Public Document Pack

Committee: **Oxfordshire Growth Board**

Date: **Wednesday, 29 March 2017**

Time: **2.00 pm**

Venue: **County Hall, New Road, Oxford OX1 1ND**

Membership

Voting Members 30/06/2016-30/06/2017

Chairman and Leader of Oxfordshire County Council	**Councillor Ian Hudspeth**
Vice Chairman Leader of Oxford City Council	**Councillor Bob Price**
Leader of Cherwell District Council	**Councillor Barry Wood**
Leader of South Oxfordshire District Council	**Councillor John Cotton**
Leader of Vale of White Horse District Council	**Councillor Matthew Barber**
Leader of West Oxfordshire District Council	**Councillor James Mills**

Non-Voting Members

Chairman of OXLEP	**Jeremy Long**
Vice Chairman and Skills Board Representative	**Adrian Lockwood**
Universities Representative	**Alistair Fitt**
OXLEP Business Representative – Bicester	**Phil Shadbolt**
OXLEP Business Representative – Oxford City	**Richard Venables**
OXLEP Business Representative – Science Vale	**Andrew Harrison**
Homes and Communities Agency Representative	**David Warburton**
Oxfordshire CCG Representative	**David Smith**

AGENDA

1. Apologies for absence and substitute members

Apologies for absence should be notified to sue.whitehead@oxfordshire.gov.uk or Tel: 07393 001213 prior to the start of the meeting.

2. Declarations of interest - see guidance note on the back page

3. Minutes (Pages 1 - 6)

To confirm as a correct record the minutes of the meeting of the Oxfordshire Growth Board held on 30 November 2016.

4. Chairman's Announcements

To receive Communications from the Chairman.

5. Public Participation

Members of the public may ask questions of the Chairman of the Growth Board, or address the Growth Board on any substantive item at a meeting subject to the restrictions set out in the public participation scheme.

Deadline to submit questions: By Thursday 23 March 2017 in writing or email to the Chief Executive or Secretariat of the host authority

Deadline to submit requests to address the meeting: No later than noon on the day before the meeting (Tuesday 28 March 2017) in writing or email to the Chief Executive or Secretariat of the host authority

6. The preparation of Joint Spatial Plan for Oxfordshire - Overview. (Pages 7 - 16)

Report Contacts: Paul Staines, Growth Board Programme Manager
Adrian Colwell, Head of Strategic Planning and the Economy, Cherwell District Council

Report Purpose

1) At the Growth Board Executive Officer Group (EOG) meeting on 13th March 2017, EOG were invited to consider the preparation of an Oxfordshire Joint Spatial Plan (the Spatial Plan).

2) EOG approved the report and a detailed project outline for consideration by the Growth Board. The project outline is attached as an appendix to this report.

Recommendation

That the Growth Board approve the project outline- attached at appendix one- as the basis for the preparation of a detailed project plan and business case for an Oxfordshire Spatial Plan

7. Health Inequalities Commission Report: Addressing Health Inequalities in Oxfordshire (Pages 17 - 48)

Cllr Anna Badcock, Chairman of the Health Improvement Board and Dr Joe McManners, Deputy Chairman of Health & Wellbeing Boardand Clinical Chair of OCCG will be in attendance for this item.

To inform members of the Growth Board of recommendations from the Health Inequalities Commission report and seek their involvement in taking the recommendations forward.

8. Oxfordshire infrastructure Strategy (OXIS) Progress Report (Pages 49 - 50)

Contact Officer: Paul Staines, Growth Board Programme Manager

Report Purpose

1) At the Growth Board in May 2016, the Board approved the commissioning of an Oxfordshire Infrastructure Strategy (OXIS).

2) This report for information updates the Board with progress with this project

Recommendation

That the Growth Board note progress with OXIS.

9. Public Participation in Growth Board Meetings (Pages 51 - 56)

Contact Officer: Growth Board Programme Manager

Report Purpose

3) At the Growth Board in September 2015, the Board were invited to adopt a protocol for public participation in future meetings.

4) The proposal was adopted, together with a commitment to review the effectiveness of the scheme at some point in the future.

5) Accordingly, this report offers the opportunity for review, predicated upon

feedback from recent participants who have suggested changes to the current scheme.

Recommendation

That the Growth Board consider the proposed changes to the current scheme of public participation contained in this report.

10. Matters arising from previous LEP meeting

Nigel Tipple to report verbally as necessary.

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.

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OXFORDSHIRE GROWTH BOARD

MINUTES of the meeting held on Wednesday, 30 November 2016 commencing at 2.00 pm and finishing at 3.10 pm

Present:

Voting Members: Councillor Ian Hudspeth – in the Chair

City Councillor Bob Price (Vice-Chairman)
District Councillor Matthew Barber
District Councillor John Cotton
District Councillor James F. Mills
District Councillor Barry Wood

Also Present:
Adrian Lockwood, Vice Chairman of OXLEP and Skills Board Representative
Alistair Fitt, Universities Representative
Richard Venables, OXLEP Business Representative – Oxford City
Andrew Harrison, OXLEP Business Representative – Science Vale
David Warburton, Home and Communities
Nigel Tipple, Chief Executive OXLEP
Jeanne Capay, Environment Agency

Officers:
Peter Clark, County Director, Oxfordshire County Council
David Edwards, Executive Director, Regeneration and Housing, Oxford City Council
Caroline Green, Assistant Chief Executive, Oxford City Council
Christine Gore, Strategic Director, West Oxfordshire District Council
David Hill, Chief Executive, South Oxfordshire & Vale of White Horse District Council
Bev Hindle, Acting Director for Environment & Economy, Oxfordshire County Council
Giles Hughes, West Oxfordshire District Council
Paul Staines, Oxfordshire Growth Board Programme Manager
Sue Whitehead (Corporate Services, Oxfordshire County Council)

The Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting, together with a schedule of addenda tabled at the meeting and decided as set out below. Except as insofar as otherwise specified, the reasons for the decisions are contained in the agenda, reports and schedule/additional documents, copies of which are attached to the signed Minutes.

49 APOLOGIES FOR ABSENCE AND SUBSTITUTE MEMBERS

(Agenda No. 1)

Apologies were received from Jeremy Long, Phil Shadbolt and David Smith

50 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 26 September 2016 were approved and signed as a correct record.

51 CHAIRMAN'S ANNOUNCEMENTS

(Agenda No. 4)

The Chairman proposed and it was agreed that the item he had agreed as urgent business on the Autumn Statement 2016 Briefing Note on the East-West Rail and Oxford Cambridge Expressway be taken as the final item.

52 PUBLIC PARTICIPATION

(Agenda No. 5)

In accordance with the Public Participation Scheme, the Chairman invited individuals and groups who had requested to address the meeting or who had submitted questions to present them to the Board.

Public Address:

Councillor Hards, County Councillor for Didcot addressed the Board in relation to agenda item 8, Growth Board Work Programme.

Councillor Greene, County Councillor for Didcot East & Hagbourne addressed the Board in relation to agenda item 8, Growth Board Work Programme. In response to a question from Councillor Greene, made as part of his address, regarding the position in relation to vital work at Haddon Hill, Abingdon the Chairman noted that they had not had final details of the Local Growth Fund Bid but he was sure that representations would be made. Councillor Cotton, Leader of South Oxfordshire District Council added that he concurred with Councillor Greene's assessment of the importance of the project and hoped for a positive response.

Questions:

The Chairman advised that responses to the submitted question would be sent directly to the parties who had submitted them, made available on the Growth Board webpages and published with the minutes of the meeting.

53 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

(Agenda No. 6)

Jonathan Mc William, Director of Public Health presented his annual independent report that summarised key issues associated with the Public Health of the County.

The report included details of progress over the past year as well as information on future work.

The report and presentation covered the following areas: The Demographic Challenge; Building Healthy Communities; Breaking the Cycle of Disadvantage; Lifestyles and Preventing Disease Before it Starts; Mental Health and Fighting Killer Diseases

Jonathan McWilliam responded to specific questions on tackling obesity, the healthy schools programme, the alignment of the 5 year STP with our 20 year plan, the role of e-cigarettes in supporting smokers to quit, mental health and the young and housing for life, making the following points:

1. On tackling obesity there was a need for a co-ordinated approach from everyone. It included planning communities, efforts at the national level, using local services better and in a more co-ordinated way, access to decent fresh food and education in schools.
2. Jonathan McWilliam acknowledged that the Healthy Schools Programme was very good but commented that it would require a great deal of resource.
3. Referring to the NHS STP he commented that the key locally was to make contact with the key stakeholders, to build up connections and to apply those basic principles of partnership working.
4. An opportunity existed for GP's to prescribe e-cigarettes on prescription but he wasn't aware if anyone had done so.
5. Mental health and the young was covered in the report and he outlined the approach to encourage young people to come forward when under stress.
6. In order to influence housing supply to encourage housing for life early involvement of health and social care professions was important. The challenge was to get from measures of demand to getting them built in a sensible way.

54 GROWTH BOARD WORK PROGRAMME REVIEW

(Agenda No. 7)

The Growth Board considered a report that updated the Board on progress with developing its future work programme including a statement from the Chief Executives following recent meetings.

Councillor Cotton expressed concern over the housing figures to the last meeting in respect of the lack of differentiation between the general number and the numbers of affordable housing required. He referred to problems in his own area of meeting the current target for affordable housing. He noted that the needs of Oxford City was skewed towards the need for affordable housing and was worried that potentially houses would be built that did not meet this need. Councillor Price noted that affordability was a County wide issue. In their Local Plan there was no single definition but rather a concern to make housing available for the different groups that needed it.

Bev Hindle commented that in the figures there had been no distinguishing between affordable housing numbers and the rest and that a piece of work may be needed to

look particular need and to consider how it can be implemented through districts and their Local Plans.

RESOLVED: the Growth Board noted progress with developing its work programme to date and asked officers to look into a piece of work aimed at further distinguishing particular need within the overall housing figures in the SHMA.

55 GROWTH DEAL AND CITY DEAL PROGRAMME REPORTS TO 30TH SEPTEMBER 2016

(Agenda No. 8)

The Oxfordshire Growth Board received the City Deal and Growth Fund: Exception Report and appendix -City Deal and Growth Fund Programme Report: September 2016.

RESOLVED: to:

(a) Note progress with the projects detailed in appendix one of this report.

(b) Ask the Executive Officer Group(EOG) to review those projects flagged as amber- requiring monitoring- and develop proposals to bring the projects back to green status for the next meeting of the Board.

56 MATTERS ARISING FROM LEP

(Agenda No. 9)

The Oxfordshire Growth Board noted an update from Nigel Tipple, Chief Executive, OXLEP on progress with the SEP refresh, on a successful science and innovation audits bid and on information on european structural funding.

57 URGENT BUSINESS - AUTUMN STATEMENT 2016 BRIEFING NOTE ON EAST-WEST RAIL AND OXFORD-CAMBRIDGE EXPRESSWAY

(Agenda No. 10)

The Chairman had agreed that the item on the Autumn Statement 2016 Briefing Note on East-West Rail and Oxford-Cambridge Expressway be considered as an item of urgent business in order that consideration can be given to it in a timely manner.

