Oxfordshire Shadow H&WB
Health Improvement Board
Agenda for a meeting in public on Wednesday 9th May 2012
2 – 4pm, The Old Fire Station, George Street**, Oxford**

	Agenda Item	Action required	Led by	Note
1	Welcome and introductions		Chairman	
2	Apologies for Absence		Chairman	
3	Notes of the last meeting and any matters arising		Chairman	Paper 1
4	Joint Health and Wellbeing Strategy and the consultation process	To agree action on ensuring full consultation on the JHWBS	Jonathan	Paper 2
5	Health and Housing – an overview of need and evidence based good practice	To reach agreement on the priority focus for the HIB in order to have the greatest impact on health improvement	Ian and Val Johnson	Paper 3
6	Alcohol surveillance report and overview of current work	To note work being led through the Community Safety Partnership and influence this agenda as appropriate	Jonathan and Jackie	Paper 4
7	Plans for the HIB workshop in July	To agree the purpose and format for the workshop to be held in July and discuss the invitation list	Jackie and Val Johnson	Paper 5
8	Forward Plan	To approve dates for future meetings and outline agenda	Chairman	Paper 6
9	Summary of actions agreed and Close		Chairman	

Oxfordshire Shadow H&WB
Health Improvement Board
Notes of informal meeting on Wednesday 29th February
2 – 4pm, Judges Room, Oxford Town Hall

1. Present:
Councillor Mark Booty, Chairman
Councillor Val Smith, Vice Chairman
Jonathan McWilliam, Director of Public Health
Ian Davies, Strategic Director, Cherwell and S Northants DC
Peter von Eichstorff, Oxfordshire Clinical Commissioning Group
Jackie Wilderspin, Assistant Director of Public Health
Val Johnson, in attendance representing all District Councils
Peter Clark, County Solicitor, in attendance.

Cllr Mark Booty welcomed everyone to this first (informal) meeting of the Health Improvement Board (HIB). It was noted that a representative of the Public Involvement Board is still not named.

2. Apologies were received from
Councillor Iain Brown, Oxfordshire County Council
Dave Etheridge, Chief Fire Officer and Chairman of Oxfordshire Safer Communities Partnership Business Group

3. Terms of Reference for the Shadow Health Improvement Board (HIB) were agreed, with the addition of a sentence to indicate that they will be reviewed annually. These draft terms of reference will now be submitted to the Health and Wellbeing Board (H&WB) for approval.

4. Briefing on guidance for Health and Wellbeing Boards (H&WB) and the role of Public Health was presented by Jonathan McWilliam. The following points were raised:

- The H&WB "power to state views" can be up to a national level.
- Delegation of local authority functions to the H&WB could be from Districts as well as County Council.
- There is obvious potential for locality level working through District partnership with Clinical Commissioning Group localities.
- District involvement in the update and revision of the JSNA will be important. **Action: Jackie** to request a report on JSNA refresh for the next meeting.

5. Draft Priorities for the Health Improvement Board were presented by Jonathan and each was discussed in turn. The paper was welcomed and the priorities agreed. There was enthusiasm for the emphasis on prevention. It was recognised that close working with other partnership boards will be essential as many topics overlap and that specialist communications expertise should be sought to take the work forward and ensure that all stakeholders

are informed and able to participate. It was noted that each area of work must be effective and cost effective and recommended that, from the outset, we have a good idea of relative impact of different areas of work

These priorities will now be presented to the H&WB for discussion and adoption. The following specific points were noted:

Priority 1 – preventing early death and improving quality of life in later years.

- More detail on the impact of deprivation on life expectancy would be helpful in understanding the reasons for differences set out in the paper
- Targeting work to reduce inequalities will be essential.
- Use of the media and local initiatives (e.g. nurse-led sessions) may be needed to reduce anxiety or resistance to screening programmes
- Licensing taxi drivers could include a requirement for diabetes checks so that Asian drivers can be diagnosed and treated effectively.

Priority 2 – Preventing chronic disease through tackling obesity.

- Work with schools will be challenging as academy status is more widespread. The national measure on physical activity sessions in schools is to be dropped so other measures will be needed.
- Cooking skills are essential for improving family eating habits. There are some good examples but it needs to be more widespread. It could be embedded in the new specification for Children's Centres. **Action: Jackie** to ensure that the HIB has an opportunity to comment on the draft Children's Centre specification.
- Approaches to preventing obesity need to embrace all ages, starting with weaning.
- Links to the CYP Board will be essential. Work is underway to clarify the breadth of work already underway and areas of crossover, to ensure nothing is missed.

Priority 3 – Tackling the broader determinants of health through better housing.

- It was agreed that Fuel Poverty will be a good area of work to focus on as it covers all parts of the county and types of household.
- More work is needed to identify the particular focus the HIB should take on housing and inequalities issues.

