

# Oxfordshire Health and Wellbeing Board - 25 July 2013

## Director of Public Health Annual Report

### Summary

This is the 6<sup>th</sup> Director of Public Health Annual Report for Oxfordshire.

The purpose of a Director of Public Health is to improve the health and wellbeing of the people of Oxfordshire. This is done by reporting publicly and independently on trends and gaps in the health and wellbeing of the population in Oxfordshire and by making recommendations for improvements to the quality and shape of public services commissioned and provided by a wide range of organisations.

Producing a report is now a statutory duty of Directors of Public Health and it is the duty of the County Council to publish it.

The six main long-term challenges to long-term health in Oxfordshire are:

- An ageing population – the “demographic challenge”
- Breaking the cycle of disadvantage
- Mental health and wellbeing: avoiding a Cinderella service
- The rising tide of obesity
- Excessive alcohol consumption
- Fighting killer infections

The recommendations made in this report are long-term and wide-ranging and are not confined to traditional areas such as health services and social care. They focus on the quality, quantity, shape and priority of services across the public sector in Oxfordshire.

### **Recommendations to the Oxfordshire Health and Wellbeing Board.**

I would like to draw the attention of members of the Health and Wellbeing Board to the recommendations of the report, many of which pertain to it and its Partnership Boards.

Together these recommendations are intended to further improve the quality of the services provided by the Public Sector to the people of Oxfordshire. They should also shape the Joint Health and Wellbeing Strategy. These improvements cover all sectors and include schools, social care, health care, housing and public health.

They also include new dimensions of quality such as the need to tackle loneliness and the need to involve the voluntary sector in service planning. They also include the need to monitor the quality of one another’s services as well as each organisations “own” services.

Key recommendations are:

## **Chapter 1. An ageing population – the “demographic challenge” – Recommendations (page 13)**

### One strategy: One pooled budget: One Plan

By October 2013:

- The County Council and the Clinical Commissioning Group should have implemented the agreement to create a genuinely pooled budget bringing together adult social care resources and community health resources.
- The Health and Wellbeing Board should be re-designed to oversee the management of this resource.
- The use of this resource should be guided by a single plan formally agreed between Oxfordshire Clinical Commissioning Group and Oxfordshire County Council (as part of the Oxfordshire Older Peoples’ Joint Commissioning Strategy).
- This plan should be driven by re-vamped outcome measures and targets agreed as part of the refreshed Joint Health and Wellbeing Strategy.
- The Health and Wellbeing Board should receive regular reports on how this money is used.
- The Oxfordshire Joint Health Overview and Scrutiny Committee should provide strict external scrutiny of these arrangements.

### A coordinated approach to tackling Loneliness

By March 2014:

- Oxfordshire Clinical Commissioning Group, Oxfordshire’s 6 Local Authorities, Age UK, Carers Representatives and other Voluntary and Faith sector partners should bring together practical proposals for tackling the issue of loneliness.
- This should build on the start made in The Oxfordshire Older People’s Joint Commissioning Strategy.
- This work should be overseen by the Adult Health and Social Care Board.
- Tackling loneliness should be a goal of the refreshed Joint Health and Wellbeing Strategy.

## **Chapter 2. Breaking the Cycle of Disadvantage. Recommendations (page 30):**

### Keeping up the pressure to break the cycle of disadvantage.

By October 2013 The Health and Wellbeing Board should ensure that the updated Joint Health and Wellbeing Strategy continues to have reduction of inequalities as a major theme. This should include improvements in educational attainment, improvements in obesity and in breastfeeding.

By March 2014 the Health Improvement Partnership Board should have monitored any impact on housing and homelessness arising from recent changes to benefit entitlements homelessness. If these changes have an impact on health and

wellbeing, the Health Improvement Partnership Board should coordinate action to ameliorate this.

### **Chapter 3. Mental Health and Wellbeing – avoiding a Cinderella Service. Recommendations (page 33):**

#### Keeping up the good work

- Close monitoring is required to make sure that recent gains are not lost. The Health and Wellbeing Board should continue to treat mental health issues as a priority and this should be included in the refreshed Joint Health and Wellbeing Strategy by October 2013.

#### Keeping a close eye on homelessness.

By March 2014 the Health Improvement Partnership Board should have monitored any impact on housing and homelessness arising from recent changes to benefit entitlements. If these changes have an impact on health and wellbeing, the Health Improvement Partnership Board should coordinate action to ameliorate this.

### **Chapter 4. The Rising Tide of Obesity. Recommendations (page 36):**

#### Keeping obesity high on the health agenda

By October 2014 The Health and Wellbeing board should have refreshed the Joint Health and Wellbeing Strategy to include child obesity as a main priority.

#### Working hand in hand with partners

By October 2014 the Health Improvement Partnership Board should ensure that partnerships to tackle obesity and promote physical exercise are thriving. This should include a full role for District Councils.

### **Chapter 6. Fighting killer infections. Recommendations (page 46-47)**

#### Maintain vigilance and priority after reorganisation

The Director of Public Health and the local Health Protection Agency must work closely during the forthcoming year to maintain surveillance of communicable diseases during 2013/14 and take appropriate steps to control these diseases and any new emerging killer diseases.

Active surveillance and monitoring of the NHS will be important as the Clinical Commissioning group and Thames Valley Area Team take up their new responsibilities.

The Health Improvement Partnership Board should be charged with overseeing the situation and escalating concerns immediately to the Health and Wellbeing Board and the Health Overview and Scrutiny Committees. This should be in place by September 2013.

## **RECOMMENDATION**

**The Oxfordshire Health and Wellbeing Board is asked to adopt the relevant recommendations.**

**Dr. JONATHAN MCWILLIAM**

Director of Public Health for Oxfordshire

Background papers: None

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