Members considered the implications of the autumn statement on the East-West Rail and Oxford-Cambridge Expressway noting that additional funding would still be required to deliver East-West Rail but would allow work already committed to be completed. Although the links to Cambridge were a goal there needed to be a focus on the positive local benefits to be gained by individual phases. Responding to questions about whether the rail and road programmes would be complementary Bev Hindle, Acting Director for Environment & Economy, Oxfordshire County Council, indicated that work was at an early stage. Responding to comments that the detail of the road was important and seeking opportunities for the Oxfordshire Growth Board to influence the type of business case put forward, Bev Hindle confirmed that a piece

of work was being undertaken on looking at common purpose and this would come back to the Board.

..... in the Chair

Date of signing 2017

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Growth Board 29th March 2017
Agenda item 6
Contact: Paul Staines: Growth Board Programme Manager
E- mail Paul.staines@Oxfordshire.gov.uk

The Preparation of Joint Spatial Plan for Oxfordshire

Report Purpose

1) At the Growth Board Executive Officer Group (EOG) meeting on 13th March 2017, EOG were invited to consider the preparation of an Oxfordshire Joint Spatial Plan (the Spatial Plan).

2) EOG approved the report and a detailed project outline for consideration by the Growth Board. The project outline is attached as an annex to this report.

Recommendation

That the Growth Board approve the project outline- attached at appendix one- as the basis for the preparation of a detailed project plan and business case for an Oxfordshire Spatial Plan

Background

3) The Growth board will recall that in September 2014 it commissioned critical friend advice on the process for meeting Oxford's unmet need. One option considered was to address this through the commissioning of what was then called a Strategic Planning and Investment Framework, a jointly commissioned framework to assist Local Planning Authorities to manage wider strategic issues of growth and infrastructure.

4) Although not considered appropriate at the time, the board recognised that the development of an overarching spatial plan for growth throughout the county would enable pro-active, co-ordinated decisions on both housing and business growth and a comprehensive understanding of the infrastructure implications of the same.

5) The proposal to develop the Spatial Plan-as detailed in the appendix to this report- can be seen as development of this strand of thinking. It is also however recognition that the emerging growth expectations of Government, both for the county and related regional growth initiatives, for example the Oxford to Cambridge corridor will pose growth related challenges that will only be met by co-ordinated strategic planning.

Next steps

6) Subject to the board's agreement to the recommendations of this report officers will begin the process of developing a detailed business plan. This business plan will address

    a. Indicative timeline
    b. Resources required- including staff and budget
    c. Should the project be commissioned or prepared internally?
    d. The scope of the project, including for example;
        - will the plan be statutory or non-statutory.
        - the relationship between this plan and local plans, e.g. is there a place for strategic site allocation in the plan.

- does the preparation of the plan impact upon local plan development timetables.

e. Governance arrangements.

7) It is expected that, a draft Business Plan could be circulated in April and approved at EOG at their May meeting. The project could commence soon after that, subject to resource and budget availability.

Contact: Adrian Colwell Head of Strategic Planning and the Economy, Cherwell DC
E- mail Adrian.colwell@cherwellandsouthnorthants.gov.uk

ANNEX

The preparation of Joint Spatial Plan for Oxfordshire – Overview.

1. Introduction

Several Councils in England are considering the establishment of Joint Spatial Plans following the work undertaken on statutory and non-statutory plans/planning frameworks in areas such as Cambridgeshire, Greater Norwich and the West of England. There is a recognition that a strategic approach is required for coherence in plan making and where economic and housing challenges and infrastructure delivery crosses administrative boundaries.

Government policy is to encourage joint planning, away from single local plans, where it can help overcome constraints to strategic planning and delivery and streamline plan making. Recent changes to the Housing and Planning Act, Neighbourhood Planning Bill, the Local Plans Expert Group (LPEG) recommendations and Housing White Paper (2017) all support this direction of travel. Agreed Devolution deals have included strategic planning activities across regions to help address strategic housing and employment targets and allocations, strategic infrastructure priorities and delivery, with long term commitment to a long-term plan.

The key benefits of joint planning arrangements have been seen providing a better alignment of strategic planning, infrastructure investment and delivery; a more coherent framework for investment confidence and regional growth as well as the more effective use of scarce resources across the public sector.

The recent National Infrastructure Commission (NIC) report on the development of a Cambridge - Oxford growth corridor identifies the potential for increasing growth across the corridor and the need for strategic co-ordination and investment. The report highlights the challenges that exist to securing the economic potential of the corridor. This growth corridor is proposed as one of three strategic priority areas for Government investment, together with the Northern Powerhouse and the Midlands. A joint response from the Oxfordshire Growth Board is needed to plan and secure essential infrastructure investment. A Joint Spatial Plan will provide the necessary focus at the western end of the corridor.

The recently adopted and emerging Local Plans across Oxfordshire provide for substantial employment and housing growth, which is also reflected in the refreshed OxLEP Strategic Economic Plan, but new development requires significant infrastructure investment. While each Local Plan has its own timetable and sovereignty, infrastructure needs do not stop at administrative boundaries but extend beyond them as working collaboratively for 18 months to address the unmet housing needs of Oxford highlighted. A Joint Spatial Plan will provide a tool for considering the future growth of the County in a more coherent, coordinated, long term way than is possible through separate Local Plans, Local Transport Plans and the OxLEP SEP.

The Oxfordshire Growth Board is recommended to create a Joint Spatial Plan to help ensure that growth locations and investment are considered, funded and delivered in an integrated and effective manner. A Joint Spatial Plan will also have been subject to public consultation and political oversight at each of its stages as a requirement for it becoming a Development Plan Document (DPD).

2. Rationale for a Joint Spatial Plan

Contact: Adrian Colwell Head of Strategic Planning and the Economy, Cherwell DC
E- mail Adrian.colwell@cherwellandsouthnorthants.gov.uk

A Joint Spatial Plan (JSP) for Oxfordshire is proposed for development by the six local authorities in County including the County Council to bring together the different responsibilities for Planning, housing, employment, transport, minerals and waste.

Its purpose is to provide a strategic, overarching vision and framework to help deliver the number of new homes, land for employment purposes and the supporting infrastructure that we anticipate will be needed over the next 30 years. By working on this strategy together, the aim is to ensure that development is sustainable and takes account of the fact that people live, work and travel across council boundaries, which means that what happens in one area affects its neighbours.

By being clearly linked to a statutory process (and reflecting the direction of travel set out by the DCLG in the Housing White Paper February 2017) it will have public accountability & transparency in a way that the Post SHMA process did not.

3. Joint Spatial Plan Content and Scope

We recognise that what happens in one District affects its neighbours and because the Government imposes a duty on adjoining local authorities to co-operate, the six councils in Oxfordshire have agreed to work together to consider strategic planning matters more closely.

Most Joint Spatial Plans include the full range of planning topics, including housing, employment, commercial, leisure and other uses, transport and infrastructure, and environment. However, there is currently no standard template for the content of Joint Spatial Plans so the scope is for the working group and Oxfordshire Growth Board to determine.

The six councils agree that it is important to understand the needs of the Oxfordshire housing market area in a way which provides clarity for detailed plans and avoids duplication of costs and effort. Through the Joint Spatial Plan, as a strategic plan establishing the Development Framework for Oxfordshire, the six councils will have prepared a framework to guide the long-term growth in housing and employment, through transport and utilities investment, whilst respecting the environment across Oxfordshire.

The Joint Spatial Plan will set out the spatial strategy (where things should go and why) that identifies the best locations where new growth might be located across Oxfordshire, based on a regularly updated housing market assessment. It will have taken key decisions within which Local Plans will then sit and help speed up their preparation and revision, as well as shaping the delivery of the Local Transport Plan and the OxLEP SEP.

It is proposed that the Joint Spatial Plan should:

- Consider longer term planning by building on the current planned growth of each Local Plan (2011-2031) and providing a strategic view on strategic objectives and priorities between 2031 and 2050.
- Maintain the Oxfordshire SHMAA as the basis for establishing the projection for population, housing and employment growth for the Count; this will include the Objectively assessed housing need for Oxfordshire.
- Consider the most appropriate development strategy having regard to the settlement hierarchy for the County including the future growth of Oxford City, the market towns and the rural hinterland.

Contact: Adrian Colwell Head of Strategic Planning and the Economy, Cherwell DC
E- mail Adrian.colwell@cherwellandsouthnorthants.gov.uk

- Provide the strategic basis for considering new settlements such as Garden Towns & Villages, as well as the policy lessons from newly established settlements.
- Provide a strategic view on the functioning, location and uses of the Green Belt.
- Consider all development options including the potential for development at major brown field sites, such as former military bases and power station sites across the County.
- Align with national and regional priorities including the development of the National Infrastructure Commission proposals for a growth corridor between Oxford and Cambridge.
- Consider infrastructure challenges and show their relationship between growth areas and infrastructure needs. The OxIS infrastructure assessment will be kept up to date as the basis for a countywide strategy for funding to close the gaps. It will consider the potential for increased new development in key growth corridors.
- Provide a clear framework for considering other Government initiatives and national infrastructure priorities.
- Ensure the alignment of the County Minerals and Waste Plan with the growth strategy for the County.
- Provide a strategic framework for Local Plans and the delivery plans associated with the Countywide Local Transport Plan (LTP) and provide the spatial dimension to the OxLEP SEP.

4. Setting a Vision and Strategy for Oxfordshire

The Joint Spatial Plan will be a high-level strategic plan that will set out a clear vision and objectives to guide the growth of Oxfordshire. It will be prepared jointly by all six Councils, through a transparent and publicly accountable process to become a Development Plan Document. It will thus satisfy and exceed the requirements of the current 'Duty to Cooperate'.

It is proposed that the scope of the plan will be:

- Identifying strategic, objectively assessed needs for the County.
- Identify any policy direction that supplements these needs aligned to national and regional priorities and LEP.
- Identify high level development strategy for meeting those needs and policy objectives.
- Significantly boost the delivery of housing including affordable housing.
- Ensuring, collaboratively, that each district meets the housing need identified in the existing SHMA for Oxfordshire building on local priorities.
- Deliver economic growth that enhances Oxfordshire's position in the world economy and collaboratively enhancing wider growth opportunities as identified by the NIC.
- Ensuring each district meets employment and economic needs building on local priorities.
- Considering the strategic spatial distribution of growth.
- Considering major regeneration schemes and any proposed greenbelt development.
- Maximising opportunities for brownfield development.
- Delivering transport improvements and transport focused development.
- Securing sustainable transport opportunities.
- Securing education, health and community-related infrastructure provisions required to support housing growth.
- Securing strategic environmental and biodiversity gains to complement growth and achieve sustainable development.

Contact: Adrian Colwell Head of Strategic Planning and the Economy, Cherwell DC
E- mail Adrian.colwell@cherwellandsouthnorthants.gov.uk

The preparation will commence on a non-statutory basis, though with close DCLG engagement, so will be developed within the parameters set by the current planning system; but the Housing White Paper (February 2017) has proposed that they are put on a statutory basis. It is understood that a revised NPPF can be anticipated in summer 2017 and new planning regulations by the end of 2017. Early commencement is recommended given the scale of the tasks to be completed.

5. Joint Spatial Plan Geography

The value that the completion and adoption of a Joint Spatial Plan would bring is by covering all of Oxfordshire.

