeless and not in priority need		1	4	0	2	21	28
2 (E,10,1)	Total number of cases where positive action was successful in preventing homelessness of which	B	135	238	126	115	8	622
	The Measure		80%	85%	94%	92%	-	**80%**

References are to P1E return
Outcome indicator is calculated by expressing B as a percentage of A + B

3

Measure 10.5

10.5	At least 70% of young people leaving supported housing services will have positive outcomes in 17-18, aspiring to 95%. (baseline 70.7% 2016-17) **Responsible Organisation: Oxfordshire County Council Children, Education and Families Directorate.**	Quarterly	Oxfordshire County Council (Danny Hearn)

This data covers 2017-18 Young people housing support services (young people and teenage parents)

Sum A = planned and positive outcome departures
Sum B = all departures

Quarter	Sum of A	Sum of B	% Score
Quarter 1	22	39	56.4%
Quarter 2	31	45	68.9%
Total	**53**	**84**	**63.1%**

4

Measure 10.4

10.4	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2016-17 (baseline 79) ***Responsible Organisation: District Councils***	Quarter 3	Housing Support Advisory Group District representatives Collated by the Chairman of HSAG (via Helena Jones)

		Cherwell	City	South	Vale	West	Total
1	The number of people estimated to be sleeping rough	9	Estimate = 89 (Count = 61)	2	10	7	117

N.B. For 10.4 - from November 2014, all Districts will report their November estimate (according to the methodology set out by Homeless Link – so Oxford City will do an estimate according to this methodology, as well as their count).

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Health Improvement Board - 8ᵗʰ February 2018

Exception Report by Housing Support Advisory Group

Report on the number of people rough sleeping in the City of Oxford

Purpose

Performance Exception Report - To highlight the significant increase in rough sleeping in Oxford.

Report

1. The Housing Support Advisory Group (HSAG) received and reviewed the latest housing performance data on 25ᵗʰ January 2018, and resolved to submit this report to the Health Improvement Board to provide more information with regard to rough sleeping increases and possible reasons for this.

2. Measure 10.5 of the suite of HIB performance indicators is to "ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2016/17" (which was 79). This has not been met, having increased to 117 people.

3. The table below indicates that between November 2016 and November 2017, the number of persons estimated to be rough sleeping in Oxfordshire rose by 48% (38 people). The numbers fell in two district council areas (Cherwell and South Oxfordshire), but rose in the other three (Oxford City, Vale of White Horse and West Oxfordshire). The increase was most significant in Oxford City, which saw an 89% increase (42 people) based on the estimate figures. West Oxfordshire also shows a significant change from zero to seven people in their estimate.

Description/ District	CDC	City	South	Vale	West	Total
Number of people estimated to be sleeping rough (Nov 16)	17	47	7	8	0	**79**
Number of people estimated to be sleeping rough (Nov 17)	9	89	2	10	7	**117**
Percentage change (Nov 16 to Nov 17)	*-47%*	*+89%*	*-71%*	*+25%*	*-*	***+48%***
Variation from target (79)	*-8*	*+42*	*-5*	*+2*	*+7*	***+38***
Official street count - City Only (Nov 16)		33				
Official street count - City Only (Nov 17)		61				
Percentage change (Nov 16 to Nov 17)		*+85%*				

4. Oxford City Council also conducts an actual street count, in the same month. From November 2016 to November 2017, this data for Oxford showed an 85% increase in people observed as rough sleeping, and bedded down at the time of the count, from 33 to 61 people. This is the highest number ever recorded in Oxford. Further information is summarised at Appendix A.

5. Figures just published by the Ministry for Housing, Communities and Local Government show that the number of people sleeping rough increased nationally by 15% (comprising of a 18% rise in London and 14% in the rest of England) for the same period (Nov 16 to Nov 17).   This is an increase of 617 people sleeping rough (from 4,134 to 4,751). The report notes that just under half of this increase was due to increases reported by eight local authorities, including

1

Oxford. When considered per 1,000 households of population, Oxford is the 7th highest local authority listed, after City of London, Westminster, Brighton & Hove, Camden, Bedford & Luton.

6. Of the 61 people identified as sleeping rough on the night of the official count only 6 people had a confirmed connection to Oxford City, whilst a nearly a quarter (13/61) had a known connection to another Oxfordshire District Council area.

Local Connections	Number	
Connection to Oxford City	6	
Cherwell	9	
South Oxfordshire	1	13
Vale of White Horse	2	
West Oxfordshire	1	
No connection to Oxfordshire	21	
Connection unknown / investigating at time of count	21	
Total	**61**	

7. Of the 21 people with no connection (local or pathway) to Oxfordshire, 12 have rough slept in the city over 1 year. Where it is clear that a person may not have a connection anywhere, the City's Outreach Team (Oxford SPOT) may apply for an exemption from the connection criteria under the 'Reconnection Policy'.

8. Of the 21 people whose connection was unknown/ being investigated at the time of the official count, 4 of the clients were thought likely to have a connection to the City; 3 to either South or Vale; and 2 to Cherwell. Subsequently, it has been established that 3 have an Oxford City connection; 2 a connection with South Oxfordshire; and 1 with an expired connection to Cherwell. 3 are in/ or have been in prison and no local connection is currently established; 1 continues to not engage; and 6 were considered to have no Oxfordshire connection (3 of whom have already have relocated away, and 1 who was only seen once on that night). 5 clients were not identified by name on the count, so follow up on connection has not been possible.

9. Of the 61 people identified on the night of the count, 55 people found were already known to services, with 22 having rough slept in the City for over 6 months; most had high level support needs including 25 who had mental ill health issues (10 of these 25 known drug users), 24 who misuse drugs, and 20 who misuse alcohol.

10. The following important changes, between the November 2016 and November 2017 Oxford City counts, should also be noted:

- A significant increase in number of women found on the count – from 0 to 10 individuals
- An increase in 18-25 year olds – from 1 to 3
- An increase in number of EEA nationals found – from 6 to 11
- An increase in the number of adults aged 60 years and over - from 2 to 5

Reasons for the increases

11. The rise in the number of people sleeping rough, to some degree, reflects the national trend which is a consequence of austerity and pressure on key public services, including mental health, support for people with drug and alcohol problems, health, prison, probation, and adult social care, together with the direct effects of welfare reform which has resulted in vulnerable households being unable to cover housing costs.

2

12. Locally, cuts by Oxfordshire County Council to the Adult Homeless Pathway are reducing the number of supported bed spaces available. Despite district councils now commissioning their own supported accommodation services for homeless people, the number of number of bed spaces available does not appear to meet this rising demand.

13. Oxford City Council has taken over the commissioning of some essential services and is increasing supply. More than 150 bed spaces will be available for people with a connection to the City in 2018/19, as a result of the City Council's substantial and increasing investment in services for rough sleepers and single homeless people (inc 27 at O'Hanlon House).

14. However, it is clear that the Oxfordshire District Councils' commissioned supply of beds is inadequate to meet current need, particularly for people with complex needs. This is causing blockages within the Adult Homeless Pathway, with people typically being unable to access the limited supply of District Council bed spaces at O'Hanlon House (29 bed spaces) and – for those that can – being unable to move on from there due to the complete lack of provision within the Oxfordshire District Council areas for people with more complex needs, and requiring more hours of support. Clients are not moving through the adult pathway in the 6 to 9 months that was originally envisaged.

15. As a result, more people with a connection to one of the Oxfordshire Districts are ending up on the streets of Oxford, without the support they need and unable to access suitable supported accommodation in their local area that would enable them to move on. More active involvement from district councils, in a pathway leadership role, at case level, is actively helping to move some people through the pathway, but blockages remain due to a lack of supported move-on options. This is particularly the case with clients with a connection to the Cherwell District Council area. At the count, the eventual breakdown of district connected clients was:

- Cherwell   9
- South Oxfordshire   3
- Vale of White Horse   2
- West Oxfordshire   1
  Total   **15**

16. Other reasons for an increase may include:

   a. Lack of take-up of reconnection offers by clients to 'home' areas;
   b. Oxford having a young demographic; with drug consumption appearing to have increased (based on complaints; needle finds; crime data; etc);
   c. Being an affluent city, that is relatively tolerant, making it a good begging location;
   d. Having nearby areas that have implemented PSPOs that ban rough sleeping and begging outright (Banbury); and the proximity to HMP Bullingdon;
   e. A number of clients that have complex needs; are chaotic and/or refuse to engage with support services that challenge support models and limit 'progression'. A number of clients on the streets have been excluded or evicted from the pathway due to behaviour
   f. High housing costs locally that further limit access and opportunities for those people ready to move-on and who are suitable for private rented accommodation.