Action: Ian Davies and Val Johnson to provide more details on inequalities and housing issues for the next meeting. This will include checking what indicators are already reported (e.g. overcrowding, waiting lists, homeless presentations, rough sleepers, families in temporary accommodation, properties meeting HMO licensing requirements etc.) and making recommendations of outcome measures for the HIB to deliver.

Priority 4 – preventing infectious disease through immunisation.

- This priority also includes the need to reach vulnerable groups who are not accessing existing services.
- There is still no local case for general immunisation for TB. Contact tracing and immunisation is working successfully.

6. Surveillance of a basket of indicators

The flow chart was used to explain that, alongside work to improve outcomes on the four agreed priorities, a range of other indicators would be kept under surveillance on a regular basis by the HIB. It was agreed that this would enable rigorous review of priorities on an annual basis. It was agreed that the indicators listed in paper 5 would be a good start and this can be added to at any stage. Additions suggested were figures on dementia, carers' breaks, benefits claimants including attendance allowance and carer allowance. It was agreed that this surveillance mechanism will enable the HIB to inform and put pressure on other partnership boards too.

Action: Jonathan to provide regular surveillance reports at future meetings.

7. HIB workshop report

The report was welcomed and there was general agreement that the workshop had been very successful. Val Johnson was thanked for putting all the details of current work into a usable database.

It was agreed that the HIB will function by

- Inviting expert witnesses from the wide range of stakeholders already engaged through the workshop, and others
- Holding more workshops to draw up action plans on priority work
- Ensuring good communication with all stakeholders on a regular basis, using ideas generated at the workshop on 1st Feb.

Action: Val J to write to all workshop participants to thank them for their participation, ask for their future involvement and send copies of paper 6 as a report of the day.
Action: Val J and Jackie to send details of HIB priorities once these are agreed by the H&WB

8. Forward Plan

Dates of the meetings in public were agreed:

- Wed 9th May 2-4 pm
- Wed 12 Sept 2-4 pm
- Wed 23 Jan 2013 2-4 pm

It was agreed that proposed workshop dates (11 July, 21 Nov, 20 March 2013) would also be held by all members of the HIB, but details of how these dates will be used are to be confirmed.

It was agreed that the workshop on July 11th will be for all 4 priorities with workshops running concurrently.
Action: Val J and Jackie to design the workshop and bring proposals for discussion to the next meeting.

The meeting closed at 3.50

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Consultation on Oxfordshire Joint H&WB Strategy

The Joint Health and Wellbeing Strategy (JHWBS)
The Health and Social Care Act requires publication of an agreed Joint Health and Wellbeing Strategy at county level from 2013-14. Preparations are already underway for a "shadow" strategy to be agreed by partners in Oxfordshire by July 2012. This can then be the basis for planning in each partner organisation and also for subsequent revision if necessary next year.

The JHWBS has been drafted based on the priorities proposed by 3 partnership boards and agreed by the shadow Health and Wellbeing Board (H&WB) in March 2012. This draft strategy will be the focus of public consultation in May-June 2012 and a final draft brought to the H&WB in July 2012. This will be amended and agreed by the Board at that meeting, so that it forms the basis for planning for all partners.

Further revision of the JHWBS might be expected in 2013 subject to the extensive revision of the Joint Strategic Needs Assessment by December 2012.

Consultation on Joint Health and Wellbeing Strategy
A consultation on the draft HWB Strategy will be carried out through the newly established Public Involvement Network (PIN). It will aim to consider the overall direction of the strategy and the priorities agreed by the Health and Wellbeing Board.

The PIN is co-ordinated by a Steering Group including City/District Council, LINks, voluntary sector colleagues and users/carers and is led jointly by the Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group (OCCG) Public Engagement Managers. The PIN will, over time, develop routes to include a wide and representative network of people and organisations with whom to consult, drawing on existing databases and contacts. It is a transitional arrangement to ensure that the views of people in Oxfordshire inform the Health and Wellbeing Board and its partnership boards.

Consultation mechanisms
A number of routes will be used to ensure a wide reach of consultation, including:

- Survey though Talking Health (OCCG), the e-portal (OCC) and Oxfordshire Voice. Other 'panels' will be accessed through partners, where possible, including City and District Councils, OCVA, ORCC etc.
- Survey distributed specifically to staff in OCC, OCCG, City/District Councils, hospital settings etc.
- Survey distributed to Councillors in OCC and City/District Councils, Town and Parish Councils
- Circulation of survey to all Patient Participation Groups in GP practices across the county.
- Mini survey formats in easy read and young-people friendly versions for targeted groups and distributed through OXME, facebook, Twitter and other social media routes.
- 3 public meetings as follows:
    - Banbury Town Hall, Thursday 31 May from 10.30 – 13.30

    - Oxford Town Hall, Thursday 31st May from 17.30-20.00
    - Abingdon (venue to be confirmed) Friday 8th June from 14.00-17.00
- Targeted focus groups/meetings, within limited capacity and timescales, using existing meetings schedules where possible.