A Countywide approach will enable consideration of the alignment of the Local Plans, together with the Local Transport Plan and the OxLEP Strategic Economic Plan as well as ensure the priorities identified through the assessment of Oxfordshire's Infrastructure needs are addressed in a structured way.

6. Addressing the Oxfordshire Infrastructure Deficit

A draft strategic infrastructure framework for Oxfordshire has been commissioned (OxIS) and all Councils are inputting into this work. But more work is required to set the strategic planning framework, which the Joint Spatial Plan will bring and to demonstrate how strategic infrastructure will be planned and delivered on the identified growth corridors in a phased way.

A Joint Spatial Plan that considers long term needs will help inform investment decisions by Utilities and transport providers by providing a Development Plan Document rationale for route safeguarding, as well as the basis for bids for funding to Government and its Agencies.

7. Integrating Economic and Transport Planning

Central to the preparation of the Joint Spatial Plan (JSP) will be the alignment of Local Plans prepared by the 5 Local Planning Authorities with the County Council led Local Transport Plan for Oxfordshire and the OxLEP Strategic Economic Plan. The Joint Spatial Plan will build on existing synergies and establish framework principles for planning, infrastructure, employment and housing to deepen the alignment over the next 30 years.

While Planning Authorities and County Council work together, closer working will ensure more consistency of approach, agreement on development priories and a clear shared vision to shape planning, housing, the economy and transport decisions. For example, Oxfordshire already faces considerable challenges of congestion, limited realistic travel alternatives to car use, environmental and social challenges which affect the performance and effectiveness of our transport network.

The transport issues affect our ability to support economic growth and affects people's lives. Whilst we have had recent successes in encouraging more people to walk, cycle and use bus and rail services, congestion remains a major problem, with continued impacts on air quality and people's health.

Given the scale of the transport investment needed it is right to ensure that this is informed by consideration of choices around future growth of the City, the market towns and the rural hinterland. Investment for the long term, considering the growth corridors will be to

encourage sustainable transport choices, reduce the proportion of trips made by car and reduce the amount of time it takes to make journeys across the network.

Through the adoption of a Joint Spatial Plan we will be able to target investment to deal with current and future challenges on the network. Measures to consider will include local bus improvements, 'Rapid Transit' routes, Park and Ride sites, new rail links, rail stations and services and cycling corridors, alongside investment in new highway links and improvements to the strategic motorway network. By taking a long term view we will be able to effectively plan for changes in the technology of travel, the changing patterns of work and be ready for them rather than just reacting.

8. Making the Most of Environment and Historic Assets

It is essential that the Joint Plan considers international, regional and local assets in a comprehensive way. These include:

- The high-quality environment of the County is an asset that draws different investment to different places, from research to the University and commerce to the City, visitors to Blenheim and the historic villages and the AONB's, to the rural hinterland which has drawn in high technology investment; the combination of high quality urban and rural areas continues to draw in high quality investment.
- The quid pro-quo to development is securing bio-diversity gains; pursuing steps to improve air quality and enhancing existing environmental and heritage assets. Without placing these concerns at the centre of our thinking, there is a real danger of a highway dominated approach causing serious degradation of the rural and urban environment and undermining the economic assets of the County.
- The Joint Spatial Plan will need to take into account the SACs, SSIs and Nature Reserves; Areas of Outstanding Natural Beauty and Flood zones.
- It will also have to have regard to 'made' Neighbourhood Plans

9. An Up to Date, Relevant Evidence Base

As A Development Plan Document the Joint Spatial Plan will be tested through an Examination. It will thus require a robust evidence base to justify its contents. The evidence will include:

- Drawing upon the evidence supporting each Local Plan, The Local Transport Plan and OxLEP SEP, including District based SHLAA's that inform capacity assessments.
- Drawing on the evidence prepared for the Growth Board consideration of how to address the unmet housing need of Oxford, including the Green Belt study.
- Transport assessments
- Maintaining an up to date Strategic Housing Market Assessment for Oxfordshire on a 5-year rolling programme.

10. The relationship to the Local Plan

The Joint Spatial Plan is a strategic plan for Oxfordshire and does not supplant the detail of the Local Plan prepared for each District. It will not make detailed site allocations, which will be for Local Plans to do. It will thus play no role in five-year land supply considerations for each District It will be the task of each council to ensure the Local Plans delivers the Joint Spatial Plan requirements and other local allocations and policies which will be required to 2031 and onwards to 2050. Adopted Local Plans will address the Joint Spatial Plan at their review points.

Contact: Adrian Colwell Head of Strategic Planning and the Economy, Cherwell DC
E- mail Adrian.colwell@cherwellandsouthnorthants.gov.uk

On adoption, the Joint Spatial Plan will be a Development Plan Document and have force in each District and thus will become a 'material consideration' in planning matters.

This coherent, strategic planning approach will provide each authority the opportunity to have an informed Countywide infrastructure assessment underpinning its Local Plan, with the strategic directions of growth agreed between all six Councils, with none acting in isolation. It will also place the current joint working on a more formal footing, provide for a greater level of transparency in strategic decision making and more certainty for local level decision making. This is intended to lead to quicker plan making, enabling Districts to spend more time on place shaping and the quality of development, rather than arguments about Objectively Assessed Need.

11. Timescale for District Local Plans

The Oxfordshire councils are at different stages in their plan production:

- Cherwell - Local plan partial review underway, planning to submit by July 2017. Just completed recent consultation on areas of search to meet the agreed apportionment.

- Oxford City - Local plan issues and options consultation completed summer 2016, preferred options consultation planned for summer 2017 and submission planned for end of 2018.

- South Oxfordshire - consulted earlier in 2016 on preferred options to provide 3,500 homes. Reg 19 consultation is expected in spring 2017.

- Vale of the White Horse - Inspector's report published no provision for unmet need which will be covered in Local Plan Part 2/small scale site allocations. This work has commenced and expecting initial consultation in Feb 2017.

- West Oxfordshire - Local Plan examination suspended, and as part of the further work required by the Inspector they are making provision for Oxford unmet need. Consultation completed on proposed main modifications including Oxford unmet need locations. Hearings expected to re-commence in 2017.

There will also be a need to take account of 'made' Neighbourhood Plans as they form part of the Development Framework for each District.

12. Proposed Governance

The Joint Plan will be commissioned by the Oxfordshire Growth Board, so it does not rest with any one body. A Memorandum of Understanding between the 6 Councils will initiate the project and set out how each LPA will manage their strategic relationships and issues.

The project will report to the Oxfordshire Growth Board at appropriate stages.

Given the formal legal status of the Joint Spatial Plan several issues need to be considered:
- Council endorsement and support at the right points in the timetable
- Project management and clear lines of reporting
- Clear protocols for the joint approach to communications and media management, like that put in place for the work to consider Oxford unmet need.

- Stakeholder involvement, engagement and consultation will be required at several points of plan development.

13. Project team and resources

The preparation of the Joint Spatial Plan is a significant commitment and will require a team of dedicated officers to prepare it. The size of the team, or unit, will need to be considered and it will need to work closely with the Planning Policy teams from each Planning Authority and Transport and Minerals and Waste officers from the County Council and OxLEP. The Growth Board programme Manager will support the project and oversee project management.

It will report to the Executive Officers Group of the Oxfordshire Growth Board.

The cost of funding the Joint Spatial Plan and its programme of evidence will be additional to the funding of the Oxfordshire Growth Board. A detailed work programme and timetable will be required.to guide the work and ensure the proposed spending is proportionate. It is anticipated that the project could take 24-36 months from inception to adoption to complete.

14. Proposed Timetable

The Joint Spatial Plan will be a Development Plan Document (DPD). It is proposed to align with the Local Plans and their period of operation (approximately 2031) and consider strategic options for the period 2031-2050 to consider new growth and be sufficiently long term to inform infrastructure planning.

To remain up to date, it is proposed to update the Joint Spatial Plan every 5 years to take account of new national policy and emerging regional trends.

The anticipated timetable for preparation with project milestones and plan making stages will include:

- Review and alignment of current Local Plans, their scope and commitments, key strategic sites and issues
- Issues and Options, followed by consultation
- Draft plan, followed by consultation
- Submit of JSP to Secretary of State for Communities and Local Government.
- Examination.

Adrian Colwell
Head of Strategic Planning and the Economy
Cherwell and South Northants Councils
16 February 2017

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OXFORDSHIRE GROWTH BOARD – 29 MARCH 2017

Health Inequalities Commission Report - Paper for consideration

Aim: To inform members of the Growth Board of recommendations from the Health Inequalities Commission report and seek their involvement in taking the recommendations forward.

Context
An independent Health Inequalities Commission for Oxfordshire carried out its work throughout 2016. The report of the Commission was presented by the Chair, Professor Sian Griffiths, to the Health and Wellbeing Board in November 2016 and at a launch event on 1st December to a very wide range of stakeholders.

Prof Griffiths will also present the findings of the Commission to the Growth Board on 29th March 2017.

The Health Inequalities Commissioners were independent members selected from public and voluntary sector organisations and academia. They received written submissions and verbal presentations from a wide range of people and organisations at four public meetings held around Oxfordshire in the winter and spring of 2016. Local data and information on inequalities issues was also presented to the Commissioners supported by access to a wide range of local and national documents, including the Director of Public Health Annual Reports, the Joint Strategic Needs Assessment and data from Public Health England.

The 60 recommendations in the report which are arranged in various themes:

- Five Common Principles
- Cross cutting themes of access to services, housing and homelessness, rurality
- Promoting Healthy Lifestyles
- Life course approach, focussing on Beginning Well, Living Well and Ageing Well.

The Health and Wellbeing Board has received the report and agreed to oversee the next steps of dissemination, implementation of recommendations and evaluation of impact on health inequalities.

The full report and Headline report can be found here:
http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/health-inequalities-commission/health-inequalities-findings/

Why do health inequalities matter?
First and foremost this is an issue of social concern and equity. Health inequalities have an impact on an individual's quality of life, opportunities and outcomes as well as on their communities, creating concerns about community cohesion, community safety and the potential for economic growth.

This is because

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- Oxfordshire has high levels of employment but over 14,000 people claim Employment Support Allowance due to ill health. It is suggested that some of this ill health could be prevented and numbers of economically active people grow.
- There is a correlation between poor educational attainment, low skills levels and poor health outcomes. This is demonstrated in lower school achievement amongst children on free school meals.
- People from more deprived areas of the county are more likely to be ill or disabled in later life, often before retirement age (men from the age of 60, women from the age of 57).They are more likely to die early from preventable causes This may result in more frequent or prolonged sickness absence, early retirement or death in service for people from more disadvantaged backgrounds.
- Long term ill health and disability means increased costs to services including the NHS, DWP and local agencies.
- Poor mental health is associated with greater socioeconomic challenge and both adults and children with mental health problems are more vulnerable to further harm or disadvantage with associated costs, both economically and socially.

Details of the data behind these statements has been set out in Annex A

Inequalities issues in Oxfordshire

The health inequalities express themselves as poorer health and earlier death for some people. These can be

1. People who live in specific geographical areas which are identified as subject to multiple deprivation including health, skills, attainment, income, homelessness, crime (as measured by the Index of Multiple Deprivation 2015).
2. People from some minority ethnic groups.
3. People who have poor access to services e.g. because of rurality, disability, culture or language.