Report on behalf of: Housing Support Advisory Group

Contact:
Rachel Lawrence, Rough Sleeping & Single Homelessness Manager, Oxford City Council;
Tel 01865 529117; Email rlawrence@oxford.gov.uk

Appendix A - Headline data from Oxford City Council's Official Street Count and estimate November 2017

Street counts and estimates since 2010:

Street Count		Estimate	
2017	61	2017	89
2016	33	2016	47
2015	39	2015	56
2014	26	2014	43
2013	19	2013	-
2012	12	2012	-
2011	8	2011	-
2010	16	2010	-

Street count and estimate data 2017:

Street Count Nov 2017	No	Estimate Nov 2017	No
Total	**61**	**Total**	**89**
Rough Sleeping Status		**Rough Sleeping Status**	
1st night out/ New	2	1st night out/ New	0
Known (2 nights to 6 months r/s)	33	Known (2 nights to 6 months r/s)	42
Entrenched/ rough sleeping 6+ months	22	Entrenched/ rough sleeping 6+ months	44
Unknown to services	4	Unknown to services	3
Total	**61**	**Total**	**89**
Gender		**Gender**	
Male	51	Male	74
Female	10	Female	15
Total	**61**	**Total**	**89**
Age		**Age**	
18-25	3	18-25	2
26 – 35	13	26 – 35	25
36 – 49	27	36 – 49	39
50 - 59	8	50 - 59	16
60+	5	60+	7
Unknown	5	Unknown	0
Total	**61**	**Total**	**89**
Nationality		**Nationality**	
UK nationals	46	UK nationals	65
EU nationals (excluding UK)	11	EU nationals (excluding UK)	21
Non-EU nationals	2	Non-EU nationals	3
Not known	2	Not known	0
Total	**61**	**Total**	**89**

Connections		Connections	
No connection to Oxon	21	No connection to Oxon	31
Unknown/investigating at time of count	21	Unknown/investigating	31
CDC	9	CDC	9
OCC	6	OCC	10
SODC	1	SODC	4
VOWHDC	2	VOWHDC	3
WODC	1	WODC	1
Total	**61**	**Total**	**89**
Had access to accommodation on night of count/ typical night	4		2
Rough sleepers outside of city centre streets	11		N/A

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ITEM 7
Health Improvement Partnership Board

23rd January 2018

Update Report on the Trailblazer Programme

Purpose / Recommendation

The report is for information only.

Background

The Trailblazer is an ambitious programme, working with local areas and across government, to fundamentally reform the response to homelessness. Prevention is at the heart of this approach. Homelessness teams across the country are facing new challenges and so new responses are needed and a network of areas across England have been established who wanted to go further and faster with reform and develop innovative new approaches to preventing homelessness. Trailblazer areas will carry out prevention activity at the earliest point and with a wider group of people – not just those who are owed the statutory duty or in priority need.

To facilitate early intervention and solutions to prevent households from becoming homeless, MHCLG made £20m Trailblazer funding available for 2016/17, 2017/18 and 2018/19.

Oxford City Council led on the preparation and submission of a successful Oxfordshire bid for Trailblazer funding. The bid was supported by other Oxfordshire Local Authorities, and partners to the bid also included Oxfordshire County Council, Health, Probation, Children's Trust Board, and a wider provider network of Voluntary and Community Agencies and local GP practice. The bid for £790,000 Trailblazer funding was approved for the period 2017-2019.

Please see attached a 1-page summary of the Trailblazer Bid.

The aim is for this project to be flexible and deliver dynamic responses to meet changing needs. With a rolling programme of data capture, monitoring of outcomes, and evaluation of activities, this project should deliver real learning and opportunities to share best practice with MHCLG and wider housing and homelessness service providers.

Progress Update

Governance and Accountability
Despite some initial delay to the start of the programme, due to recruitment, the Governance and Accountability structures of the programme are now established with appropriate representation on the Steering Group and relationships established with central government. The first set of case-level data will be submitted in February 2018.

Appreciative Enquiry
The Trailblazer is based on the principles of an appreciative enquiry which is a strengths-based approach, giving value to front-line expertise, people with lived experience and building on the good practice that already exists within the system.

A range of workshops have been run with front-line staff, people with lived experience and a range of professionals across Health, hospitals, mental health hospitals, midwives, Bullingdon and Spring Hill Prisons, JCP Plus, Think Families and Care leavers' teams.

Date and Evaluation
Data benchmarks for the project have been established and a short hierarchy of evidence produced. An analysis has also been carried out of the qualitative information gathered during the appreciative enquiry and analysed for key themes.

Whilst the Trailblazer team does not carry case work, its current methodology of working is based on "value adding" and we are also beginning to gather stories or case studies to illustrate how a Trailblazer intervention changes the direction of a case, leading to a different outcome.

A specification for a third-party learning partner has been finalised and is currently being considered by a number of parties to ensure that time is spent learning and understanding with a view of re-designing the system to ensure that the Programme leaves a legacy.

Commissioning
    a) Early Prevention Service
Over the last 3 months the team has taken time to think, build relationships, build trust, establish a coalition of the wiling, as well as evaluate the qualitative and quantitative information being gathered related to systems. The team have taken advice and spoken to national experts to refine and think through the direction of travel for the programme and are keen to embrace the principles of a "study – experiment – re-design" approach to the programme and to the commissioning.

The concept of **embedded housing workers** has been repeatedly iterated by professionals and people with lived experience as something that they would like to see happening. We are fortunate that Mel Armstrong, the Homeless Champions Co-ordinator has considerable experience as a front-line options worker and this has enabled us to accelerate the roll out of this concept over the last months by placing one embedded workers at the John Radcliffe hospital and another with the CRC team based at Bullingdon and Spring Hill Prison (funded via another work stream but soon to be aligned with Trailblazer) with the following purpose:-

- Establish housing expertise within the discharge and resettlement teams who can provide "added value" to cases by providing advice on the suite of housing and prevention options.
- Skill up these teams and at the same time build relationships
- Test whether this approach works, and has value
- Collect observations and data in terms of hospital and prison systems work and interacts with housing and what we can learn
- Help us think through what might be a sensible cascading system to enable the earliest possible indications of homelessness as well as the development of a hospital discharge policy
- Provide accessible on-line information

This will now become the basis of the Trailblazer's commissioning approach going forward – a number of embedded housing experts based within the systemic knots that we are keen to unravel. We need to have greater presence across all the County's hospitals including the Horton, and mental health hospitals, we need to

expand our criminal justice work across the National Probation Service and in order to target the third stream of the Trailblazer's work we are recommending basing an embedded worker with Think Families.

b) Resilience Services

Commissioning of resilience services is still in development with work undertaken on a mapping exercise. Early indicators point to the need to commission navigators of services rather than any particular additional services. The team is looking at the correlation with social prescribing work before starting to design a specification that will also relate to the prevention service contract.

Champions Network

The team has drafted the approach to developing a network of homeless champions, based on a tiered approach similar to the safeguarding approach providing basic, generalist and specialist training. The specialist training for Tier 1 will form the champions' network and will link also to the duty to refer element of the Homelessness Reduction Act 2017.