Timescales
The consultation will run for 6 weeks. Findings from the consultation will be collated, analysed and reported on by end June. A final draft will then be discussed by the H&WB in July.

Alison Partridge and Jackie Wilderspin, April 2012

Health Improvement Board meeting on 9th May 2012

Health and Well Being Priority 3: Wider Determinants of Health - Tackling housing and health inequalities

BACKGROUND

1. At an informal meeting of the Health Improvement Board, held on 29th February, it was agreed that more work was required to identify the key priorities for housing and health inequality issues. Some work has now been done by officers at Cherwell District Council to consider what the key housing services are, where there are the gaps in services and how service improvements are being taken forward. This work is set out in Annex 1.

2. To place this work in the context of the wider determinants of health, Annex 2 sets out a number of key contributory and interrelated service areas and how these are being addressed. Including:

   - Breaking the Cycle of Deprivation
   - Access to training and employment
   - Community safety and fear of crime.
   - Physical activities
   - Mental health

3. Members of the Board are asked to agree 3 priorities of work relating to housing and health inequalities. Further work will then be done to develop an Action Plan for each priority at a Health Improvement Board Workshop to be held on 11th July 2012.

HOUSING AND HEALTH INEQUALITY ISSUES

4. Cherwell District Council have carried out an in depth review, identifying areas of housing activity, the implications for health and health inequalities and possible outcomes and indicators. This is set out in Annex 1. This information is summarised below.

Environment and Housing

5. Environmental factors, such as the design of the environment, having appropriate mix of housing provision (such as extra care housing), sustainable development, adequate infrastructure and green space all have impact on health and well being. These areas of work are currently overseen by the Spatial Planning and Infrastructure Partnership. This partnership has oversight of key housing and regeneration programmes, planning policies and procedures and infrastructure development.

Preventing Homelessness

6. The negative impact on physical and mental health of being homelessness is well documented and obvious. Homelessness disrupts and destroys lives, limits life opportunities and unsettles communities.

7. There are concerns that the proposed changes to the current commissioning of Supporting People Services should not lead to increased homelessness.

8. In addition there are a number of changes being made to housing benefit entitlements, council tax benefits and the implementation of universal credit. This may also lead to an increase in homelessness and a movement of lower income families to areas of cheaper accommodation.

9. Nationally there has been a 23% rise in England in the number of rough sleepers. London and the South East have the highest numbers of rough sleepers. http://www.communities.gov.uk/publications/corporate/statistics/roughsleepingautumn2011

Supported housing

10. Homeless statistics indicate that the main groups at risk of experiencing homelessness are:

- Young people, (including teenage parents)
- Victims of domestic violence
- Vulnerable adults, including users of drugs and alcohol, ex offenders, people with mental health issues and complex needs.

11. The Supporting People Partnership currently oversees the provision of housing support services which helps people to live independently, either by helping them to sustain independence or to recover if they have lost their home. This work contributes significantly to the prevention of homelessness.

12. There is currently a discussion underway about how best to take the Supporting People Commissioning work forward.

Independent living in later years

13. A number of community services can help people to remain in their homes and local communities longer. For example, emergency alarms, falls prevention activities and initiatives to reduce isolation.

14. Housing adaptations ensure vulnerable households receive help with adaptations and essential repairs. There are Disabled Facilities Grants, Home improvement Agency Services and a Housing Occupational Therapists Scheme.

15. Improved provision of community services, improved integration and longer term funding of existing services would be beneficial.

16. The Adult Health and Social Care Board will be considering some of these areas of activity. However the Health Improvement Board may wish to consider specific actions with regard to housing adaptations and community services.

Housing Quality

17. Key issues are affordable warmth, fuel poverty and the related issues of inadequate heating and insulation resulting in significant winter deaths. The private rented sector is becoming increasingly important due to economic pressures and the lack of social housing and the increase in demand has resulted in an increase in rents.

18. Oxford is now the least affordable local authority area outside London. At the same time there are concerns over property standards in the private rented sector and calls from the Government for local authorities to deal with rogue landlords. The Oxfordshire Fire Safety Partnership (OFSP) is the primary partnership for coordinating activities in relation to standards in private rented sector housing. The OFSP reports to the Oxfordshire Health and Better Regulation Group.

19. In addition Oxford City has the second highest volume of houses in multiple occupations (HMOs) in England as a percentage of local housing stock. Only Camden in central London is estimated to have a higher proportion. This has created problems across Oxford with badly managed properties in poor repair, overcrowding and antisocial behaviour.