This can be summarised with the following statements:

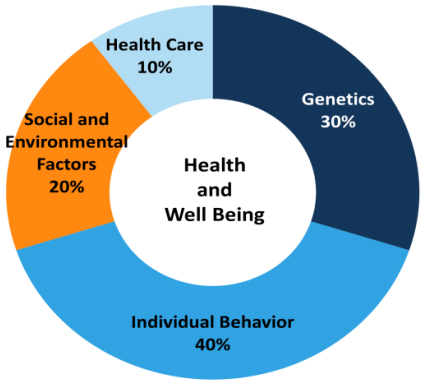
- There is a variation in life expectancy, with people from some more deprived groups or areas living shorter lives on average.
- There is an inequality in the number of years someone can expect to live in good health. Some men and some women who suffer this disadvantage have more years of mental or physical illness or disability before death.
- Analysis of the most common causes of death for people aged under 75 (which are termed “premature deaths”) shows that cancers, heart disease or stroke, liver disease and lung disease account for 77% of these deaths in Oxfordshire.
- Greater emphasis on prevention with changes to healthier lifestyles and access to appropriate healthcare would improve quality of life. For example, according to Cancer Research UK, 4 in 10 cancer cases can be prevented, largely through lifestyle changes. This is applicable to other diseases that kill some people early, such as heart disease and stroke. These changes include

healthy eating, giving up smoking, moderating alcohol intake and increasing levels of physical activity. Nearly a fifth of the local population are inactive (that means they do less than 30 minutes of physical activity a week) and great gains in population health could be made by helping that group in particular to increase their activity levels.

The various impacts of determinants of health have been summarized in the diagram below

Figure 1

Impact of Different Factors on Risk of Premature Death

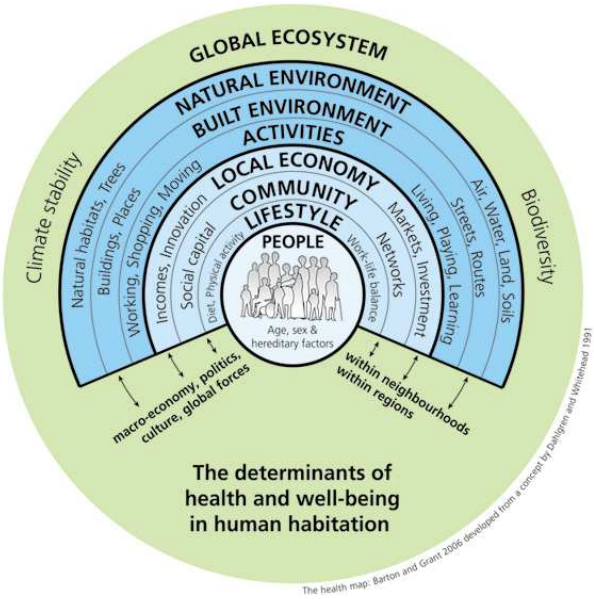


SOURCE: Schroeder, SA. (2007). We Can Do Better — Improving the Health of the American People. *NEJM*. 357:1221-8.

Source: http://kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

The Future Health of Oxfordshire

As the report from the Health Inequalities Commission emphasises, the solution to levelling up health inequalities is not simple and does not just mean making health services better. Many of the determinants of poor health (as illustrated in the diagram below) are beyond the immediate influence of individuals or single organisations but can be improved by local or national action. These include education, housing, transport, leisure services, employment, skills and removing barriers to services, including behaviour change. Some of these factors have been the focus of local programmes in recent years.



What more can be done?

1. Prevention of ill health, particularly for the groups of people who are currently facing poor health outcomes, is a major feature of the Commission report. Some of the recommendations call for more focus on prevention initiatives such as increasing physical activity or reducing alcohol consumption, while others address the wider social determinants of health set out in the diagram above. Recommendations call for guarantees that the proportion of public money being spent on prevention should be maintained or increased .

2. Several recommendations are specific to increasing the numbers of people regularly participating in physical activity. The evidence is clear that this is an important way to improve health outcomes and there are great gains to be made, particularly in focussing on people who are currently inactive. A major bid is currently being prepared by Oxfordshire Sport and Physical Activity (OxSPA) to secure money to focus on reducing Health Inequalities through participation in physical activity. The Expression of Interest has recently been presented to the Health and Wellbeing Board for endorsement. The focus is on enabling people who are currently inactive to find appropriate ways to do more and then to share and embed learning to make this a sustainable change for whole sections of the population. Members of the Growth Board are asked to support this bid as an immediate first step in responding to the Health Inequalities Commission report.

3. Some of the work to respond to recommendations from the Health Inequalities Report will be carried out through adjustments to existing systems and processes in the public sector e.g. commissioning, amending current contracts and developing work to focus on known inequalities. This will be overseen by the Health and Wellbeing Board and will mainly cover the health and social care system.

4. Other work will be further developed in the voluntary and community sector, building on strong work already being delivered. This may need ongoing support, for example, through small pump priming grants. Members of the Growth Board

are asked to consider how a local Innovation Fund can be established by all partners and to make a first contribution of £2000 from each organisation represented on the Board. Further discussions can then take place on what level of contribution organisations could be asked to make in the future, based on outcomes from the early work.

Recent examples of success of this type of Innovation Fund have been reported from the Bicester and Barton Healthy New Town programmes. These small grants, often of just a few hundred pounds, are being used to build up good networks of local activities which will improve social cohesion and wellbeing. This is establishing what is known as "social prescribing" – where good health outcomes can be achieved by non-medical prescribing of activities such as walking, joining a local lunch club or attending a reminiscence session, for example. External funding could also be sought and good examples of this in the Districts include Go Active Gold and Active Women which have tackled both mental and physical issues and behaviour change by bringing people together at exercise based activities.

5. Better data which can be shared is needed to identify poor outcomes and to monitor the effectiveness of work to address them. This is sometimes limited by the lack of information being collected by services, or a failure to use the information effectively. For example better targeting of services can be planned by carrying out Equity Audits or measuring how successful a campaign has been beyond numbers of attendees. Several recommendations in the report relate to this issue and it is suggested that, as a first step, there should be a scoping exercise to define a practical approach and identify priority areas for action.

6. The Health Inequalities Commission received submissions from a wide range of individuals and organisations on specific topics, such as income maximisation, mental health, minority ethnic community concerns, housing, loneliness, fuel poverty, food banks and transport. There are specific recommendations on all these issues (and others) and the route to implementing these recommendations will need further discussion and joined up action across organisations and sectors. Members of the Growth Board are asked to pledge their support in taking this work forward as it is clear that a partnership approach is needed if change is to be made and sustained.

7. All agencies are urged to adopt the approach of Health in All Policies and to work effectively together.

Proposal to the members of the Growth Board

As part of the dissemination of the Health Inequalities Commission report, the Health Improvement Board (HIB) held a workshop in December 2016. It was agreed that a number of the recommendations could be taken forward through the work they are already overseeing but, in addition, the members of the HIB were keen to inform and engage Leaders in the discussion. They agreed to bring this information to the Growth Board.

In response to the presentation from Professor Griffiths:

1. Members of the Growth Board are asked to accept the recommendations and report of the Health Inequalities Commission and support the implementation of recommendations within and between their organisations as appropriate.

2. Members of the Growth Board are asked to endorse and support Oxfordshire Sport and Physical Activity in their bid to Sport England for money to tackle health inequalities in Oxfordshire.

3. Members of the Growth Board are asked to consider how a local Innovation Fund can be established by all partners and to offer a small contribution of £2000 each to get the fund started.

4. Members of the Growth Board are asked to consider and support further action which will facilitate implementation of the recommendations and enable review and reporting progress on a regular basis.

Dr Joe McManners
Cllr Anna Badcock

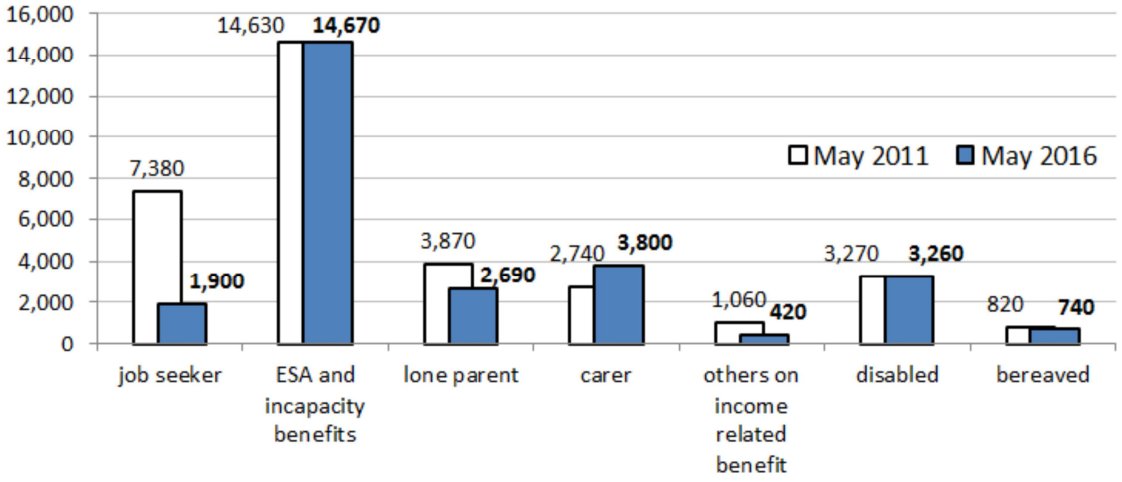
Annex A

Benefits claimants

As of May 2016 there was a total of **27,480** working age benefits claimants in Oxfordshire of which over half (14,670, 53%) were claiming Employment and Support Allowance and Incapacity benefits.

The number of people claiming ESA has remained at a similar level to the number of claimants in May 2011. The number of people claiming job seeker benefits, and others on income related benefits, have each dropped significantly.

Figure 32 Working age benefits claimants in Oxfordshire May 2016 (vs May 2011)



Source: DWP from nomis; claimants aged 16-64

Annex B Healthy Life Expectancy

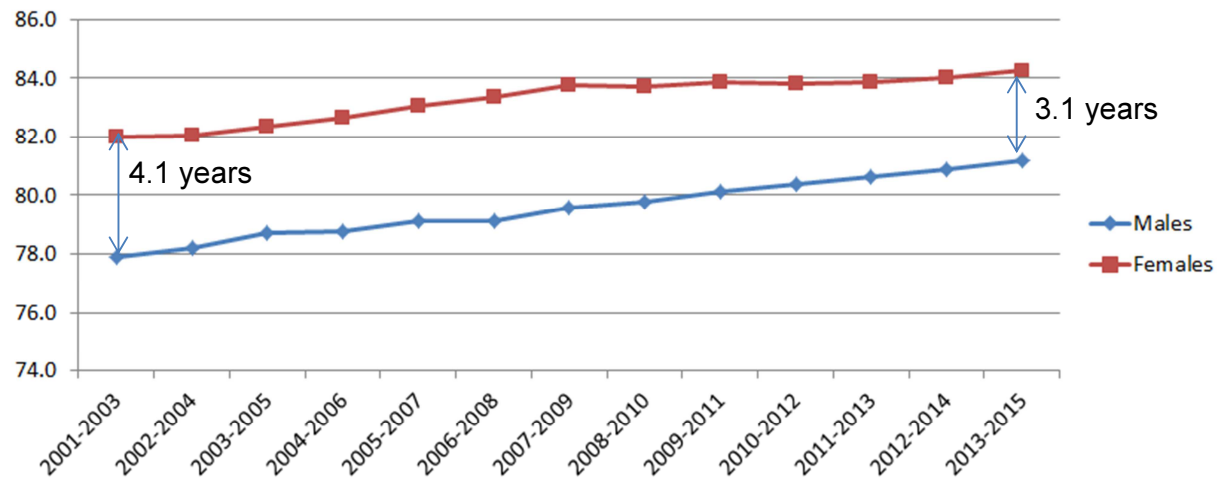
Life expectancy

The most recent set of 3 year life expectancy data shows that, between 2012-14 and 2013-15, life expectancy for males and females in Oxfordshire each increased.