Budgetary implications
None

Equalities implications
None

Communications
N/A

Key Dates

Contact:
Nerys Parry, System Change Manager – Trailblazer Programme. 01865 529181

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Oxfordshire Homelessness Prevention Trailblazer Programme

Aims of the programme
- An opportunity to develop improved multi-agency homelessness prevention across the county
- Funding to address identified unmet needs & make lasting improvements to multi-agency co-operation
- Develop innovative plans and approaches ahead of the new homeless prevention duty

What the programme is seeking to achieve
- Reductions in homeless approaches to Councils & others focusing on non-statutory/ non-priority clients
- Improved options and advice to vulnerable clients, as far ahead of any crisis points as possible
- Holistic approaches to homelessness from all relevant services dealing with vulnerable customers
- Understanding peoples journeys and triggers, to fully inform upstream prevention, and what prevention services are needed, and which approaches work best

How this will be delivered
- This is expected to be a dynamic & learning project, based around three main work streams, impacting on operational delivery at local level, and Countywide strategic change

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Project Development & Oversight

- System Change
- Project Management
- Enabling/ Commissioning
- Data Capture & Analysis
- Multi-agency information sharing
- Research
- Project costs, travel, communications
- Service user involvement
- Steering group of stakeholders

Operational Delivery

Strategic Change

Targeted Upstream Prevention

- Local outreach workers across all Oxon district council areas delivering enhanced prevention
- Actively seeking out those who may be/ become at risk
- Finding out more about triggers for homelessness, e.g. evictions, family breakdown
- Find out where people seek help and 'target' - health/ prisons or elsewhere?

Resilience Services

- Commissioned 'hub' services including a range of offers
- Personal asset based mentoring to give longer term resilience to homelessness triggers
- Social Networking
- Financial Resilience
- Employability & Purpose
- Behavioural change

Homeless Champions Network

- Added value from co-operation across key services esp health and criminal justice
- Homeless liaison to support key partner agencies in case assessments and discharge planning
- Legacy of a trained network of homeless champions, supported by housing teams
- Strategic Discharge Policy

District Level Services

Countywide Work

Active Learning and Sharing Good Practice

- On-going evaluation of outcomes & learning
- Testing and evaluating approaches & V4M
- Outcome based commissioned services
- Flexibility & contingency to address emerging service 'gaps'
- Shared learning to inform national best practice
- Improved & informed action planning & future commissioning

Who this programme is expected to target
- Non-statutory singles – with an initial focus on persons 18 to 35 years old and vulnerable
- Targeted households identified as at risk of homelessness (whole household or/and members within it)
- Other groups identified following evaluation and data collection throughout the project

Key partners in the programme include:
- Local Authority Housing Needs/ Homeless Teams from the five Oxfordshire District Councils
- Health (Mental Health Partnership (inc acute services & pathway; A&E; Hospital Trusts; OCCG; GPs;)
- Social Care (Adult Care; Early Intervention/ Troubled Families; Safeguarding; Leaving Care teams)
- Criminal Justice (CRC; Probation; Prisons; ASB/ Community Safety teams; Domestic Abuse work)
- Day centres, employment, training and education organisations, substance misuse services, housing associations and less conventional services where people may first seek help (community groups, etc.)

Contact Information: Nerys Parry, Homelessness Prevention - Systems Change Manager
Housing Needs Team, Oxford City Council   nparry@oxford.gov.uk or 01865 259181

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Dear Colleagues and Partners

We are delighted to share with you the outputs from Rough Sleeping in Oxford: The City Conversation.

The event was attended by over 100 stakeholders who met to discuss rough sleeping and homelessness in Oxford. It was organised by Oxford City Council and included representatives from Oxfordshire's homelessness organisations, health and mental health services, faith groups, public bodies, local councillors, representatives from the Universities, students and people with lived experience of rough sleeping.

The aim of the conversation was to start to find a common understanding of what causes rough sleeping and street homelessness in Oxford – and find the means to tackle the issue. At the event, stakeholders adopted the following vision:

"To ensure that nobody has to sleep rough on the streets of Oxford."

Please see attached:

1. PDF of the draft statement of intent discussed and agreed at the event.
   Attached

2. Link to some of the tweets from and about the event.
   https://twitter.com/i/moments/935753812354224129

Next steps

The next steps will be to set up a small steering group – to include at least one person with lived experience of rough sleeping - to continue the conversation towards agreeing a Rough Sleeping Charter for Oxford by the Spring.

Oxford City Council will assist with the process of identifying a third party organisation to convene the steering group and take the City Conversation forward over the coming months. We will keep you posted on developments. In the meantime, if you have any comments or questions please email cityconversation@oxford.gov.uk.

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Rough Sleeping: The City Conversation

Our vision

To ensure that nobody has to sleep rough on the streets of Oxford

Some possible objectives ...

- Maximise community buy-in
- Work together
- Learn from Manchester - get them to show us what they've done
- Work in the open - not concealing information in our own organisation's interest
- Make sure the big players are involved, including businesses, the Universities and individual colleges
- Consensus that rough sleeping should not happen and that it can be avoided

Our common ground / core principles

While rough sleeping remains, we believe that the following could provide some guiding principles for anyone who is concerned about the problem and wants to help address this.

BUT more time is needed to consider these, add to and / or amend them and get the views of other people on what the common ground for the partnership should be.

Proposed at the City Conversation:

- **People are safer off the streets** - Rough sleeping is harmful to individuals & society. We should focus our efforts on helping individuals to access support and accommodation away from the streets.
- **Rough sleepers need shelter and support** - Responses need to involve housing AND appropriate support.
- **Everyone can help** – Everyone including individuals and organisations can do something to help. We need to work with everyone has to offer and build on strengths.
- **We are better together** - All parties, including those not currently involved, should work together in a co-ordinated way to deliver the vision.
- **Lived experience matters** - Homeless people and those who have experienced homelessness need to be part of and help form the solution.

- **Small change should deliver big change** - Giving money directly to individuals is unhelpful and potentially dangerous. It's better to donate to the many homelessness organisations working in the field and we should make this easier to do.

Additional principles we need to talk more about:

- "Rough sleeping is unacceptable"
- "Every voice should be heard"
- "Prevention is better than cure"
- "People need to help people achieve long term, sustainable solutions, eg. by helping them into work"
- "We should do no harm"
- "We should build on small steps"

Next steps

The city conversation should continue towards agreeing a Rough Sleeping Charter for Oxford [by April 2018] that provides guiding principles for all concerned to help address the problem.

This should aim to involve people from all of the following groups:

- People with lived experience of rough sleeping and homelessness
- Homelessness organisations and service providers
- Other charitable groups and voluntary organisations
- Businesses
- The universities and individual colleges
- Students
- Faith groups and institutions
- Public bodies including local authorities, Thames Valley Police and the NHS
- Politicians including councillors and MPs
- Members of the public
- Schools and colleges of further education

It should explore in more detail the following issues:

1. Prevention
2. Community engagement - information, advice and education, how you can help
3. More accommodation & support - including emergency provision, "move on" accommodation, and making sure people have access to welfare benefits
4. Listen to people with lived experience
5. Lobbying for change
6. Data gathering
7. Resilience of the sector - makes sure it is properly funded, looked after and operating in the best possible way/not duplicating

8. Enlist the media and consider a social media strategy

It will be overseen by a small, time-limited steering group of people from the groups represented here today, including at least one person with lived experience.

This will be convened by a third party organisation which can take the City Conversation forward and can command the confidence of the diverse community of interest in this issue, such as the Oxfordshire Community Foundation.

Oxford City Council will write up and share all the feedback from the event and assist with the process of identifying a third party organisation to take the City Conversation forward.

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Health Inequalities Commission Implementation Plan

Background

The Oxfordshire Health Inequalities Commission report was presented to the Health and Wellbeing Board (HWB) in November 2016 and to the CCG Board. Reports on progress were discussed by the HWB in March and July 2017.

The current report gives a comprehensive overview of progress against each of the 60 recommendations in the report. The recommendations are set out in various groups in the report as illustrated in the figure below:

The Challenge

Five Common Principles
Recognise the impact of poverty
Commitment to prevention
Resource reallocation
Better coordination
Data collection and use

60

Promoting Healthy Lifestyles
Physical activity
Smoking
Alcohol and Drugs

Beginning Well

Mental Health

Cross cutting themes
Access to services
Health and housing
Homelessness
Rurality

Living Well

Ageing Well

The work of the Health Inequalities Commission (HIC) Implementation Group

An Implementation Group has been convened under the leadership of the CCG and includes representatives from local authorities, voluntary sector and health services. Some members have links to other networks and partnerships who are also implementing this work.

