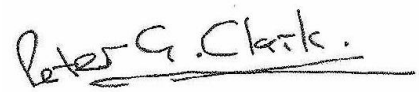
Public Document Pack

To: Members of the Shadow Health Improvement Board

Notice of a Meeting of the Shadow Health Improvement Board

Wednesday, 12 September 2012 at 2.00 pm

Town Hall, Oxford



Peter G. Clark
County Solicitor

September 2012

Contact Officer: ***James Martin, Policy & Partnership Officer***
Tel: (01865) 323344

Membership

Chairman – District Councillor Mark Booty
Vice Chairman - Councillor Val Smith

Board Members:

Cllr Iain Brown	Oxfordshire County Council
Ian Davies	Cherwell & South Northants District Council
Peter von Eichstorff	Clinical Commissioning Group
Dave Etheridge	Chief Fire Officer & Head of Community Safety
Anita Higham	Public Involvement Network
Dr Jonathan McWilliam	Director of Public Health
Jackie Wilderspin	Assistant Director for Public Health

Notes:

- ***Date of next meeting: 23 January 2013***

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 Rachel Dunn on (01865) 815279 or Rachel.dunn@oxfordshire.gov.uk for a hard copy of the document.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

1. Welcome by Chairman, District Councillor Mark Booty

2. Apologies for Absence and Temporary Appointments

3. Declaration of Interest - see guidance note opposite

4. Petitions and Public Address

5. Note of Decision of Last Meeting (Pages 1 - 26)

2:10
10 mins

To approve the Note of Decisions of the meeting held on 9 May 2012 (**HIB5**) and to receive information arising from them.

A discussion on the recently published JHWS including the overarching themes

The consultation report can be found via the following link to the Talking Health website:

https://consult.oxfordshirepct.nhs.uk/consult.ti/hwb.strategy/consultationHome

6. The role of PIN (Pages 27 - 28)

2:20
10mins

Person(s) Responsible: Members of the Health Improvement Board
Report presented by: Anita Higham, Public Involvement Network

Anita Higham will present a paper on the role of PIN and its engagement with partnership boards

Action Required: To note the contents of a paper setting out the functions of the PIN and role of the representative on this board (previously circulated)

7. Performance monitoring (Pages 29 - 34)

2:30
10 mins

Person(s) Responsible: Members of the Health Improvement Board
Report presented by: Jonathan McWilliam, Director of Public Health, NHS Oxfordshire

A report of the current progress against the targets of the HIB and including details of the on-going surveillance of the basket of indicators

8. A report from the HIB workshop and process for action planning (Pages 35 - 44)

2:40
20 mins

Person(s) Responsible: Members of the Health Improvement Board
Report presented by: Jackie Wilderspin, Assistant Director of Public Health, NHS Oxfordshire

A review of the HIB workshop that took place in July including next steps

9. Priorities within the housing agenda for HIB (Pages 45 - 56)

3:00
30 mins

Person(s) Responsible: Members of the Health Improvement Board
Report presented by: Ian Davies, Director Community and Environment Cherwell District Council and South Northants Council

A discussion on the housing priorities that the HIB may want to focus on including associated targets

10. Trading Standards enforcement action (Pages 57 - 64)

3:30
20 mins

Person(s) Responsible: Dave Etheridge, Chief Fire Officer and Head of Community Services
Report presented by: Richard Webb , Acting Head of Trading Standards and Community safety, OCC

A paper detailing Trading Standards enforcement action with regard to illegal sales and other health related activity

11. **Forward Plan** (Pages 65 - 66)

3:50
10 mins

Person(s) Responsible; Members of the Health Improvement Board
Oral discussion led by: Jonathan McWilliam, Director of Public Health, NHS Oxfordshire

A discussion on the topic of the HIB workshop in November and March

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OXFORDSHIRE COUNTY COUNCIL
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INFORMAL HEALTH IMPROVEMENT BOARD