20. Oxford City Council has introduced the most ambitious licensing scheme in the country to deal with the problems created by HMOs and plans to licence the estimated 5,000 HMOs in the city. As approximately 20% of the Oxford population live in HMOs this will have significant impact on health.

TAKING THIS WORK FORWARD

Further review of housing activities

21. The in depth review in Annex 1 has been produced by officers at Cherwell District Council. Although there are demographic differences and the levels of activity may vary from district to district the general issues and health implications are likely to be similar. Further work can be done to develop this information on a county-wide basis prior to the workshop on 11th July 2012.

Identifying the top priorities

22. It is proposed that the Health Improvement Board identify three key areas to focus on and address. Action Plans for these priorities can

then be developed at a Health Improvement Board Workshop to be held on 11th July.

RECOMMENDATIONS

23. It is recommended that the key priority areas are (in no particular priority order):

Priority 1
Homelessness prevention

Priority 2
Providing supported accommodation for vulnerable groups, in particular:

- Young people, (including teenage parents)
- Victims of domestic violence
- Vulnerable adults, including users of drugs and alcohol, ex offenders, people with mental health issues and complex needs
- Independent living and housing adaptations.

Priority 3
Health Impacts of poor quality housing, including mitigating the health impacts of HMOs and fuel poverty and adaptations.

24. In addition it is recommended that the Health Improvement Board should ask those partnerships involved in delivering some of the other wider determinants of health, as set out in Annex 2, to account for their delivery of related key activities and outcomes. In particular activities of the Children and Young People's Board, Adult and Social Care Board, Oxfordshire Skills Board and Spatial Planning and Infrastructure Partnership.

Annex 1: Housing and Health Inequality

Issue / Activity	Evidence / Reason	Outcomes/Indicators
1. Homelessness Prevention Provide a monitoring framework to ensure housing support is retained to prevent homelessness and enable people to live successfully in the community across all groups currently receiving support via the Supporting People Programme	Supporting People provides significant services to enable vulnerable groups to access housing support that they need to live independently in the community. Districts, NHS and Probation currently link into the Supporting People Core Group and Commissioning Body. Changes are being proposed to the working arrangements. Time is needed to consider these alternative arrangements.	• District Councils have the statutory responsibility to respond to and monitor homelessness and its causes. • Districts provide a raft of local information regarding general housing needs and demands in their particular areas. • Statutory duty to respond to homelessness • Duty to provide a homeless strategy to prevent homelessness as much as it is possible to do so. This work is achieved through a variety of partnerships including provision of services which currently receive revenue funding to provide housing support from SP funding. Each service provision will also have its own raft of indicators and all can be listed by District. If these services are changed there will be a significant impact for the Districts.
2 The Provision of Specific Accommodation Options Required to Support Particular Needs The Health Improvement Board should promote and encourage opportunities for joint commissioning with health, housing and social care partners to meet a wide	It is well documented that homelessness disrupts and destroys lives limits opportunities and unsettles communities. Reduction of homelessness remains a	Homeless statistics are collected for central government (CLG) through the PIE returns. All Districts submit these returns. They reflect the main causes of homelessness and show . • Numbers accepted as Homeless

range of specific needs jointly together, which are also key to the prevention of homelessness eg Refuges for those fleeing domestic violence, specific housing services for those at risk of sleeping–rough, clients in need of floating support to meet their complex and varied needs to sustain their housing and independence. The focus of the Supporting People Commissioning Body is on housing related support services, which help people to live independently either by helping them to sustain their independence or to recover it if they have lost their home. IT is important that this joint work to prevent homelessness should continue.	government priority and should therefore be a key priority for the Health Improvement Board to monitor and action. Causes and solutions to prevent homelessness are a key priority to promote health and wellbeing and promote sustainable communities	• Numbers placed in temporary accommodation • Use of Bed& Breakfast type accommodation • Numbers seeking advice to prevent homelessness Local evidence indicates that the main groups experiencing homelessness are • young people, (including teenage parents) • Victims of Domestic Violence • Vulnerable adults which include users of drugs and alcohol, ex-offenders; people with mental health issues and complex needs who may be often excluded within the community live in poor housing and can experience significant difficulties maintaining independence living.
3. Address the Health Impacts of Poor Housing Affordable warmth is a key and growing issue - resolution of damp and mould issues and the related issues of inadequate heating and insulation. Private sector regulatory services can improve poor housing by carrying out proactive work and respond to service requests from tenants using the Housing Health and Safely	• Significant excess winter deaths in Oxfordshire. • 10.5% of Cherwell's homes with a serious health hazard and 9.3% poorly heated and insulated (ie SAP<35). • 10.8% of Cherwell households in	• Changes in the Stock condition data (as demonstrated by periodic stock condition surveys) specifically 1) SAP ratings 2) percentage of homes with serious hazards and 3) percentage not achieving decent homes standard. • Measures of activity in terms of homes improved by means of grants and enforcement. • Changes in annual fuel