The HIC Implementation Group has reviewed all the recommendations set out by the Commission and compiled a comprehensive overview of relevant work currently underway or in the planning stages. The resulting information shows considerable progress on most of the recommendations but also illustrated the need to coordinate and increase ambition in some of the areas of work. It was clear that it is impossible to keep a detailed overview of all of the work being undertaken to address inequalities issues in Oxfordshire. However, it is also noted that the momentum gained from the publication of the report has had a positive effect and galvanised joint action in new areas of work.

The Implementation Group agreed to set out the recommendations in 3 main categories which are:

1. <u>Priority business for the Implementation Group in 2017-18</u>. This group of recommendations needs the coordination and input of the Implementation Group to be taken forward. These are set out in five areas of work which will deliver 26 of the recommendations. The 5 work areas are
   a. Basket of Inequalities Indicators
   b. Innovation Fund
   c. Income Maximisation
   d. Social Prescribing
   e. Promoting Physical Activity as part of improving prevention of ill health.

2. <u>Recommendations being taken forward by specific groups</u> / organisations in 2017-18. Good progress is being made on work to implement 15 recommendations and some have been completed. Progress reports are set out in the second section of the action plan below.

3. <u>Recommendations to be considered for future implementation</u>. A further 19 recommendations are under consideration and not yet being fully implemented. These are listed in the third section of the action plan below with some notes on the current state of implementation.

Action Plans

Section 1: Priority business for the Implementation Group, 2017-18

There are five areas for action which is being led and coordinated through the HIC Implementation Group. These actions cover a range of recommendations which are listed in the descriptions below.

1. Basket of inequalities indicators (Recommendation 3[1])

Objectives
- Develop a set of local indicators which highlight health inequalities and which can be used to monitor progress in reducing variation.
- Publish these indicators as part of the JSNA.
- Use these indicators to report regularly to the Health and Wellbeing Board.
- Develop collection of more local data on a range of subjects including ethnicity of service users where this is not yet robust. Also use NHS Outcomes Framework, Child Health Profiles and other appropriate data sources for targeting and monitoring performance as needed.

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[1] Also linked to other recommendations

- Monitor impact to ensure gap is not widened (5); Access more data on health inequalities (10) and ethnicity (11); Use NHS performance frameworks (15); DPH Annual Report recommendations (24); Use Child health profiles (43)

- Add more indicators to monitor mental wellbeing and mental health as well as the physical health indicators already included.

Progress to date
- A basket of indicators, showing variation across the county at ward level, has been produced.
- Subject to comment and suggestions for improvement, this set of indicators will be published on the JSNA website before December 2017.
- More work is underway to add mental wellbeing indicators to the basket.
- The JSNA steering group is continuing to develop the annual report which will be published in March 2018. Recommendations on use of wider data sources to highlight inequalities are being sought in that process.

2. Establish an Innovation Fund (Recommendation 7)

Objectives
The wording of recommendation 7 is:

"*An Innovation Fund / Community Development and evidence fund should be created for sustainable community based projects including those which could support use of technology and self-care to have a measurable impact on health inequalities, and improve the health and wellbeing of the targeted populations.*"

The objectives that have been defined are:
- Secure contributions from partners to establish the fund.
- Agree criteria for use of the funding which will have an impact on health inequalities.
- Report use of the funding to all stakeholders to attract further contributions.
- Ensure robust evaluation of outcomes.

Progress to Date
Work is progressing well and has included
- Oxfordshire Growth Board agreed to make contributions of £2k per local authority. This total is matched by the CCG. OUHFT have also agreed to contribute £2k giving a total of £30k to date.
- Discussions are in progress with Oxfordshire Community Foundation about managing the Innovation Fund.
- Initial ideas on using the money to support the Social Prescribing initiatives are being discussed e.g. a crowd sourced map of assets and services, digital support for front line workers and digital literacy initiatives for clients.
- Criteria for bids and a specification for the work will be finalised in the coming weeks and it is hoped the project can be completed by the end of 2017-18
- Further funds will be sought so that other innovative ideas can come to fruition.

3. Income maximisation (Recommendation 13[2])

Objectives
- Establish a working group to coordinate and develop work to promote income maximisation for people on low incomes e.g. through promoting entitlement to benefits.
- Consider how to improve access to advice in health settings.
- Approach a range of funders and work to sustain advice services

Progress to Date
- Following discussion at the Implementation Group a working group is being convened. This includes local authorities, public health and other commissioners of benefits advice services and a range of current providers including Citizens' Advice, Mind and neighbourhood advice centres.
- Ideas for providing advice in the hospital setting have been proposed for discussion.
- Oxford City Council Executive Board approved a Financial Inclusion Strategy 2017-2020 on 16th October 2017.

4. Social Prescribing (Recommendation 17[3])

Outcomes
Build on existing projects to expand and develop social prescribing in Oxfordshire.

Areas of work should target populations with worst outcomes and can include
- Primary prevention and healthy lifestyles
- Mental wellbeing, depression, anxiety, loneliness
- Frequent attenders in primary care
- People with complex long term conditions

Best practice on social prescribing
a. General signposting by a range of agencies or access to activities for self-referral.
b. Link workers (e.g. Care Navigators) with specific referral criteria. May include some specialists e.g. for autism
c. Strategic coordination – an overview of the networks, directories and services available locally.

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[2] Also linked to recommendations to:
- Expand Benefits in Practice (12); Engage district councils and other funders (14)

[3] This also links to recommendations on
- Commitment of statutory bodies (1); New models of care (2); Investment in Prevention (4); Resource allocation (7); Address loneliness (54); Promote healthy lifestyles including smoking (31), alcohol (33); Increase resources for Prevention and lifestyles advice (46); Integrate health and social care for complex needs (50); Older people support to prevent isolation (54)

Progress to Date
Discussion at Implementation Group has led to:

1. CCG overview of current projects.
2. Literature review of models completed by Public Health.
3. Workshop held 19.9.17 with a wide range of stakeholders
4. Steering group convened and met 5.10.17

In addition:
- Cherwell DC has submitted a VCS led bid to the national funding for social prescribing potentially across Cherwell and working with West Oxfordshire DC and Practices.
- The CCG City Locality has also supported a similar bid to the same fund.
- West Oxon DC have shared a report on their methodology with village agents in Gloucestershire.
- Discussion with City Council on the use of £100k strategic pot for taking work forward has taken place with the CCG City Locality. Plans are being drawn up to work closely to improve outcomes for people with mental ill-health.
- Consideration of use of Innovation Fund.

5. Increasing physical activity (Recommendation 28, 58[4])

Objectives
- Develop opportunities for people who are inactive to increase their levels of physical activity and reduce their risk of preventable disease.
- This work should be linked to the Social Prescribing actions so that referrals and recommendations to appropriate activity can be made easily.
- This should be appropriate for the individual or particular group of people but also be accessible county wide.
- Particular target groups include mental health service users, people with disabilities, over 50s, children. Use social marketing to communicate effectively with each group.
- Make information on local opportunities to be physically active available to social prescribers and sign-posters.

Progress to Date
Several strands of work have been identified but there is no overview of all the bids and programmes going forward. Work that has been identified so far includes:
- a bid by OxSPA and Mind for Healthy Bodies Healthy Minds
- Mind is leading a bid to Health Education England to fund a combination of wellbeing and physical activity initiatives.
- Analysis of the current situation for Exercise on Referral that was drawn up by OxSPA and district councils

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[4] Also linked to other recommendations:
- Use of social marketing (29); Increase participation of people with disabilities, mental ill-health (30); Target over 50s (58)

OxSPA bid for Sport England funding to target inactive people from disadvantaged communities. The bid was unsuccessful but work to prepare the bid can still be used to take this work forward.