- Male life expectancy increased from 80.9 to 81.2 (+0.3 years)
- Female life expectancy increased from 84.0 to 84.3 (+0.3 years)

Between 2001-03 and 2013-15, the gap between male and female life expectancy decreased from 4.1 years to 3.1 years.

Figure 1 Change in life expectancy in Oxfordshire – males and females to 2013-15



Source: ONS, Crown Copyright 2016; Figures are based on the number of deaths registered and mid-year population estimates, aggregated over 3 consecutive years. Note that scale does not start at 0

However, there is variation in life expectancy in Oxfordshire as follows:

Lowest life expectancy for men - 74.7 years (MSOA level 2009-13)
Highest life expectancy for men – 85.6 years (MSOA level 209-13)

This is a gap of 10.9 years between the best and worst areas in Oxfordshire for men.

Lowest life expectancy for women – 77.2 years (MSOA level, 2009-13)
Highest life expectancy for women – 90.8 years (MSOA level, 2009-12)

This is a gap of 13.6 years between the best and worst areas in Oxfordshire for women.

Healthy life expectancies can be used to measure the proportion of life spent in "good" health or the proportion of life spent without disability.

In Oxfordshire, males at birth are expected to spend 84% of their life in good health (compared with 80% in England), for females it is 82% (compared with 78% in England).

Data for Middle Layer Super Output Areas (MSOAs[1]) in Oxfordshire shows geographical differences in the proportion of life spent in good health of between 80% and 89% for males and between 74% and 88% for females. The gap between highest and lowest areas in Oxfordshire is narrower than the gap for the South East region and England as a whole.

Table 1 Proportion of life spent in good health (2009 to 2013)

% life spent in good health	Males			Females		
	lowest MSOA	highest MSOA	Average	lowest MSOA	highest MSOA	Average
Oxfordshire	80.4%	88.6%	84.1%	74.1%	88.1%	82.2%
South East	78.9%	90.2%	82.6%	66.0%	88.4%	80.8%
England	76.9%	90.2%	80.2%	58.0%	88.4%	78.1%

Source: ONS Healthy Life Expectancy at Birth dataset, released Sept 2015; confidence intervals not published for this data (but will apply)

1. Variation in Healthy Life Expectancy for Men

The life expectancy for men in the worst MSOAs is 74.7 years and the best MSOAs is 85.6 years

- If 80.4% of that life is spent in good health then, on average, men in the **worst** MSOA might expect to develop disability or poor health from **the age of 60.**
- If 88.6% of that life is spent in good health then, on average, men in the **best** MSOA might expect to develop disability or poor health from **the age of 75 years 10 months**

2. Variation in Healthy Life Expectancy for Women

The life expectancy for women in the worst MSOA is 77.2 years and the best MSOA is 90.8 years

- If 74.1% of that life is spent in good health then, on average women in the **worst** MSOA might expect to develop disability or poorer health from the **age of 57 years 2 months**
- If 88.1% of that life is spent in good health then, on average women in the best MSOA might expect to develop disability or poorer health from the **age of 80 years**

[1] Middle Layer Super Output areas are a statistical geography. There is a total of 86 MSOAs in Oxfordshire each with an average of 7,900 people.

Premature mortality

In 2014, nearly a quarter of all deaths (23%; 116,489 out of 501,424) in England and Wales were from causes considered potentially avoidable through timely and effective healthcare or public health interventions. Males accounted for approximately 60% of all avoidable deaths.

In Oxfordshire there were 4,399 deaths in people under the age of 75 between 2013 and 2015 (268 per 100,000). Cancer, heart disease and stroke, liver disease and lung disease account for 77% of these deaths.

2013-15	**Number of deaths under 75 years**	**Rate / 100,000**
Cancer	1893	116.9
Heart disease & stroke	872	54.1
Liver disease	231	13.9
Lung disease	376	23.6
	3372	

Common causes of these four diseases can be found in the table below along with possible interventions that would help reduce mortality rates.

Common causes	**Avoidable diseases**	**Interventions**
Smoking Poor diet Alcohol Physical activity High Blood pressure Obesity	Cancer Heart disease & Stroke Lung disease Liver disease	Smoking cessation - primary care and workplace / Prevent uptake in young people / Enforcement of underage sales / Promote healthy eating and exercise (Change4Life) / Healthy eating learning programmes / Delivery of planned care pathways (Let's Get Moving) / Raise awareness / Consider restriction of consumption in public places / Underage sales penalties / Community support for physically active modes of travel (walking and cycling) / Advice on reducing intake of salt and processed food / Campaigns to promote physical activity / Local services to help with weight loss and weight management.

Headline Report: Addressing Health Inequalities in Oxfordshire

Report from the Independent Commission on Health Inequalities in Oxfordshire

Table of Contents

Acknowledgements:

The Commission would like to thank

- The members of the Commission Support Group, convened by the CCG, who gave unstintingly of their expertise and advice, providing useful contacts for the Commission and its secretariat
- The co-opted members of the group, and members of its wider support network, who provided their support and specialist expertise at various stages of the evidence gathering. These include, but are not restricted to Patrick Taylor, Lonah Hebditch, Mandy Rose, Maggie Dent, Emily Phipps and Jackie Wilderspin.
- The members of the public who came along to the evidence sessions to provide their input and views
- The many people from across the statutory, voluntary and private sectors who produced written submissions, gave oral evidence, and attended the evidence gathering sessions.
- Professor Paul Johnstone, Clare Laurent and her team at PHE, Sir Michael Marmot and Poppy Jaman.
- Allison Thorpe for her secretarial support holding the process together

Their support and input were invaluable.

Section 1: Introduction:

"Right now, if you're born poor, you will die on average nine years earlier than others. If you're black, you're treated more harshly by the criminal justice system than if you're white. If you're a white, working-class boy, you're less likely than anybody else to go to university."

Source: Teresa May, Prime Minister

Health inequalities are preventable and unjust differences in health status. People in lower socio-economic groups are more likely to experience chronic ill health and die earlier than those who are more advantaged. But as Sir Michael Marmot has highlighted, health inequalities are not just poor health for poorer people but affect us all – "it is not about them, the poor, and us the non poor: it is about all of us below the very top who have worse health than we could have. The gradient involves everyone.'[i] Addressing health inequalities is a priority for the World Health Organisation [ii] and remains central to the UK government's health strategy, the Five year Forward View [iii], which provides guidance to the NHS. The open letter from the Secretary of State for Health in February 2016 makes it clear that all communities are expected to have plans in place to narrow the gap and reduce overall inequalities in their health. [iv] Local authorities, strengthened by the recent move of public health departments, have inequalities duties – introduced for the first time by the Health and Social Care Act 2012.

1.1 Background to the Commission Report

The Oxfordshire Commission on Health Inequalities was established at the request of the Oxfordshire Health and Wellbeing Board[HWB]. The HWB had recognized that in addition to the human costs, the cost of health inequalities to the NHS is unacceptable. It is currently estimated at £5.5bn nationally, and economic losses associated with health inequalities due to lost production, higher benefit payments and lost taxes have been estimated at £31-33bn. The economic benefits of addressing inequalities are clearly demonstrated in Appendix 1 which presents costs of illnesses and benefit analyses of interventions. Thus addressing inequalities will strengthen the economic well being of the county as well as the health of its population.

1.2 The Commission's Approach

Informed by the Marmot Review of 2010, the Commission (for membership see Appendix 2) adopted an approach, which would enable it to consider factors, which would make recommendations to:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

The overall aim of the Commission is to make recommendations that will reduce health inequalities. Its approach has been:

- To draw upon local experience and sound evidence for effective action, which resonates with local, national and international policy directions
- To identify activities that can address health inequalities in Oxfordshire, giving robust examples of current and emerging best practice

The Commission has considered what is currently being done to identify and tackle health inequalities in Oxfordshire, drawing on documentary and oral evidence provided by statutory, voluntary and charitable organisations in the county. This includes the Annual Reports of the Director of Public Health, the Joint Strategic Needs Assessment, the Sustainability and Transformation planning process and other reports already in the public domain. The evidence sessions have been held in public, to encourage and enable input from Oxfordshire residents, and to ensure transparency.

The Commission used a lifecourse model to inform its deliberations. A lifecourse perspective highlights both critical periods of risk and also the accumulation of risk over an individual's lifetime and directs attention to how health inequalities operate at every level of development – pre conception, childhood, working age, and into the latter years of life.[v.]

Each consultation session started with a presentation of the relevant available data on health inequalities, provided by the public health team.

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This Headline report presents the main recommendations of the full report, structured to reflect the process followed.

Recommendations 1-11 focus on the Common Principles (Box A) which emerged during the process of the Commission :

These principles should inform all policy, resource allocations and practice across the county if health inequalities are not to become further entrenched or grow:

Box A: Common Principles to address health inequalities

1.The profound influence and impact of poverty on health needs to be widely recognized and systematically addressed
2.Commitment to prevention needs to be reflected in policies, resources and prioritization
3.Resource allocation will be needed to reduce inequalities
4.Statutory and voluntary agencies need to be better co ordinated to work effectively in partnership organizations using the Health in All Policies approach
5.Data collection and utilization needs to be improved for effective monitoring of health inequalities

Recommendations 12-40 focus on common themes across the lifecourse, drawing together many of the threads common to the other sessions. (Figure 1). These recommendations take into account not only geographic communities but also communities of common interest, particularly vulnerable groups most likely to suffer from health inequalities.

FIGURE 1 :

Cross cutting themes

Recommendations 41-58 focus on stages of the life course

- ***Beginning well***: pre-pregnancy, the antenatal and perinatal period, and childhood,
- ***Living well***: the middle years
- ***Ageing well***: the latter years of life.

Section 2: Summary of recommended actions:

A Recommendations based on principles

2.1. The profound influence and impact of poverty on health needs to be widely recognised and systematically addressed

The difference in life expectancy between rich and poor is well known. Perhaps less well known but equally important… is the inequality in the years lived in good health.

Source: House of Commons Health Committee Report on Public Health, September 2016

The 2012 Social Value Act is an important piece of new legislation which places an onus on organisations spending public money to do so with an eye to improving social circumstances; spending it for the public good.