Rating Scheme Current activities include; • Countywide Affordable Warmth Network • Partnership with regional discount insulation scheme • Regional Flexible Homes Loan partnership Countywide referral network (with improvement) • Citywide HMO Licensing Scheme in Oxford • Projects using Energy Performance Certificate (EPC) data and Housing Health & Safety Rating Scheme • For non HMO stock • Focus on beds and sheds in Oxford. http://www.bbc.co.uk/news/uk-17890245	fuel poverty (>6000 No. households) (10.5% for the County) an increase from 9.4% in 2008 (10.1% for the County)	poverty level data provided by DECC • Green Deal activity (if available)
4 Improving the Condition of Housing Stock Development of an improved evidence base to focus activity on the poorest homes and households most in need, and to demonstrate beneficial health outcomes.	• Absence of robust data to support focused activity • Absence of robust data to demonstrate the financial savings in terms of health benefits resulting from interventions • Absence of stock condition data in the Joint Strategic Needs Assessment • Resulting absence of housing conditions in the health & wellbeing priorities for the area	• Joint funding of stock-condition surveys to deliver cost-efficiencies, consistency and directly comparable data. • Joint project to identify, analyse and disseminate currently available data and identify gaps in data. • Joint commissioning of data gathering to fill gaps identified and to help set objectives.

5. Energy Efficiency Improvements To establish a robust partnership approach to ensure vulnerable households are helped to access energy efficiency improvements through the forthcoming Green Deal. We are currently investigating participation in a consortium seeking to set up as a local Green Deal Provider which we judge will best serve the district and its residents.	Radical change from free and discounted insulation which local authorities have supported and promoted extensively. Many vulnerable households will find it more difficult to access and secure assistance.	• Identification of Green Deal Provider(s) which authorities and agencies can actively support to maximise uptake of energy-efficiency measures through Green Deal • Participation as, or partnership with, Green Deal Provider • Investment in Green Deal on a commercial or charitable basis • Local Green Deal activity /outcomes
6. Housing Adaptations Ensure that vulnerable households continue to receive help with disabled adaptations and essential repairs, with particular emphasis on partnership working to make best use of Disabled Facilities Grant resources and Home Improvement Agency Services. Home improvement agencies are also well placed to deliver the priorities on fuel poverty and poor housing conditions above. Current activity includes; • Housing OTs working between the County and districts authorities • Established OCC-CDC liaison meetings • Oxfordshire Housing Officers liaison meetings • Countywide Physical Disability Housing Strategy steering group is addressing these issues (currently reporting to SPIP but may feed into the H&WB board)	• Effective joint working is essential to deliver effective DFG and HIA services as budgets are reduced. • Unilateral cessation of maintenance of stairlifts etc by OCC will increase pressure on DFG budgets • Part funding of HIA service by OCC and Supporting People remains essential to service operation.	• Integration of and long-term funding commitment for Housing-OT initiative to maximise effectiveness of DFG budgets. • Improved partnership working between OCC and Districts to ensure effective delivery of DFG budget • Commitment to funding of HIA services so as to ensure future availability and service development
7. Independent Living in Later Years Develop a range of prevention	Low level support services such as emergency community alarm	• Ensure the continuation of a community alarm scheme that meets

services for older people and others with support needs that prevent admission to hospital or to residential care by maintaining people in their own home.	support (including the Alert service), practical help, falls prevention and activities that reduce isolation have been shown to prevent costly admission to high support and health services. Falls are a major cause of both accidental death and disability particularly in older people and falls prevention is highlighted in the Oxfordshire Sustainable Community Strategy.	the needs of all older and vulnerable people in the County • Have a clear understanding of range of prevention services for older people across the County and where gaps exist enable and where necessary commission services to meet these needs. • Ensure a wide range of agencies including District and County Council staff, other statutory services and voluntary services understand how to carry out or refer for a falls prevention assessment. • Build a housing and environment assessment into assessment processes by health and social services

ANNEX 2:

Wider Determinants of Health

Breaking the cycle of deprivation

1. There are some areas within the county with high levels of deprivation. These are areas where residents have low levels of educational attainment, low skill levels, high unemployment and poor physical and mental health relative to other areas.

2. The existing Breaking the Cycle of Deprivation Programme focuses on specific areas in Oxford and Banbury. Evaluation will enable good practice to be disseminated to other areas.

3. It is currently proposed that this work is overseen by the Children and Young People's Board, along side the delivery of the Child Poverty Strategy and Thriving Families Programme.