Section 2: Recommendations being taken forward by specific groups / organisations. 2017-18

There are 15 recommendations which are being taken forward or already completed by particular organisations. These are outlined in this section:

Recommendation being taken forward	Progress to date
Recommendation 1 Statutory funding bodies need to do more to demonstrate their commitment to reducing inequalities. Their policies and plans should be scrutinised by HWB on an annual basis.	**Some progress, but all organisations need to demonstrate progress** Several of the outcomes in the Joint Health and Wellbeing Strategy include specific targets to address inequalities issues and these are reported regularly to the Board. For example, it is known that there is variation in obesity rates among children so the outcome measure is: Ensure that obesity level in Year 6 children is held at below 16% (in 2016 this was 16.0%) No district population should record more than 19%
Recommendation 2 Monitoring of the process of commissioning/service design to ensure it has taken inequalities into account in the design of new models of care and innovations such as vanguards needs to be undertaken regularly.	**Some progress** A Health Equity Audit on delivery of NHS Health Checks was carried out in 2017 to ascertain whether all sections of the population were taking up the invitation to attend.
Recommendation 6 Core preventative services such as Health Visiting, Family Nurse Partnership, School Health Nurses and the Public Health agenda should be maintained and developed	**Complete: Public Health** The Public Health Grant remains ring-fenced until at least the end of 2018-19 although with a reduction in the size of the grant each year. Health Visitor and Family Nurse Partnership services have been re-commissioned and plans are being taken forward to re-procure the School Health Nursing Service.
Recommendation 18 In 2014 9.1% of households were fuel poor. This should be reduced in line with the targets set by the Fuel Poverty Regulations of 2014.	**In progress: Affordable Warmth Network** Detailed plans[5] for developing work to tackle fuel poverty were approved by the Health Improvement Board in Sept 2017 following a workshop in July.

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[5] http://mycouncil.oxfordshire.gov.uk/documents/s38738/Item%2012%20-%20Setting%20a%20new%20strategic%20direction%20for%20fuel%20poverty%20and%20health%20HIB%20Sept%202017%20V2.pdf

Recommendations 19 and 20	In Progress: Health Improvement Board, Housing Support Group, City Council, CCG.
19. All public authorities are encouraged to continue their collaboration and invest in supporting rough sleepers into settled accommodation, analysing the best way of investing funding in the future. Homelessness pathways should be adequately resourced and no cut in resources made with all partners at the very least maintaining in real terms the level of dedicated annual budget for housing support. 20. The numbers of people sleeping rough in Oxfordshire should be actively monitored and reduced.	• Adult pathway for homeless people is currently pool-funded by councils and CCG for 3 years. • City Council funding for additional provision has been announced (Sept 17) including additional government funding. • Trailblazer project to prevent homelessness on hospital discharge and release from prison is being implemented. • CCG re-procuring homeless medical provision (Luther Street) • Health Improvement Board monitors reports of rough sleeping as part of the performance framework.
Recommendation 23 Reports of isolation and loneliness in older people/people suffering from dementia in rural areas should be collated and monitored on an annual basis with a reduction achieved year on year utilizing advice in the Age UK publication "Evidence Review of loneliness and Isolation" .	**Some Progress: various agencies** • Loneliness Summit held in July 2017 led by Age UK Oxfordshire. • Proposal to set up a strategic Task and Finish group led by Age UK Oxon. • Healthwatch Oxfordshire published a report on Dementia Friendly Communities in 2015 and work is being picked up through social prescribing and Dementia Friendly training. • Dementia Oxfordshire have been provided additional ongoing funding to provide specialist training to community and voluntary sector groups, to support them to meet the needs of older people with dementia, including in rural areas. They are also reporting on their progress linking people with dementia, including in rural areas, to support and groups available locally

Recommendation 25 and 26	Some progress: CCG
25. Funding for locally enhanced services for refugees and asylum-seekers should be made available to all GP practices, with the expectation that funding for this service would primarily be drawn on by practices seeing large numbers of refugees and asylum seekers. 26. Outreach work in communities with high numbers of refugees, asylum seekers and migrants, should be actively supported and resources maintained, if not increased, especially to the voluntary sector, to improve access to the NHS, face to face interpretation /advocacy and awareness raising amongst health care professionals.	OCCG has a Locally Commissioned Service for Deprivation and Inequalities. The criteria for additional payment is: • to support those Practices which have child protection plans and • to allow longer appointment times for patients who require use of interpreting services (Language Line) **Good Progress: City Council / CCG and VCS partners** A bid to the Controlling Migration Fund was successful and work to be implemented includes providing pre-entry English classes for speakers of other languages (ESOL), orientation and service information packs, mentoring and befriending scheme,
Recommendation 32 An alcohol liaison service should be developed in the OUHT	**Some Progress: CCG** Work has started on producing a business case for an alcohol liaison service in the hospital trust.
Recommendation 35. Support and develop schools interventions including support given to school health nurses as well as services such as those run by The Training Effect to increase capacity of young people to choose not to misuse substances.	**Good progress: Public Health** The Training Effect continue to deliver sessions in schools and collaborate with Aquarius (substance misuse services for young people) and School Health Nurses. They provide support for staff and emphasise the need for resilience and confident decision making. Future commissioning will build on this.
Recommendation 36 and 38 36. Resources in the public health budget should be maintained to provide services and support for drug misusers and their families 38. Policy and action should be targeted to continue to address - the rates of successful completion of drug treatment in non opiate users - the rate of parents in drug treatment - the rate of people in substance abuse programmes who inject drugs who have received a hep C vaccination - the rate of children facing a fixed period of exclusion due to drugs/alcohol use - NPS use	**Good Progress: Public Health** Drugs and Alcohol Treatment services in Oxfordshire are still fully resourced and there have been no changes made to the range of provision. The number of clients now successfully completing treatment for opiates, non-opiates and alcohol has improved markedly though this is still under surveillance to ensure the improvement is sustained. There has also been improvement in uptake of Hep C vaccination. Work on identifying the numbers of children who are excluded from school as a result of substance misuse is yet to be completed.
Recommendation 42 Use of food banks needs to be carefully monitored	**Complete: Good Food Oxford** A map showing the location and accessibility of

	Food Banks and other providers was published on the Good Food Oxford website[6] in summer 2017. This complements the Feeding the Gaps report and other work of Good Food Oxford.
and reported to HWB	
Recommendation 45 The current plans for closures of Children's Centres should be reviewed by March 2017 to ensure prioritization of effective evidence-based investment and good practice in early intervention for children and to ensure that the change of investment and resource allocation to young children and their families does not disadvantage their opportunities especially for those children & families from deprived areas and identified disadvantaged groups	**In progress: Oxfordshire County Council and other partners** Eight children and family centres plus two satellite sites have been established in the most disadvantaged areas in the county delivering a combination of some open access services and targeted services across the county. - To date, over £750,000 has been awarded to 26 community-led groups enabling them to develop open access sessions for under s and their carers - Since March 2017, OCC's Community Co-ordinators have been working with these groups to support them to turn their business plans into high quality services. The first round of monitoring confirmed that all groups are delivering to their business plans, with many providing more open access sessions than originally planned, and some now looking to offer outreach to support vulnerable families to access their services - Health visitors are holding surgeries in many of the community venues - Joint work is taking place with Diocese of Oxford to increase the knowledge, skills and confidence of existing church-led open access sessions for under 5s - Brighter Futures in Banbury continues to develop multi-agency work in the three most deprived wards in the Banbury area
Recommendation 47 Promoting the health of those in work should be a priority and examples of good practice shared by establishing a county wide network .	**In Progress: Well at Work network and others** • A network of businesses and other employers continues to champion well at work initiatives. They have recently established a Linked In network to increase their reach. • NHS employers have established a network of Workforce HWB leads • Brighter Futures in Banbury will be working with local employers to promote workforce wellbeing and Cherwell DC will work across the district to promote the Wellbeing Charter. • OxSPA promote the Workplace Challenge to increase physical activity • Unison and Oxfordshire County Council are holding a wellbeing conference in Nov 2017
Recommendation 53	**Complete: Director of Public Health**

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[6] http://goodfoodoxford.org/good-food-for-everyone/food-access-services-map/