OUTCOMES of the meeting held on Wednesday, 9 May 2012 commencing at 2.00 pm and finishing at 3.20 pm

Present:

Board Members: Councillor Mark Booty – in the Chair

Councillor Val Smith – Vice Chairman
Jonathan McWilliam – Director of Public Health
Ian Davies – Cherwell & South Northamptonshire District Councils
Jackie Wilderspin – Assistant Director of Public Health
Councillor Iain Brown – Oxfordshire County Council

By Invitation:

Officers:

Whole of meeting — Chief Fire Officer & Head of Community Safety; Val Johnson (representing all District Councils); Julie Dean (Chief Executive's Office); Lynda Chalcraft (Joint Commissioning)

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

If you have a query please contact Jackie Wilderspin, Assistant Director of Public Health (Tel: (01865) 01865 336721; Email:)

	ACTION
1 Welcome The Chairman, Councillor Mark Booty, welcomed all to the meeting.	
2 Apologies An apology was received from Peter von Eichstorff (Clinical Commissioning Group)	
3 Note of Last meeting The note of the last meeting was approved.	

Matters Arising Item 4 – Jackie Wilderspin reported that the JSNA refresh report was not available in time for the meeting, adding that it would be circulated to members of the Boards shortly. Item 5 – Priority 2 – Jackie Wilderspin reported that the scope of the draft Children's Centre specification had altered and there was further work which needed to be undertaken. She assured other members of the Board that they would receive a further update.	 Jackie Wilderspin Jackie Wilderspin
4 Joint Health & Wellbeing Strategy and the consultation process Dr McWilliam presented his report, together with a copy of the latest draft consultation document, for reference purposes. Clarification was received that the priorities relating to each Board would be considered by members of the Board prior to the production of the final consultation report. The Health Improvement Board **AGREED** the consultation process.	 All to note
5 Health and Housing – An overview of need and evidence-based good practice Val Johnson presented the paper which set out work which had been undertaken by Ian Davies and colleagues at Cherwell District Council, at the request of this Board at its last meeting. It considered what the key housing services were; where there were gaps in services; and how service improvements were being taken forward (Annex 1). Guidance was sought from the Board with regard to priorities to enable them to be fed into the workshop. The Board thanked Ian for his very helpful paper. Views expressed during the discussion included the following: • The Supporting People programme was critical to the delivery of these priorities; • One of the challenges had been around identifying, and communicating with, other organisations and groups whose priorities were similar and were able to tie in with those of the Board, to enable both to deliver without duplication. Key people should be invited to the workshop to ensure good partnership working; • Jonathan and Jackie had visited all district council Chief Executives, Leaders and portfolio holders to discuss their role in ensuring a positive outcome for Health Improvement; • Changes in Government policy may have an effect on	

vulnerable families, for example, the changes to Housing Benefit; • Suitable outcome measures needed to be agreed for Housing issues and a final view on priorities would be taken at the close of the consultation process; It was **AGREED** that **(a)** the key priority areas were to be: • 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; and independent living and housing adaptations; • Priority 3 – Health Impacts of poor quality housing, including mitigating the health impacts of poor quality housing, for example, HMOs and fuel poverty and adaptations; and **(b)** to request those Partnerships involved in the delivery of some of the 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 & Young People's Board, Adult & Social Care Board, Oxfordshire Skills Board and the Spatial Planning & Infrastructure Partnership.	
6 Alcohol Surveillance report and overview of current work The Board noted current work being led by the Safer Communities Partnership (OSCP) with regard to alcohol related harm and Alcohol Surveillance. The Board also studied surveillance reports produced by the Public Health team which were tabled at the meeting. The report noted that the relationship between the OSCP and this Board on the issue of alcohol would be a good 'test case' of how good working relationships could be forged as alcohol related harm was a health issue and also a community safety issue and the approach taken by the Alcohol Strategy Group straddled the interests of both Boards. This would be the case for other community safety issues which were also health issues such as substance misuse, domestic abuse and offender health and its relation to reoffending. The Chief Fire Officer, who was also the Chairman of the Safer Communities Partnership Business Group, declared himself in	