Access to training and employment

4. Access to training and employment forms a part of the Breaking the Cycle of Deprivation Programme outlined above.

5. The Strategy and Action Plans for those Not in Employment, Education or Training (NEET) are also overseen by the Children and Young People's Board.

6. There is a Back to Work Group which links into the Breaking the Cycle of Deprivation Programme, Oxfordshire Skills Board and the LEP. This Group is led by Job Centre Plus and coordinates the activities of a number of agencies to improve access to training and employment targeting particular vulnerable groups and communities (including those with physical and mental heath problems, care leavers and carers).

7. Unemployment can often lead to mental health issues. Sometimes this is the cause of unemployment. There is a need to ensure appropriate mental health awareness and support training for Job Centre staff and to raise awareness of mental health issues across the business sector and employers. The prevalence of mental health issues can often result in difficulties in regaining employment. The effect on other family members can lead to wider family illnesses.

Physical exercise

8. The Oxfordshire Sports Partnership brings together providers of sports and activities. It has an action plan to meet gaps in provision, particularly for those groups who are less likely to access sports provision, such as women, older people and people with disabilities.

Community safety and the fear of crime

9. There is an Oxfordshire Community Safety Partnership and District Community Safety Partnerships which lead on crime reduction and the fear of crime. These are well established partnerships with action plans and delivery groups. A county wide partnership draws together work that is common to all districts and oversees partnership work on topics such as Alcohol, Domestic Abuse, Reducing Reoffending and Substance Misuse.

10. There may be a need to ensure all involved with offenders and victims are appropriately trained to recognise mental health issues and respond appropriately. There is also a need to data share on this issue amongst those agencies dealing with the same people.

11. Those already in the criminal system are more likely to have mental health problems. Structured therapeutic community interventions for drug users in prisons and drug treatments in the community produce greater reduction in offending behaviour than standard treatment.

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Alcohol related harm – surveillance report and overview of current work.

1. Context

2. Alcohol related harm is being increasingly highlighted as a national and local public health priority. The Director of Public Health Annual Report for Oxfordshire has included the challenge of reducing alcohol related harm for the last two years, setting the following context:

a. **Alcohol consumption has risen in the last 40 years.** In England, average adult alcohol consumption has risen by 40% since 1970.
b. Many Adults exceed recommended drinking levels and one in five drinks at hazardous levels
c. Alcohol consumption in young people has increased with heavy drinking and binge drinking a concern in this group. Consumption among young women has been increasing rapidly.
d. Alcohol, without doubt, causes disease and early death. It is a poison.
- In England in 2006, 16,236 people died from alcohol-related causes.
- The number of deaths from alcohol-related liver disease has almost doubled in the last decade.
- Alcohol causes cancers of the liver, bowel, breast, throat, mouth, larynx and oesophagus; it causes osteoporosis, reduces fertility and causes accidents of all kinds.
- Alcohol is responsible for around 950,000 unnecessary admissions to hospital nationally per year, and this is rising (an increase of 70% in the 6 years between 2002/03 and 2008/09).

e. Alcohol is getting cheaper and more easily available
- The real cost of alcohol has fallen: a unit of alcohol cost 67% less in 2007 than in 1987.

f. The health benefits of alcohol are overstated
- Despite recent media coverage, attempts to define a 'safe' level of drinking are fraught with difficulty[1]. Although above the age of 40 years, drinking a small amount of alcohol may reduce the risk of heart disease and stroke. For those who drink above this low level, and for those under 40 years who drink any amount, alcohol **increases** the risk of heart disease and stroke. For those of any age, drinking any amount of alcohol increases the risk of cancer, there is no safe limit. Across England, for every hospital admission that alcohol 'prevents', alcohol causes 13 people to be admitted.

g. Alcohol damages the family and social networks

[1] The Government's Alcohol Strategy, published as a consultation document in March 2012, includes an intention to review current alcohol guidelines

h. **Alcohol fuels antisocial behaviour** and changes the character of our towns, especially in the evening at weekends
i. **Alcohol damages front-line services** and the economy and places a huge financial burden on the taxpayer.
j. **Hospital admissions for alcohol related harm in Oxfordshire are rising**
   - Local statistics show the burden of disease related to alcohol in Oxfordshire.

Recommendations from the DPH Annual Report 2011

- **Strategic Priority of this topic**

By March 2012 the Oxfordshire Community Safety Partnership and The Oxfordshire Drug and Alcohol Action Team should confirm that the prevention of alcohol misuse and harm minimisation remain priorities. Within this framework, the multi-agency approach of the Alcohol Strategy Group must be maintained and continually developed.