The recommendations from the 2016 DPH annual report are endorsed and the Commission wishes to ensure they are targeted to reduce health inequalities and progress reviewed by HWB in 2017	All recommendations from the 2016 report were reviewed and findings included in the 2017 report.
Recommendation 54 Support for services and stimulation should be provided to older people, especially those living on their own to avoid isolation and loneliness especially amongst those with dementia and in rural areas	**Complete: New model of daytime support** • Following a review of daytime support and council decisions, a new model of daytime support has now been implemented: • There are over 200 community and voluntary sector daytime support opportunities across the county, many of which support people in rural areas and people with dementia. Over 2000 people benefit from these services, who have made clear throughout the review how important these services are in preventing isolation. Alongside infrastructure support e.g. around fundraising and specialist training in supporting people with dementia, the county council is providing £250,000 per year ongoing grant funding. In addition to this, transition support and funding has been provided to support these services to increase their self-sustainability • Dementia Oxfordshire and the Community Information Network support people to access social opportunities available locally, including people with dementia and people in rural areas. • The County Council is funding community development work provided by the Community Information Network, to increase the opportunities available particularly in areas of priority need. • The council-provided Community Support Services provides a countywide service with transport delivered from 8 buildings across the county. It provides tailored, specialist support primarily to people with more complex needs, including older people and people with dementia.
Recommendation 58 Promoting general health and wellbeing through a linked all ages approach to physical activity, targeting an increase in activity levels in the over 50s, especially in deprived areas, using innovative motivational approaches such as 'Good Gym' and Generation Games	**Some progress: CCG, local authorities, Age UK** • The CCG commission Generation Games and Dance to Health for older people and those at risk of a fall or who have had a fall • Cherwell DC work with Age UK to deliver activities in rural parts of the district. • District Council Sport and Activity Plan targets under-represented groups. • OxSPA bid to target inactive people was unsuccessful but work can be taken forward and will be a focus of the Health Improvement Board.

Section 3: Recommendations for future implementation

A total of 20 recommendations will need more consideration so they can be taken forward. The recommendations are:

		Recommendation	Next Steps
7		Resource allocation should be reviewed and reshaped to deliver significant benefit in terms of reducing health inequalities. • The CCG should actively consider targeting investment at GP surgeries and primary care to provide better support to deprived groups, to support better access in higher need areas, and specifically address the needs of vulnerable populations. • The CCG should conduct an audit of NHS spend, mapping health spend generally and prevention activity particularly against higher need areas and groups, setting incremental increasing targets and monitoring progress against agreed outcomes. • The ring fenced funding pot for targeted prevention should be expanded in higher need communities, using a systemwide panel of stakeholders to assess evidence and effectiveness, with ongoing independent evaluation of impact, including quantification of impact on other health spend.	This recommendation has 4 sub sections and the parts listed in the column to the left still need to be fully addressed by the CCG. In working towards meeting this recommendation the CCG report that all Primary Care workplans are now required to address health inequalities. The fourth recommendation in this list concerns the Innovation Fund which is being taken forward and details are given in section 1 of this action plan. The wording of that part of the recommendation is: • *An Innovation fund/Community development and evidence fund should be created for sustainable community based projects including those which could support use of technology and self care to have a measurable impact on health inequalities, and improve the health and wellbeing of the targeted populations.*
8		The Health in All Policies approach should be formally adopted and reported on across NHS and Local Authority organizations, engaging with voluntary and business sectors, to ensure the whole community is engaged in promoting health and tackling inequalities. Regular review of progress should be undertaken by HWB	There are already some good examples of Health In All Policies, e.g. Public Health working with Planners and Transport planners. Strategic leadership is needed if this is to be implemented across all organisations.
9		The presence of the NHS and of the voluntary sector should be strengthened on the Health and Well Being Board	Governance was discussed at HWB in November 2017
16		Public agencies, universities and health partners should work together to develop	Some districts have been reviewing Housing Strategy and plans but this work

	new models of funding and delivery of affordable homes for a range of tenures to meet the needs of vulnerable people and key workers. Specifically, public agencies should work together to maximise the potential to deliver affordable homes on public sector land, including provision of key worker housing and extra care and specialist housing by undertaking a strategic review of public assets underutilized or lying vacant .	has not been done jointly to date. Some examples of current work include • Cherwell DC update of Strategic Housing Land Area Assessment • Establishment of a Housing Company in the City. • Involving people with disabilities in developing the City Local Plan.
21	An integrated community transport strategy should be developed	There is some coordination at district level. VCS groups are mapping current provision e.g. Communities First Flexible Transport Forum and Oxfordshire Research Partnerships looking at access to lifts and minibus services.
22	A digital inclusion strategy, which explicitly targets older people living in rural communities should be developed and the % of older people over 65 with access to on line support regularly reported	Work is needed to verify what is already available and link this to the social prescribing work in particular.
27	Robust pathways to community services for community rehabilitation (including Community Rehabilitation Companies) on release, particularly for short term offenders, need to be developed	Discussion will take place with partners who lead the Reducing Reoffending Strategy through the Safer Oxfordshire Partnership.
34	Building on experience from Wantage, Community Alcohol Partnerships should be established across the county to address the problems of teenage drinking, particularly in Banbury as A&E data shows high numbers of under 18s attending the Horton ED for alcohol related reasons. [The partnership model brings retailers, schools, youth and other services together to reduce under age sales and drinking.]	Data on attendance of under 18 year olds will be presented to the Community Safety Partnership in Cherwell for their consideration and a proposal for establishing a CAP will be discussed.
37	School based initiatives should be promoted for all age groups	There are currently programmes to promote physical activity, reduce substance misuse and improve resilience. Further coordination of offers is needed and one suggestion is that a conference could be held to share local knowledge and develop action plans.
39	The under provision of resources for Mental health services should urgently be addressed	A review of Mental Health services is underway and further action will be based on the outcomes.
40	The implementation of the Five Year Forward Strategic View of mental health services for the county should explicitly state how it is addressing health inequalities and how additional resources	

	have been allocated to reduce them.	
41	Perinatal mental health should be a priority with appropriate investment to improve access to perinatal mental health services across Oxfordshire	Further detail is needed on current provision and gaps. This may be available through the Mental Health service review (see above). Brookes and Mind are collaborating on a relevant research bid.
44	New and creative ways to work with schools, such as Oxford Academy, should be explored and initiatives funded and evaluated through the proposed CCG fund	Some good links with the community have been made by Oxford Academy. A more strategic approach is needed, as set out in recommendation 37 above. Oxford Academy is a partner on the Leys Health & Wellbeing Partnership group. The Back on Track project is a good example of work in this area (Mind and the Oxford Academy)
48	The NHS workforce should engage in equity audit and race equality standards should be routinely reported	All public bodies to be encouraged to undertake Equity Audit in addition to the statutory publication of race equality standards already in place. An example of good local practice is that Oxford Health are now engaged with the Workplace Equality Index with Stonewall.
49	The needs of adults with learning disabilities within the County should be reviewed in 2017 and targets set to reduce their health inequalities .	A review is planned in 2018. In the meanwhile there has been a focus on reducing hospital admissions and supporting discharge – plans are co-produced with service users and their carers. Health plans and needs are being reviewed by OH under the terms of the contract. The TCP and Adults pool has a new target around annual health checks, number and quality. This is key priority for 2018/19 final year of the programme.
51	Shared budgets for integrated care should be considered and how this fits with the broader care packages available to older people. For example, looking at how domiciliary care can be integrated into health and social care more effectively, and what can be done to provide more robust support for carers	More information on current work is needed by the Implementation Group. The County Council and the CCG are currently working with domiciliary care agencies to enhance the way in which agencies carry out health tasks delegated by health professionals. We are piloting some changes to this in partnership with care providers
52	Support for carers , including their needs for respite care and short breaks , should be supported with resources by all agencies	
55	Strategic action should be taken to oversee increased access to support for older people in disadvantaged and remote situations:	These recommendations overlap with others to improve transport coordination (21), consider digital inclusion (22) and improve income maximisation (13). It is

	○ physically through a better coordinated approach to transport across NHS, local authority and voluntary/community sectors ○ digitally through a determined programme to enable the older old in disadvantaged situations to get online ○ financially, through support to ensure older people, who are often unaware of their financial entitlements, are helped to access the benefits they are entitled to claim.	suggested that work on these topics is being taken forward and described above.
57	The current gap in provision of support for older people with mental health needs other than dementia needs to be addressed urgently.	The Implementation Group needs more information on current work. This work will be picked up in the work streams of the new Oxon MH Five Year Forward View Delivery Board, which was set up in December.
60	The resources produced by PHE to support local action should be used as part of the formal review process.	Specific resources from PHE have to be identified but data has already been used to set up the Basket of Inequalities Indicators.