Source: PHE Resources to support local action on health inequalities. https://www.gov.uk/government/news/phe-resources-support-local-action-on-health-inequalities

Poverty and disadvantage lead to poorer health. Mitigating the relationship between poverty and health is essential if we are to address the entrenched inequalities already present within Oxfordshire, and prevent further generations of Oxfordshire residents becoming adversely effected by circumstances beyond their immediate control – the wider determinants of health.

Recommendations		***Responsibility***
1.	Statutory funding bodies need to do more to demonstrate their commitment to reducing inequalities. Their policies and plans should be scrutinized by HWB on an annual basis .	**HWB**
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.	**CCG/service providers**
3.	Local indicators on progress towards reducing inequalities should be developed, with regular reporting to the Health and Wellbeing Board. This should be in place by the end of 2017	**PH department in OCC**

2.2. Commitment to prevention needs to be reflected in policies , resources and prioritization

An economic perspective is about more than counting the costs associated with poor health. It is about understanding how economic incentives can influence healthy lifestyle choices in the population.

Source: http://www.euro.who.int/en/about-us/partners/observatory/publications/studies/promoting-health,-preventing-disease-the-economic-case

While strong local political leadership can bring enormous benefits for public health, there is also the potential for tension between political priorities and evidence-based decision making. Clearer standards should be introduced and monitored transparently to improve accountability and to make sure that services to underrepresented or politically unpopular groups are maintained at an appropriate level.

Source: House of Commons Health Committee, Public Health Report, September 2016

Numerous studies have shown that investment in primary and preventive care greatly reduces future health care costs, as well as increasing health[vi vii]. In England only 4-5% of health spend is

focused on prevention activities[viii]. The Marmot review recommends this should be at least 7% [ix]. We have no reason to doubt that this also applies in Oxfordshire and that the current level of investment in prevention across all sectors is inadequate. Investment in prevention by all agencies is essential if progress in improving the health and wellbeing is to continue and to ensure that existing health inequalities do not grow and become further entrenched. This is not just about investment in essential public health services, but more broadly across all investments in the socioeconomic conditions which affect health to ensure that all resources are invested effectively and take account of the opportunities in all contacts with services.

	Recommendations	***Responsibility***
4.	Greater investment is needed in prevention, innovation and service design both across the health and social care system and more widely to mitigate the impact of poverty and health inequalities. • All NHS partners should state clearly their investment in prevention. • The current level of spending on public health services through the ring fenced budget should be maintained • The HWB should track increased spending on prevention, (xi) and annually report to the public on progress made and outcomes achieved	***CCG*** ***NHS*** ***HWB/Councils*** ***HWB***
5.	The needs of disadvantaged groups should be monitored to ensure preventive programmes do not increase the inequalities gap, and that programmes delivered to all raise the health of all, including those who are most disadvantaged[x].	***HWB/STP partners***
6.	Core preventative services such as Health Visiting, Family Nurse Partnership, School Health Nurses and the Public Health agenda should be maintained and developed	***CCG***

2.3 . Resource re-allocation will be needed to reduce inequalities

"Cuts to public health and the services they deliver are a false economy as they not only add to the future costs of health and social care but risk widening health inequalities. "

Source: House of Commons Health Committee, Public Health post 2013, Second Report of Session 2016-7[xi]

Ensuring best value from investment is critical to the current and future health and wellbeing of Oxfordshire residents, and the future sustainability of the health and social care system. The

evidence submitted to the Commission suggests that there are existing unmet needs in Oxfordshire.

	Recommendations	***Responsibility***
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. [1] • 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.	***CCG*** ***CCG*** ***CCG/STP*** ***CCG***

2.4. Statutory and voluntary agencies need to be better co ordinated to work effectively in partnership organizations

Whilst there was evidence of good partnership work in pockets in Oxfordshire, the Commission was also presented with many examples of where this could be made stronger. Addressing health inequalities in all policies should be given higher priority in Oxfordshire

"**Health in All Policies** is an approach to public **policies** across sectors that systematically takes into account the **health** implications of decisions, seeks synergies, and avoids harmful **health** impacts, in order to improve population **health** and **health** equity.

http://www.healthpromotion2013.org/health-promotion/health-in-all-policies

[1] This needs to engage people from the community and voluntary sectors, as well as people working in the statutory sector

	Recommendations	***Responsibility***
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	***All statutory organisations*** ***HWB***
9.	The presence of the NHS and of the voluntary sector should be strengthened on the Health and Well Being Board	***HWB***

2.5. Data collection and utilization needs to be improved for effective monitoring of health inequalities

''The new public health system is designed to be locally driven, and therefore a degree of variation between areas is to be expected. However, we are concerned that robust systems to address unacceptable variation are not yet in place. The current system of sector-led improvement needs to be more clearly linked to comparable, comprehensible and transparent information on local priorities and performance on public health.''
Source: House of Commons Health Committee Report

Data collection on health inequalities in the county is patchy and not adequately utilized in policy and resource allocation decisions. During the process of consultation we found it difficult to get good data on Black and Ethnic Minority Communities in the county as well as on other disadvantaged groups[2]:

	Recommendations	***Responsibility***
10	The data on health inequalities available through PHE/NHS and other routine sources should be regularly reported to all statutory organisations and made available to the public.	**PH Dept**
11	Gaps in data collection on the health of BME communities, those with learning difficulties and other vulnerable groups at greater risk of poor health should be addressed and data used to inform resource allocation decisions. This includes encouraging all public sector organisations and organisations who do work on behalf of these organisations to be fully Equality Act compliant.	**HWB**

[2] This is a concern, given that this is one of the protected characteristics covered by the Equality Act. The Commission believe there is a need for focused effort encouraging all public sector organisations (and all organisations & parties who do work on behalf of those organisations) to be fully Equality Act compliant, as this would support good quality data collection that can then be used to inform decision making in a number of areas, including health inequalities.

Section 3: Cross cutting themes

When considering evidence across the lifecourse it became apparent that there were common themes which needed to be holistically addressed in efforts to reduce health inequalities .[see Figure 1]

3.1 Access

a. Better Access to financial advice :

Greater attention needs to be given to the wider arrangements for referring people to benefits advice programmes, as part of a sustained programme of activity which aims to improve financial situations, address debt, and promote financial inclusion.

	Recommendations	***Responsi***
12.	Benefits Advice should be available in all health settings, including GPs networked into local areas to support CABs	***CCG/NHS Partners***
13	A sub group working on income maximization should be established, and asked to report back to the HWB/CCG within a year	***HWB***
14.	District Councils should be approached to seek matched funding, dependent on existing contribution	***HWB***

b. Better access to services

All service providers need to ensure that services are as responsive as possible. For example, discharge arrangements from NHS care need to be appropriately tailored for people who are homeless. Services need to be sensitive to the cultural norms and beliefs of patients from minority ethnic communities.

	Recommendation	***Responsibility***
15	Indicators in the wider NHS performance framework should be utilized as part of routine monitoring for NHS organisations to yield useful, if limited, insights into inequalities and provide a metric that can be measured to assess progress in addressing inequalities.	***NHS organisations***

3.2 Housing and health

a.Better access to secure, affordable, decent accommodation for Oxfordshire residents

There is a growing body of evidence showing a correlation between poor housing and ill health. Warm, dry secure accommodation is associated with better health outcomes.

	Recommendations	***Responsibility***
16.	Public agencies, universities and health partners should work together to develop 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 .	***Public agencies, universities and health partners*** ***Public agencies/HWB***
17.	Consideration should given to the potential of social prescribing for improving the health and wellbeing of Oxfordshire residents, addressing health inequalities in particular, and learning from other areas .	***HWB/CCG***

'Fuel poverty' affects people of all ages and in all types of housing. Having a poorly heated home shows itself in greater incidence of respiratory disease, allergies, asthma and risk of hypothermia. Excess winter deaths are directly related to poor energy efficiency in houses. Rates of fuel poverty in Oxfordshire are unacceptably high .

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.	***HWB***

3.3 Action to reduce the harms of Homelessness

Homeless people experience severe health inequalities with an average life expectancy of some 30 years less than the rest of the population [xii]. They often suffer from tri-morbidities: the combination of poor physical health, poor mental health and substance misuse, with poor health as both a cause and an outcome of sleeping rough. In general, homeless people experience significant barriers in accessing services to support their health, requiring extra support to access routine and acute services.

Phased changes in the funding allocations for housing related support are expected to have a significant impact on the availability of accommodation for single homeless people across the county. We would encourage the District and County Councils to continue to work together to find a solution, which will ensure this already vulnerable population are not further disadvantaged and to regularly report on progress to the Health and Wellbeing Board.

	Recommendations	***Responsibility***
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.	***HWB***
20.	The numbers of people sleeping rough in Oxfordshire should be actively monitored and reduced.	***HWB***

3.4 Rurality: reduce the health harms associated with rurality

Oxfordshire is a rural county, with approximately 50% of its population living in small settlements of less than 10,000 people. Health services such as major and community hospitals, out of hours GP services and ambulance services can be more difficult for village based residents to access, with limited or non existent public transport. For older people in particular, with limited access to public transport or poor mobility, rural living can have a negative impact on health and wellbeing, and isolation and loneliness diminish their well being.

	Recommendations	***Responsibility***
21.	An integrated community transport strategy should be developed[xiii]	***District and County Councils***
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	***STP***
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 http://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence_review_loneliness_and_isolation .	***DPH***
24.	The recommendations from the DPH annual report should be implemented and monitored.	***DPH***

3.5 Supporting vulnerable populations

a. Improving access to services for Refugees

The Commission heard evidence on the health needs of refugees and migrants, including detainees in Campsfield House and agreed that special consideration should be given to the

needs of migrant families and refugees. Evidence to the Commission noted that this support needs to be kept under review,

	Recommendations	***Responsibility***
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.	***HWB***
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	***HWB***

b. Improving access to Throughcare provision for prisoners

Prisoners, and ex- prisoners are a vulnerable ethnically diverse population, with a constantly moving and increasingly ageing population adding further complexity. A recent study has suggested that offenders are more likely to smoke, misuse drugs and/or alcohol, suffer mental health problems, report having a disability, self-harm, attempt suicide and die prematurely compared to the general population. [xiv]

	Recommendation	**Responsibility**
27	Robust pathways to community services for community rehabilitation (including Community Rehabilitation Companies)[3] on release, particularly for short term offenders, need to be developed	***HWB***

3.6 Lifestyle factors : Physical and Social well being :

The importance of lifestyle as a contributor to health is well known, and the Annual Reports of the Director of Public Health have sequentially described trends and targets which will not be repeated

[3] **Community Rehabilitation Company** (CRC) is the term given to a private-sector supplier of Probation and Prison-based rehabilitative services for offenders in England and Wales. A number of CRCs were established in 2015 as part of the Ministry of Justice's (MoJ) Transforming Rehabilitation (TR) strategy for the reform of offender rehabilitation.

in this report [see https://www.oxfordshire.gov.uk/cms/content/oxfordshire-public-health]. However, we wish to recommend some specific actions:

a. Physical activity :

The health benefits of physical activity are well documented: providing help with weight control, reducing the risk of chronic disease and improving mental health. In Oxfordshire, 41.6% of people participate in sport at least once a week, but disabled people, people over the age of 55 and people from lower socio-economic groups are less likely to participate.