- **Strategic Alignment and clarity of who-does what**

By March 2012, the Oxfordshire Community Safety Partnership and the Oxfordshire Health and Wellbeing Board should have reached agreement that the Oxfordshire Community Safety Partnership will take a lead role on setting outcome measures for reducing alcohol related harm and achieving progress. This progress should be reported to the Oxfordshire Health and Wellbeing Board via its Health Improvement Board.

- **Prevention and Education**

By June 2012 an authoritative 'set' of public messages should be widely used throughout Oxfordshire tailored to different audiences, to help people to understand the personal implications of drinking alcohol. This is intended to help people make their own informed choices. These messages should be planned and promulgated through the Oxfordshire Community Safety Partnership working with Oxfordshire's Public Health Team.

- **Harm Minimisation**

By June 2012 the Oxfordshire Community Safety Partnership should conclude work with the Oxfordshire Clinical Commissioning Group to find the best means to develop the offer of alcohol screening and brief advice through primary care and other settings, not just targeting those who are drinking at harmful levels but to help everyone understand their current level of drinking and whether there is reason to be concerned.

- **Moving gradually 'upstream' from harm minimisation towards prevention**

By June 2012, the Oxfordshire Community Safety Partnership should ensure that essential reactive services are maintained to minimise alcohol related harm, (for example, through Nightsafe initiatives), **And** continue to move towards prevention in all this work. Specific plans should be drawn up to enhance the preventive element of all harm minimisation programmes. Examples of these approaches are:

- Promoting the work of Street Pastors who provide an important preventive element in keeping the night time economy safe.
- Finding new ways of reducing under-age sales.
- Enforcing licensing conditions.

3. Surveillance – the current situation in Oxfordshire.

The Public Health Surveillance Dashboard includes an in-depth analysis of

- Alcohol specific hospital admissions (male and female). These are conditions that result directly from harmful drinking e.g. liver cirrhosis, alcohol poisoning
- Alcohol attributable hospital admissions (male and female). These are conditions that are made worse by alcohol e.g. heart conditions, some cancers

An example of the surveillance report for hospital admissions for alcohol attributable conditions will be made available at the meeting for information.

In addition to this surveillance, the Alcohol Strategy group reviews data from a range of sources to help with planning. This information includes

- Alcohol related attendance at the hospital emergency department
- Results of test purchasing operations to investigate sales of alcohol to people aged under 18
- Self reported alcohol use by young people
- Alcohol related crime (though this is not currently recorded by Thames Valley Police).
- GP practices asking questions about drinking alcohol when new patients register and referring some to other services if needed
- The number of people accessing alcohol treatment services, including young people

Overall the information shows

1. The trends in Oxfordshire mirror the national trends well - All indications are that levels of drinking are gradually rising and that services are expending more and more effort to respond to the results in terms of ill health, accidents and crime.

2. Although the trend is going up, on the whole, Oxfordshire's levels are better than the England average.

3. The number of people being admitted to hospital as a direct or indirect result of their drinking is rising, with more men than women being affected.

4. Nightsafe initiatives in town and City centres have resulted in significant reductions in violent crime.

5. The offer of brief advice to vulnerable patients in A&E, and those who attend more than once, is effective in reducing their future attendance for alcohol related issues.
6. Test purchasing operations are effective in finding shops prepared to sell alcohol to young people but the problem of "proxy sales" to adults who then pass on the alcohol to young people is harder to tackle.

4. Oxfordshire Alcohol Strategy Group (formerly known as the Alcohol Tactical Business Group)

The Alcohol Strategy Group reports to the Oxfordshire Safer Communities Partnership. The Alcohol Strategy 2011-14 builds on the previous 4 year strategy and annual action plans are owned and delivered by a range of partners. These include:

Public Health (who also chair the meetings)
Oxfordshire DAAT
District Councils – community safety or health strategy officers
County Council Community Safety Team manager
Nightsafe Coordinator from the City
Trading Standards
Thames Valley Probation
Thames Valley Police
Armed Forces representative

The Alcohol Strategy sets out 3 priority areas:

Community Safety
Health
Young People

Action plans for 2012 – 13 include

- Coordination of information campaigns and Alcohol Awareness Week
- Continued development of Nightsafe across the county
- Training for a range of professionals to enable more widespread offer of advice on drinking and onward referral as needed
- Alcohol education toolkit for schools
- Alcohol awareness on armed forces bases, for military personnel and families
- Support for voluntary sector initiatives e.g. Street Pastors
- Appropriate alcohol treatment services and good outcomes
- Reducing repeat attendance at A&E for alcohol related harm
- Enforcement of under age sales and licensing laws

The recently published national Alcohol Strategy has highlighted some areas for future development locally which include:

- Setting outcomes in line with the national strategy to show success
- Ensuring the NHS is ready and able to take responsibility as a Responsible Authority under the new Licensing laws
- Ensuring that alcohol related harm is high on the agenda for the new Police and Crime Commissioners, once elected
- Promote use of surveillance data for planning by a wide range of organisations
- Forging links with the retail sector
- Incorporating alcohol screening and brief advice into NHS Health Checks from next year.
- Ensure work with young people can continue to develop in the face of changes in relationships with schools.