	ITEM 9
Health Improvement Board	

8 February 2018

Impact of Universal Credit Rollout in Oxford

Purpose / Recommendation

The Health Improvement Board is asked to note the contents of the report

It is recommended that the Health Improvement Board seeks data from advice providers and social landlords on the impact of Universal Credit

This issue relates to the following priorities of the HIB:

Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness

Background

1. Universal Credit(UC) is a new benefit for working age people who are on a low income or out of work. It replaces a number of existing benefits and tax credits:
   - Housing Benefit
   - Income-based Jobseekers Allowance
   - Income-based Employment and Support Allowance
   - Income Support
   - Working tax Credit
   - Child Tax Credit

2. The rollout of Universal Credit will affect 33,300 claimants of legacy benefits in Oxfordshire. This report looks at the impact on Oxford City in the first three months of full service. The national rollout of UC accelerated from October 2017 as the Department of Work & Pensions(DWP) began to roll out the full service to 50 areas per month. Concerns were raised by a variety of bodies about the impact of migration based on the experience of those in areas which had already rolled out. Principally the concerns related to people suffering hardship due to a six week delay in receiving their first payment, and increases in rent arrears as a consequence.

3. The Government announced a number of changes to UC in the November budget in response to criticism about the delay in making the first payment, and the increase in rent arrears experienced by people migrating to UC. The changes are:
   - from January 2018, those who need it will be able to access up to a month's worth of UC within five days via an interest-free advance

(previously only half a month's payment could be obtained as an advance) repayable over a period of up to 12 months.

- from February 2018 the government will remove the seven-day waiting period so that entitlement to UC starts on the day of application
- from April 2018 those already on Housing Benefit will continue to receive their HB award for the first two weeks of their UC claim, this is in addition to any housing costs they will be entitled to in UC for the same period
- the Government will also make it easier for claimants to have the housing element of their award paid directly to their landlord

Key Issues

Rollout

4. UC full service was rolled out in Oxford on 18 October 2017. The City Council was well prepared for this, having been involved in two pilots testing out aspects of Universal Credit from 2012-14. Universal Credit live service was rolled out in Oxford from April 2016. This was a limited rollout for single people who had recently been in work. These experiences informed preparations for rollout of UC full service. In January 2017, a cross-service project team was established which assessed the risks posed by migration, visited other local authorities who had migrated already to learn from their experiences, and developed an implementation plan to mitigate identified risks. The main risks identified were people falling into rent arrears both in terms of the Council's statutory housing duties, and as a stock owning local authority, and the challenges that some customers would face in making and managing their claim online..

5. The key activities were to prepare potential recipients, staff and advice agencies for migration to UC. A detailed communications plan was developed using social media, print media and radio to deliver some key messages on the theme of "Getting ready for Universal Credit". Training was delivered to all council teams who were likely to come into contact with people migrating to UC. In addition the city council hosted two stakeholder events for third sector organisations, one for all Oxfordshire organisations, and one for those based in Oxford.

6. As of 9 January 2018, 716 claims for UC have been made which relate to 619 households (the difference is accounted for by joint claims). There were approximately 750 live service claimants when migration to full service began, so there are almost 1,500 people on UC in Oxford. 93% of UC claims in Oxford have received their first payment on time. DWP report that the most common reason for late payment is delays from social landlords to requests to verify housing costs.

Universal Support

7. Oxford City Council is being paid by the DWP to provide Universal Support services to claimants, these include Personal Budgeting Support (PBS) to help people manage the transition to monthly payments, and Assisted Digital Support(ADS) to help people make and manage their claim online. This work has been carried out by the Council's Welfare Reform Team who were

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involved in the pilots referred to above. Their experience from these pieces of work informed the development of the new services required by DWP.

8. To maximise uptake of these services, the Welfare Reform Team developed a new service called Springboard which comprises Springboard Money (PBS) and Springboard Digital (ADS). These services provide support beyond that required by DWP, in order to ensure residents are able to maintain their tenancy, afford to live in Oxford and access any additional services they may require. In light of the concerns originally being raised about the migration to UC, Members agreed prior to rollout to make a fund of £50,000 available for residents facing hardship as they migrated to Universal Credit. The Welfare Reform Team have administered this as part of the Springboard service offer.

9. 109 customers have accessed the Springboard service, 40 have accessed Springboard Money, 62 have accessed Springboard Digital and 7 have accessed both. Foodbank vouchers have been issued to 18 customers, and 8 have accessed the Hardship Scheme, outlined above. In order to access the Hardship Scheme, you must have applied for UC and be waiting for your first payment, and have applied for an advance of UC from DWP. Awards of £310 have been made from the scheme in the form of supermarket vouchers and top-ups of energy prepayment cards. The changes outlined in paragraph 3 are likely to result in very few people requiring help form the Hardship Scheme.

10. The Welfare Reform Team have worked closely with Oxford JCP in designing the Springboard services and establishing referral routes in both directions, and form advice organisations so that customers are easily able to access the right support. A member of the Welfare Reform Team is based in the Oxford JCP office one day each week.

11. Customers are able to access the advance payments of UC from Oxford Jobcentre. This process seems to be working well and Oxford JCP report that 80-90% of applicants are accessing the advance payments. The only cases that have been unsuccessful in accessing an advance are people who have applied outside the permitted timeframe, and one customer who was declined as they lived with their parents, and had no housing costs.

Impact on Council tenants

12. A number of Council tenants have migrated to UC since the live service was introduced in April 2016. The impact is monitored on a monthly basis and the latest position is shown in the table below:

Number of tenants on Universal Credit (UC)	158
Number of tenants on UC who are in arrears	117
Total amount of arrears incurred by customers in receipt of UC since making their claim	£39,166.96
Number of tenants in Temporary Accommodation on UC, in arrears	11
Total amount of arrears incurred by tenants in Temporary Accommodation on UC since making their claim	£2,229.86
Number of Notices Seeking Possession served to UC customers	22
Number of UC customers evicted*	1
Number of Alternative Payment Arrangements requested and granted**	63

*The customer who was evicted had significant arrears prior to migrating to UC. This was the main reason for the eviction.
**An Alternative Payment Arrangement is requested when a landlord wants the Housing Cost Element in UC paid to them instead of the tenant. This happens when the tenant may have difficulty in managing their payments, or when they accrue two months arrears.

13. The average arrears for a tenant on UC is approximately two weeks, compared to one week for all tenants. This difference is largely accounted for by the change in payment of housing costs to one month in arrears under UC, compared to a week in advance for most tenants under Housing Benefit. The additional two week payment of Housing Benefit which will be paid from April (referred to in paragraph 3 above) will reduce the amount of rent arrears incurred for some tenants at the point they migrate to UC.

Other impacts

14. The migration to UC has had a significant impact on the workload of the Benefits team. Up to the end of December, the DWP had advised the Benefits team of 177 customers who needed their Housing Benefit claim to be stopped due to a claim for UC being made. However in respect of these customers a total of 1,719 notices have been received over the same period. Approximately half of these notices are errors or duplicates, but they all require some time to be dealt with. The DWP have acknowledged that there are some issues with this process, and are working to reduce the number of notices issued

15. Its too early to draw any firm conclusions about Universal Credit in Oxford as only 10% of expected cases have currently migrated to the new benefit, but early indications are better than originally anticipated. The HIB may wish to consider the impact on advice organisations across the County, as people experiencing negative impacts of UC are likely to go to these organisations for help. Tracking the volumes of these customers and nature of their enquiries would help inform understanding of the overall impact of UC. The HIB could also look at the impact on rent arrears for tenants migrating to UC across the larger social housing providers in the County to understand the implications for tenants and landlords.

Budgetary implications

16. DWP have advised local authorities that the Housing Benefit administration subsidy will reduce as cases migrate to Universal Credit. However the migration is creating additional work, and whilst new burdens funding is expected for this, it is likely to be less than the amount the administration subsidy has been reduced by, increasing the financial burden on LA's. We expect the final figures to be confirmed for 2018/19 in late January/early February.

Equalities implications

17. Not applicable.

Communications

18. The City Council began its external publicity campaign in September 2017. Its key messages have been to advise people what they need to do to get ready for Universal Credit. The advice is to Get a bank account, Get online and Get budgeting. Funding from DWP to support the rollout of UC has been used to finance the communications campaign and has been used for a radio campaign on Jack FM, promoted social media videos and printed literature.