	Recommendation	***Responsibility***
28.	A set of Oxfordshire-grounded targets for increasing activity should be developed, targeting people living in deprived areas, older people, and vulnerable groups .	***HWB***
29.	Continuing investment and coordination of existing initiatives should be maintained supported by social marketing and awareness-raising of the benefits of physical activity to targeted populations.	***PH Dept***
30.	The county should : • monitor and increase the number of disabled people participating in regular physical activity • achieve a measurable decrease in inactivity and in parallel an increase in mental well-being measures, measured using the Active People Survey and Health Survey for England datasets • demonstrate and increase a narrowing of the gap between the less socioeconomically privileged groups and the norm .	***PH Dept***

b. Smoking

Smoking is the single greatest cause of preventable illness and premature death in the UK. In Oxfordshire local figures show a current overall smoking prevalence of 15.5 but amongst routine and manual groups this rate rises to 30.6%.

	Recommendation	***Responsibility***
31.	Better data should be collected on smoking rates in different population groups including pregnant women, people with mental health problems, people in manual or routine occupations and other vulnerable groups to ensure that ,in addition to lowering the overall rates of smoking ,the inequalities gap between these groups and others is reduced.	***PH Dept***

c. Alcohol and drugs

C1. Alcohol:

Alcohol is more affordable and available than at any time in recent history. While most people who drink do so without causing harm to themselves or others, there is a strong and growing evidence base for the harmful impact that alcohol misuse can have on individuals, families and communities in Oxfordshire.

	Recommendation	***Responsibility***
32.	An alcohol liaison service should be developed in the OUHT	***NHS***
33.	A targeted project should be developed which aims to reduce drinking in middle aged people living in deprived areas	***PH Dept***
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.]	***PH Dept***
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.	***HWB***

C2 . Drugs

National data shows that people who misuse drugs and their families are most likely to live in socially deprived circumstances at the bottom end of the social gradient. Their needs are a fundamental health inequalities challenge. Yet there is no prevalence data for drug use, as such, as nobody knows exactly how many people are using illegal substances. This does not detract from the need to maintain and if necessary increase support to drug users and their families to meet their needs. Evidence available on Novel Psychoactive Substances [legal highs] suggests agencies also need support to develop a model of care

	Recommendations	***Responsibility***
36	Resources in the public health budget should be maintained to provide services and support for drug misusers and their families	***HWB***
37.	School based initiatives should be promoted for all age groups	***HWB***
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	***HWB***

3.7 Mental health

Many people with mental health problems also suffer poor physical health and impoverished social conditions. Addressing their needs will reduce health inequalities within the county. Oxfordshire has one of lowest spends per weighted capita for mental health (FYFV) and did not increase the % allocation of funds to mental health in line with total increased allocation in funding. It has a higher than average excess under 75 mortality rate in adults with serious mental illness

	Recommendations	***Responsibility***
39	The under provision of resources for Mental health services should urgently be addressed	***CCG***
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.	***CCG/OH***

Section 4. Life course actions:

Future health inequalities are, to a large extent, determined from a child's earliest years, including its intrauterine development. This is due to biological factors as well as life circumstances. Early responses to what is happening shape future physical and psychological functioning, supporting children to thrive, learn, adapt and form good future relationships. The first few years of life can be critical for readiness to learn, educational achievement and ultimately wealth and economic status, a strong predictor of future health and wellbeing.

A. Maternal health

Evidence provided on perinatal mental health highlighted a significant gap: whilst Oxfordshire has a local pathway for mental health services, there is no service or access for women with severe mental illness and personality disorders, although such services are being developed in other parts of the region.

	Recommendation	***Responsibility***
41.	Perinatal mental health should be a priority with appropriate investment to improve access to perinatal mental health services across Oxfordshire	***CCG***

B. Children's health and wellbeing

Evidence presented to the commission suggested that more needs to be done to ensure that children are given the best possible start in life, recognizing that family circumstances can and do make a difference to health outcomes.

Nutrition is an important foundation for good health – and challenges exist in ensuring access to affordable healthy food for all families with young children. Evidence provided to the Commission, which drew on The Trussell Trust's 2016 report data, suggests that food bank use is at a record high across the country**.** We interpolate from national data that 2.5% of the population of Oxfordshire accessed 2 emergency food parcels per person in the last year.

Education is an important factor in future health, and ensuring that children are ready for school entry, are adequately fed during their school days, attend school regularly and their achievement monitored are all important ways in which inequalities can be addressed. We recognize that there is much good work ongoing within the county in these areas.

	Recommendations	***Responsibility***
42.	Use of food banks needs to be carefully monitored and reported to HWB	***HWB***
43	Child Health Profiles and other relevant routine data should routinely be reported from the perspective of addressing factors which could reduce health inequalities	***PH Dept***
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	***HWB/CCG***
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	***HWB***

4.2 Living well :

At every point in the adult's life there is an opportunity to improve health and wellbeing, prevent the development of new conditions, and minimize the impact of pre-existing conditions. Yet at this stage of the lifecourse, engagement with services is often minimal.

Being in work is good for health and economic productivity. The health of the workforce is an asset and programmes within workplaces as well as initiatives to reduce worklessness will contribute to reducing inequalities. The Commission heard of good examples both within the NHS and within the local corporate sector .

Using the workforce race equality standard is a useful measure of discrimination, harassment and access to career progression.

The Commission recognized that amongst the adult population some groups were particularly vulnerable to health inequalities, particularly those with learning difficulties

	Recommendations	***Responsibility***
46	Resources should be committed to ensure that prevention and lifestyle advice are embedded in all contacts with statutory service providers and the opportunity taken to include advice about healthier lifestyles and signpost support .	***CCG/NHS/HWB***
47.	Promoting the health of those in work should be a priority and examples of good practice shared by establishing a county wide network .	***HWB and partners, e.g. UNIPART***
48	The NHS workforce should engage in equity audit and race equality standards should be routinely reported	***NHS/STP***
49	The needs of adults with learning disabilities within the County should be reviewed in 2017 and targets set to reduce their health inequalities .	***NHS/HWB***

4.3 Ageing well

With significant improvements in healthcare and lifestyles, an increasingly large percentage of our population is made up of people aged over 65 years old.[xv] Older people are increasingly likely to require support from adult social care and social isolation becomes an important factor in older people's mental health. There is much that can be done to maximise the potential of older adults and enable them to live as independently as possible in their own community, i.e. provision of seasonal flu vaccination, falls prevention activity, tackling fuel poverty, and community development projects to reduce social isolation, particularly for people living in rural communities. (Box 1) More needs to be done to promote integrated health and social care addressing co – morbidities, particularly recognizing that depression and low mental health are major predictors of institutionalization

Box 1: From DPH annual report in 2016

1. Oxfordshire Clinical Commissioning Group and Oxfordshire County Council Adult Social Care Directorate should continue to plan explicitly for services for an increasing population of frail elderly people. Further integration of health and social care services should include this topic as a priority.

2. The Clinical Commissioning Group and NHS England should work with GP services to consider loneliness as a risk factor for disease and consider how affected individuals could be signposted to use local resources such as befriending services and lunch clubs.

3. The Oxfordshire Clinical Commissioning Group should continue to develop improved services for dementia as a priority.

4. Oxfordshire Clinical Commissioning Group, Oxfordshire County Council, Oxford University Hospitals Trust and Oxford Health Foundation Trust and NHS England should develop, as a priority, their joint work to collaborate in transforming the local health system. This is in order to provide new models of care closer to home, care focussed on prevention and early detection of disease, improved care for carers, prevention of hospital admission and speedy hospital discharge through improved community services, the modernisation of primary care and the funding of primary prevention services by the NHS.

5. Oxfordshire Adult Social Care Directorate should continue to analyse carefully the implementation of the Care Act and feed this information into future service planning.

6. The Director of Public Health should continue to commission NHS Health Checks and ensure that the offering and uptake of these services achieved by local GPs is kept at high levels. Poorly performing practices should be helped to improve the way Health Checks are delivered.

7. Oxfordshire Healthwatch should consider paying particular attention to dementia services and care for carers as part of their forward planning.

8.The Oxfordshire Health Overview and Scrutiny Committee should consider the issues raised in the care closer to home report carefully, and consider the issues raised in the DPH report, to ensure that proposals to re-shape services match demographic need and address health inequalities.

	Recommendations	***Responsibility***
50.	Health and social care systems should work together to agree how best to bring together local services to produce a more coherent transition between sectors when addressing inequalities, recognising that co-morbidities are common in this age group, and that many older people are acting as carers for their partners and family members.	***HWB***
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.	***CCG/HWB***
52	Support for carers , including their needs for respite care and short breaks , should be supported with resources by all agencies	***DPH***
53	The recommendations from the 2016 DPH annual report are endorsed and	***HWB/OCC***

	the Commission wishes to ensure they are targeted to reduce health inequalities and progress reviewed by HWB in 2017	
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	***CCG/HWB***
55.	Strategic action should be taken to oversee increased access to support for older people in disadvantaged and remote situations: o physically through a better coordinated approach to transport across NHS, local authority and voluntary/community sectors o digitally through a determined programme to enable the older old in disadvantaged situations to get online o 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.	***HWB/CCG***
56	Building on existing experience , support the further development of Alzheimers friendly environments	***HWB***
57.	The current gap in provision of support for older people with mental health needs other than dementia needs to be addressed urgently.	***HWB***
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	***HWB/CCG***

Section 5: Next steps

The Commission has reviewed health inequalities in Oxfordshire and the many positive steps already being taken to care for the more vulnerable members of our community . Our objective has been to highlight that inequalities in health are unfair and unjust and that they need to be taken into account and action taken by all concerned with the health of our population.

The recommendations highlighted in this Headline report are more fully described and developed within the final report which will be presented to the Health and Well being Board in November 2016. Whilst it is easy to say that many of the structural elements of poverty and disadvantage are beyond the control of the county and its services it is also true to say that local action can make a difference. It is also easy to discount recommendations on the basis of poor financial data on costs and benefits of the recommendations, but this rigour is not applied to the commissioning of other routine services commissioned on a historical basis. We do know that addressing inequalities will save and improve lives for the most vulnerable in our communities and that gains will accrue over the lifetime of children who benefit from positive interventions .We also know that budgets are constrained, and we need to think creatively about how resources can be allocated or even reallocated.

The next steps for the Commission will be to promote the findings of the report and discussion of what can be achieved through local action . The areas for action can be reviewed using the tools produced by PHE to support local action (see above). Progress needs to be regularly reported to councils , NHS partners and the local population through the Health and Well Being Board.

	Overall Recommendations:	***Responsibility***
59.	**The suggested actions should be considered by relevant parties and prioritized, with a report on progress to the HWB by mid 2017**	***HWB***
60.	**The resources produced by PHE to support local action should be used as part of the formal review process.**	***HWB/all partners***

We would like to thank all those who have contributed to the process so far.