5. Implications for the Health Improvement Board.

The relationship between the Safer Communities Partnership (OSCP) and Health Improvement Board (HIB) on the issue of alcohol is a good "test case" of how we forge working relationships. Alcohol related harm is clearly a health issue. It is also clearly a community safety issue. The approach taken by the Alcohol Strategy Group straddles the interests of both Boards.

This will be the case for other community safety issues which are also health issues e.g. substance misuse, domestic abuse, offender health and its relation to reoffending. The attendance of the Chief Fire Officer, as Chairman of the Safer Communities Partnership Business Group, is essential to promote the joint working that is needed.

It is recommended that

- The governance and reporting arrangements currently led by OSCP should continue for the Alcohol Strategy Group.
- The HIB should proactively influence the agenda for the Alcohol Steering Group through the attendance of the Chairman of the OSCP Business Group and the Chair of the Alcohol Strategy Group
- Annual updates on alcohol related harm (more frequently on request) should be provided to the HIB.

Jackie Wilderspin, May 2012

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Discussion Paper on plans for the Health Improvement Board Workshop

Date: July 11th
Time: 1.30 pm – 4.30 pm
Proposed venue: Oxford Town Hall
Long Room 70 (capacity)
St Aldate's Room
Panel Room

Workshop Objectives:

1. To engage partners in shaping the work, outcomes and targets of the Health Improvement Board (HIB).
2. To add to draft action plans for the 4 key priorities and include a range of affiliated projects led by partners
   - Preventing early death and improving quality of life in later years
   - Preventing chronic disease through tackling obesity
   - Tackling the broader determinants of health through better housing
   - Preventing infectious disease through immunisation

Draft programme for the workshop

1.30 Lunch

2.00 Presentation to all participants

- Aims of the day
- Overview of the H&WB Structure and Health Improvement Board priorities
- Feedback on the previous workshop - Key findings and actions
- Outline of how the topic based workshops will run

2.20 Workshops – split into four priority groups (run in separate rooms).

Each workshop could include

a. **Context setting** by a subject expert – to include headlines from the JSNA to show why this is a priority, identification of particular vulnerable groups, evidence of best practice in bringing improvement.
b. **Discussion** on the proposed outcomes and agreement on focus
c. **Development of action plans** to meet the agreed outcomes – participants will be expected to add projects, ideas and actions to draft action plans and commit to delivery.

Refreshments

4.00 Plenary

To include feedback from the Workshops (on flip charts around the room), summary and next steps

4.30 Close

Items for discussion by the Health Improvement Board

1. **Format and objectives**

It will be helpful to have feedback and advice about the proposed aims and programme for the workshop to enable more detailed planning.

2. **Facilitators**

It would be ideal each theme workshop is addressed by a topic expert who is inspirational in setting the context for each workshop. Nominations are needed.

3. **Focus for the workshop discussions**

It will be advisable to set some boundaries on the scope of discussion if the workshops are going to deliver appropriate action plans. More in-depth analysis of the needs in Oxfordshire should help us to narrow down the focus of each priority and also ensure we invite the right participants.

For example, in considering paper 3 on this agenda, the HIB members have been asked to consider narrowing the focus on housing to 3 issues (fuel poverty, preventing homelessness and supporting living). The issues agreed should be the focus for the workshop.

A similar approach will be needed for each priority.

Val Johnson and Jackie Wilderspin

Forward Plan for Health Improvement Board 2012-2013

Proposed Date	Type of meeting	Theme or issues to be discussed	Notes
9 May 2012 afternoon	Meeting in public	• Consultation on JH&WS • Health and Housing • Surveillance – alcohol • Workshop plans	
11 July 2012 afternoon	Workshop	Scoping and developing action plans for all priorities 1. Preventing early death and improving quality of life in later years 2. Preventing chronic disease through tackling obesity 3. Tackling the broader determinants of health through better housing 4. Preventing infectious disease through immunisation	H&WB will be on 26 July
12 September 2012 afternoon	Meeting in public	• Progress and exception reports on all priorities • Transition of Public Health to the local authority	
21 November 2012 afternoon	Workshop	**Topic to be confirmed**	H&WB will be on 22 Nov
23 January 2013 24 afternoon	Meeting in public	• Progress and exception reports on all priorities • Consultation on JSNA	
20 March 2013 afternoon	Workshop	**Topic to be confirmed**	H&WB will be on 14 March

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