Key Dates

19. Not applicable.

Contact: Paul Wilding, Revenues & Benefits Programme Manager, Oxford City Council, 01865 252461

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OXFORDSHIRE COUNTY COUNCIL

SUMMARY
Oxfordshire Domestic Abuse Strategic Board Meeting
Wednesday 22nd November 2017

Present:	Sarah Breton (SB) *Chair*	Oxfordshire County Council
	Sarah Carter (SC)	Oxfordshire County Council
	Liz Jones (LJ)	Oxford City Council
	Delia Mann (DM)	Oxfordshire County Council
	Marianne North (MN)	Cherwell District Council
	Heather McCulloch (HM)	West Oxfordshire District
	David Colchester (DC)	Local Criminal Justice Board
	Melanie Pearce (MP)	Oxfordshire County Council
	Abigail Wycherley (AW)	Oxfordshire County Council

Apologies:	Caroline Heason (CH)	Oxford University Hospitals
	Felicity Parker (FP)	Thames Valley Police
	Liz Hayden (LH)	South & Vale District Council
	Jackie Wilderspin (JW)	Oxfordshire County Council
	Wendy Walker (WW)	Office of the Police & Crime Commissioner Thames Valley

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Agenda Item: Outcome of Joint Boards Meeting & Operational Board feedback

The Strategic Board discussed feedback from the Joint Domestic Abuse Strategic and Operational Boards Meeting held on 3rd October, and subsequent conversation at the Oxfordshire Domestic Abuse Operational Board Meeting 7th November. There is overall agreement that the Operational Board should set the agenda for operational priorities and report to the Strategic Board where required.

Agenda Item: Oxfordshire Domestic Abuse Implementation Plan

The Board agreed that an update on the Implementation Plan will be provided for each meeting, which can also be shared with the Operational Board and the Health Improvement Board. The Implementation Plan will enable to system to be held to account for the delivery of the recommendations of the Domestic Abuse Strategic Review.

Agenda Item: Young Person Domestic Abuse Safeguarding Pathway Evaluation

The Strategic Lead for Domestic Abuse updated the Board on the Young Person Domestic Abuse Safeguarding Pathway Evaluation, requested by Oxfordshire Safeguarding Children Board. It has not been possible to identify a case in the 10-12 age bracket outlined in the Terms of Reference for the evaluation. Oxfordshire County Council's engagement team are liaising with the young people involved for

their feedback, and a Peer Review session for professionals will take place. The report will be brought to the next Strategic Board meeting in February 2018.

Agenda Item: Domestic Homicide Reviews

The Board discussed the local governance arrangements around DHRs. The Strategic Lead for Domestic Abuse will be producing an annual report to be discussed at the Strategic Board. The Board agreed the need for improved resource to hold the system to account (ensuring sign up and accountability for action plans), and will approach the safeguarding boards for advice.

Agenda Item: Any Other Business

Department for Communities and Local Government (DCLG) Consultation
The Board agreed that the Strategic Lead for Domestic Abuse will provide a County wide response to the DCLG Consultation: Improving Access to Social Housing for Victims of Domestic Abuse, and Districts will provide responses for their areas.

Thames Valley Black, Asian, 'Minority' Ethnic and Refugee (BAMER) Project
The Board discussed the Thames Valley BAMER Project, addressing Violence Against Women and Girls (VAWG) in BAMER communities across the region. Funding for the project was achieved via successful joint bids to the DCLG Domestic Abuse Fund and to the Home Office Violence Against Women and Girls (VAWG) Service Transformation Fund by Thames Valley Domestic Abuse Coordinators and the Office of the Police and Crime Commissioner for Thames Valley. Recruitment for this project will begin soon and roles should be in post by 1st April 2018, fixed term for 24 months. The roles will include a strategic lead, based within Oxford City Council, and two Support Officers in each of the three counties (locally commissioned / recruited).

Positive Relationships Programme
The Board agreed the need for agencies to share information on the Positive Relationships Programme with frontline staff via team meetings and supervision to improve awareness and flow of referrals.

Future meetings:

2017/18 Domestic Abuse Strategic Board Meetings	
Q4	Wednesday 21st February 2018

Oxfordshire Health and Wellbeing Board

Health Improvement Partnership Board

Terms of Reference

Purpose

The Oxfordshire Health and Wellbeing Board is the principal structure in Oxfordshire with responsibility for promoting the health and wellbeing of the people of the county.

The Health Improvement Partnership Board exists to support the Health and Wellbeing Board in this purpose by delivering service change and improved outcomes through partnership working.

Responsibilities

To achieve its purpose, the Health Improvement Partnership Board has the following responsibilities:
- To demonstrate effective partnership working across Oxfordshire to meet peoples' health and social care needs and to achieve effective use of resources.
- To drive the development and delivery of services across Oxfordshire that meet agreed priorities and objectives, as determined from the Joint Strategic Needs Assessment (JSNA).
- In particular to:
  - *Bring a coordinated and coherent approach to influencing a broad range of determinants of health to bring about health improvement,*
  - *Work together to recommend priority areas to improve health in order to make a real and measurable difference to outcomes,*
  - *Recommend actions and responsibilities to make that improvement a reality,*
  - *Hold each other to account for making the agreed change and for reporting progress.*
- To meet the performance measures agreed by the Oxfordshire Health and Wellbeing Board.

Membership

The core membership of the Health Improvement Partnership Board is:
- Five district/city councillors – one of whom will be Chairman and another Vice-Chairman
- County Council Cabinet Member for Public Health
- Two Clinical Commissioning Group representatives (one clinical representative and one commissioner representative)
- Director of Public Health for Oxfordshire
- Public Health Specialist

- District Council officer representative
- Healthwatch Ambassador

In attendance
- District Councils' officer for Partnership Development

It is proposed that a wide range of stakeholders can be invited to Board meetings at the discretion of the Chairman. They may attend as expert witnesses and to report on implementation of plans.

Governance

The meetings of the Health Improvement Partnership Board and its decision-making will be subject to the provisions of the County Council's Constitution including the Council Procedure Rules and the Access to Information Procedure Rules, insofar as these are applicable to the Partnership Board.

The Health Improvement Partnership Board will also be subject to existing scrutiny arrangements with the Oxfordshire Joint Health Overview and Scrutiny Committee providing the lead role.

Members of the Board will be subject to the Code of Conduct applicable to the body which they represent.

The Partnership Board will meet at least once a year in public. Dates, times and places of meeting will be determined by the Chairman of the Partnership Board.

Officers from the County Council will service meetings of the Partnership Board including the preparation and circulation of agendas and minutes.

The Health and Wellbeing Board will agree terms of reference and membership for the Partnership Board. It will also agree its priorities, proposed outcomes and performance measures. The Partnership Board will review the terms of reference on an annual basis.

Draft for discussion and submission to the Oxfordshire Health and Wellbeing Board February 2018

Health Improvement Partnership Board
Forward Plan 2018/19

Date	Item
1st May 2018 2-4pm	• Housing Related Support Joint Management Group annual report • Smoking cessation report card • Healthy Weight Action Plan update • Healthwatch proposal for future topics • Outcomes of Mental Wellbeing workshop • Outcomes of Healthy New Towns learning event
13th September 2018 2-4pm	• Intersection of Health and Disabilities • Drug abuse- safe injecting spaces and county lines • Domestic Abuse Strategic Board Report • Basket of Housing Indicators
22nd November 2018 11am-1pm	• Health Protection Forum Annual Report • Air Quality Management Annual Report

Standing items:
- Minutes of the last meeting and any matters arising
- Performance Report (including any report cards)
- Report from HIB Healthwatch Ambassador
- Forward Plan

Proposals/periodically:
- Oxfordshire Sport and Physical Activity
- Welfare reform
- Re-commissioning of housing related support
- Oral Health Needs Assessment
- Healthy Weight Action Plan
- Health Protection Forum
- Air Quality Management
- Domestic Abuse services

Upcoming events
- Mental Wellbeing workshop- 19th March 2018
- Healthy New Towns learning event- 24th April 2018

30th January 2018
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