October 2016

Useful resources to support further action on health inequalities

Source: https://www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers

The Marmot Review, published in 2010, set out evidence for action across the wider determinants of health to reduce health inequalities. To help turn the Marmot recommendations into practical actions, in September 2014 PHE published the first series of evidence papers on the issue. The commitment to support local action on health inequalities has been continued with new Practice Resource papers that include evidence, information and tips on approaches that local partnerships can adopt on four topic areas:

- Opportunities for using social value act to reduce health inequalities in England
- Promoting good quality jobs to reduce health inequalities
- Reducing social isolation across the life course
- Improving health literacy to reduce health inequalities

Growth Board 29th March 2017
Agenda item 8 Oxfordshire Infrastructure Strategy Update
Contact: Paul Staines: Growth Board Programme Manager
E- mail Paul.staines@Oxfordshire.gov.uk

Oxfordshire infrastructure Strategy (OXIS) Progress Report

Report Purpose

1) At the Growth Board in May 2016, the Board approved the commissioning of an Oxfordshire Infrastructure Strategy (OXIS).

2) This report for information updates the Board with progress with this project

Recommendation

That the Growth Board note progress with OXIS.

Background

3) At the Growth Board in May 2016, the Board received a report proposing that they commission an Oxfordshire Infrastructure strategy or OXIS.

4) The report set out the advantages of developing such a strategy as a supporting document for Local Plans, a collation and summation of growth and infrastructure decisions taken and a county wide base-line from which new growth and related infrastructure decisions could be based.

5) The report also stated that the intention was that OXIS should also be designed to be able to fully integrate with the proposed development of sub-national planning, for example the England Economic Heartland Alliance(EEH). The intention being to put Oxfordshire in the best possible position to ensure that its interests are explicit, up to date, presented in a way that is relevant to that sub-national work and with the most potential to influence its outcomes.

6) The report also stated that OXIS should be developed in consultation with key stakeholders and be the subject of consultation so as to ensure wide ownership and understanding.

Progress to Date

7) Following approval of the brief the Growth Board Executive Officer's Group (EOG) approved the establishment of a partnership Project Steering Group; a task and finish group to oversee the completion of the project chaired by the County in their capacity as current Chairman of the Growth Board.

8) A detailed project brief was drawn up and a tender process followed that resulted in the appointment of consultants, AECOM to complete the project.

9) The project is broadly split into three separate sections, these are

- A completion of a base line report, called a Stage One Report that sets out all the infrastructure proposals, intentions and challenges drawn from across all Growth Board partners and other key stakeholders. This report is currently in draft form and once complete will be published on the Board's website.

- A detailed consultation with key stakeholders to test the information in the report and its assumptions and conclusions. These will be via a series of workshops to be held in mid-March.

- The completion of a final OXIS report for wider engagement and consultation in the summer of 2017, prior to its consideration by the Board. This tranche of the project has yet to be described in detail; however officers will be seeking wide engagement with the public and interested groups in line with commitments given by the Board at the project's inception.

10) The project remains broadly on track although there have been delays with stage one of the project caused by the need to chase stakeholders for information. As part of the project's management a comprehensive risk register has been compiled and regularly reviewed by the Project Steering Group which shows that there are no major risks associated with the project that we should bring to the Board s attention. Accordingly officers are confident that Board meeting should receive the final report for approval in the summer 2017.

Budget

11) The Board approved a budget of £120,000 for OXIS, £20,000 from each authority.

12) The cost of the successful tender was £110,000. Accordingly the Programme Manager will be seeking contributions from local authority partners of £19,000 to meet the agreed costs.

Growth Board 29th March 2017
Agenda item 9
Contact: Paul Staines: Growth Board Programme Manager
E- mail Paul.staines@Oxfordshire.gov.uk

Public Participation in Growth Board Meetings

Report Purpose

1) At the Growth Board in September 2015, the Board were invited to adopt a protocol for public participation in future meetings.

2) The proposal was adopted, together with a commitment to review the effectiveness of the scheme at some point in the future.

3) Accordingly, this report offers the opportunity for review, predicated upon feedback from recent participants who have suggested changes to the current scheme.

Recommendation

That the Growth Board consider the proposed changes to the current scheme of public participation contained in this report.

Background

4) At the Growth Board in September 2015, the Board were invited to adopt a proposal for public participation in future meetings. The adopted current scheme is set out at Annex 1.

5) The scheme is based on the scheme adopted by the West Northamptonshire Joint Strategic Planning Committee (WNJSPC) and has been used successfully there since the WNJSPC came into being in 2008.

6) The scheme allows for members of the public to present petitions to the Growth Board, ask questions of Growth Board Members or address the Board on any substantive agenda item at ordinary meetings, subject to certain restrictions.

7) By way of review officers' sought feedback from individuals and organisations that had recently engaged with the Board to understand how well the scheme was working.

8) Responses to this request was limited, however some general feedback was received which is summarised below.

   - A view that the length of time between the publication of the agenda and the deadline for questions or statements to be submitted was too short, meaning that the participants felt that they did not have sufficient time to consider the agenda items and any responses they might like to make.

   - That the current protocol for responses to questions- with most being responded to in writing- was unsatisfactory and that responses from the chairman at the meeting would be preferred.

   - That the limitation of one question and response was not assisting participation

- That the current arrangements for the publication of Growth Board meeting details and supporting information on partner council web sites did not help the public to access the information.

Proposed amendments to the scheme

9) Officers suggested responses to the feedback is as follows

Time period between agenda publication and deadline for submission of questions or statements

10) The Board's then chairman, Cllr Barry Wood considered the issue of the notice period between the publication of the meeting agenda and deadlines for question or statements when Cherwell held the chair.

11) Cllr Wood's response was sympathetic to the point but noted that the Board is the culmination of a series of meetings that lead to the Board and it was difficult to extend the timeline for these meetings and hence the time period between the agenda's publication and the Board meeting.

12) Cllr Wood gave a commitment however that, whenever possible, officers would seek to maximise the time period between agenda publication and the Board meeting to also maximise the time that could be allowed for the receipt of questions and statements from the public, this commitment remains.

Written responses to questions

13) The Board will be aware that the agreed methodology for responses to questions was that these should always be made in writing so as to allow for all partners to review a draft response and comment before it was sent. This process was inclusive for Board members but can lead to a perception that the Board is not open to inclusive participation at meetings.

14) Officers' view is that the necessity of seeking partner's approval of responses, particularly for complex questions will always necessitate a written response. However when it is appropriate- at the discretion of the chairman- verbal responses could be provided.

Limit of One question

15) The Board will be aware that there are a number of examples where partner councils allow limited supplementary questioning in addition to the primary question. The County Council,for example allow, once a question has been asked and answered a supplementary question, provided it arises directly out of the original question or the reply received. Officers suggest that a similar procedure could be allowed for the Board.

The publication of Growth Board information on web sites

16) Officers agree that the current practice of publication of Growth Board information on the websites of the chairing authority, whilst appropriate at the time the Board was established is proving less appropriate as the work of the Board grows and the weight of information provided expands.

17) Officers' also note that it is not an efficient use of the web to have information duplicated on various partners web pages, a practice that also leads to issues with accurate updating.

18) Officers' consider that it could be appropriate to consider the establishment of a separate Growth Board web page.Perhaps, for example a micro-site of an existing web platform that nonetheless was, from a user perspective a separate page distinct from those of partners. This would contain all relevant Growth Board information including meeting reports agendas and supporting or background papers and could be maintained by the secretariat.

19) This would allow officers to ensure that these pages were updated regularly and accurate and allow partners to use web-links on their host pages to guide visitors from their sites to the Board's site.

Conclusion

20) When the Board adopted the current public participation scheme it agreed to review its working after a period of time. This report fulfils that commitment.

21) Whilst responses to the requested feedback were by no means comprehensive, those that did respond raised interesting questions that are addressed in paragraphs 9-18.

22) Officers consider that the amendments proposed in response to these proposals allow meaningful public engagement and ask the Board to consider them and approve or amend as it deems appropriate.

Contact: Paul Staines: Growth Board Programme Manager
E- mail Paul.staines@Oxfordshire.gov.uk

Annex 1: Oxfordshire Growth Board: Public Participation

1. Introduction

1.1 Members of the public may present petitions to the Growth Board, ask questions of Members of the Growth Board or address the Growth Board on any substantive item at ordinary meetings subject to the restrictions set out below. There shall be a specific agenda item near the start of the each meeting of the Growth Board to permit such public participation to take place.
1.2 Petitions and questions shall be directly relevant to some matter in which the Growth Board has power and duties and which directly affects the area of Oxfordshire.

2. Petitions

2.1 Any member of the public shall be entitled to present a petition containing a minimum of 50 signatures to an ordinary meeting of the Growth Board. S/he must notify the Chief Executive of one of the partner authorities in writing or by email at least three clear days before the meeting (i.e. not counting the day of the meeting or the day of receipt). In the event that the receiving Chief Executive is from a partner authority other than the host authority, s/he shall forward the petition to the host Council's Chief Executive forthwith.
2.2 A representative of the petitioners may speak at the meeting in support of the petition for up to three minutes.
2.3 The petition shall then be referred without discussion to the next meeting of the Growth Board.
2.4 The Chief Executive of the host authority may, in consultation with the Chairman of the Growth Board, refuse to submit a petition to the meeting if s/he considers it to be offensive, defamatory, frivolous or vexatious.

3. Questions

3.1 Any member of the public wishing to ask a question of a Growth Board Member may do so at an ordinary meeting of the Growth Board. S/he shall give notice of the question in writing or by email to the Chief Executive of one of the partner authorities in writing or by email at least three clear days before the meeting (i.e. not counting the day of the meeting or the day of receipt). In the event that the receiving Chief Executive is from a partner authority other than the host authority, s/he shall forward the petition to the host Council's Chief Executive forthwith.
3.2 The questioner may nominate a Growth Board Member to whom any question shall be put, although the Chairman may nominate a different Growth Board Member. The Chairman's decision shall be final in this regard.
3.3 If no Growth Board Member is nominated by the questioner, the Chairman shall nominate a Growth Board Member to answer a question.
3.4 The questioner can speak in relation to the question for up to three minutes. No supplementary question may be asked unless it is to seek clarification of the answer given to a question.
3.5 The answer may take the form of an oral statement by the relevant Growth Board Member, or may be given subsequently in writing to the questioner with a written copy circulated to all Growth Board Members with the agenda for the next ordinary meeting of the Growth Board.
3.6 No discussion shall take place on the question or the answer.

3.7 The Chief Executive of the host authority may, in consultation with the Chairman of the Growth Board, refuse to submit a question to the meeting if s/he considers it to be offensive, defamatory, frivolous or vexatious.

4. Addresses

4.1 Any member of the public may address the Growth Board on any substantive agenda item for the relevant meetings. Such address shall be for up to three minutes.
4.2 The speaker shall give notice of their wish to address the Growth Board by email or in writing no later than 12 noon on the day before the meeting to the Chief Executive of one of the partner authorities. In the event that the receiving Chief Executive is from a partner authority other than the host authority, s/he shall forward the petition to the host Council's Chief Executive forthwith.
4.3 Once the member of the public has spoken and, with the leave of the Chairman, any questions of clarification asked of the speaker by Growth Board members duly answered, the Growth Board shall proceed onto the next item of business with no debate on the representations made.

5. Restrictions

5.1 No more than five petitions and/or questions shall be presented/submitted to any one meeting.
5.2 Those submitted shall be dealt with in the order of receipt by the Chief Executive of the host authority.
5.3 No more than five members of the public may address the Growth Board on a substantive agenda item. The Chairman, in his/her discretion, can agree to permit the maximum of vie to be exceeded by a defined number at a particular meeting.

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