support of the report recommendations and undertook to submit a report from the OSCP to a future meeting on further development for the Alchohol Strategy Group to ensure compliance with the national strategy .	Chief Fire Officer
Jackie Wilderspin undertook to draft a response to the Government' s Alcohol Strategy consultation document with particular reference to alcohol pricing, and to email it around the HIB for comment.	Jackie Wilderspin
The Chief Fire Officer undertook to bring information to a future meeting of the Board on Trading Standards enforcement action with regard to illegal sales and other health related activity.	Chief Fire Officer
Jonathan McWilliam also undertook to bring some suggestions to the next meeting on how the Community Safety Plan could be strengthened to include the above issues. He tasked Jackie to look at the evidence base from Health to ensure it matched/complemented the current action plans for community safety.	Director of Public Health/ Jackie Wilderspin
It was **AGREED** that: **(a)** the governance and reporting arrangements currently led by the OSCP should continue for the Alcohol Strategy Group; **(b)** the Board would proactively influence the agenda for the Alcohol Steering Group via the attendance of the Chairman of the OSCP Business Group and the Chair of the Alcohol Strategy Group; and **(c)** Annual updates on alcohol related harm (more frequently on request) should be provided to the HIB.	))) Jackie Wilderspin/Chief Fire Officer)))
7 Plans for the HIB workshop in July It was **AGREED** that : • There would be one workshop session to focus solely on housing and the other session focusing on the other issues; • There would be 4 priorities in all, with one to be identified; • Subject experts would be invited to lead the workshops on different topics;	))) Jackie Wilderspin)))
8 Forward Plan The next meeting would take place on 12 September 2012 at Oxford Town Hall. The subsequent workshop would take place on 21 November 2012. It was hoped that the Public Involvement Network (PIN) representative would join the Board in time for the next workshop.	

9 The meeting closed at 3.20 pm.	

..... in the Chair

Date of signing .....

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Oxfordshire's Joint Health & Wellbeing Strategy

2012 - 2016

Final Version July 2012

Oxfordshire Clinical Commissioning Group

NHS

OXFORDSHIRE COUNTY COUNCIL

Oxfordshire LINk

CONTENTS

1. Foreword by Chairman and Vice-Chairman of Oxfordshire's Health and Wellbeing Board

We are delighted to launch our first Health and Wellbeing Strategy for Oxfordshire. We believe this strategy is a significant step forward for the health and wellbeing of the County.

We are used to positive partnership working between Local Government and the NHS in Oxfordshire and we are also used to working hand in hand with the public. This document finds us all speaking with one voice on behalf of the new Health and Wellbeing Board in an attempt to tackle the most pressing health problems our County faces today.

Health and Wellbeing in Oxfordshire is good overall, but we are determined to make it better still by working together for the long term.

Our understanding of the issues facing Oxfordshire has been strengthened by an in depth consultation on this strategy with the public and our many partners.

It is important that we can measure the changes to services we intend to make and the improvements in health outcomes we hope to achieve. We have therefore included targets throughout the document. Many of these measures are ambitious and we intend to achieve them all or use any near-misses to focus our attention on these areas further.

We will now go ahead and make the detailed plans needed to make this strategy a reality.

We look forward to continuing to work with the public and our partners to make sure this remains a joint venture.

Cllr Ian Hudspeth, **Chairman of the Board**
Leader of Oxfordshire County Council

Dr Stephen Richards, Vice Chairman of the Board
Chief Executive of the Oxfordshire Clinical Commissioning Group

2. Introduction

A Health and Wellbeing Board has been set up in Oxfordshire to make a measurable difference to the health and wellbeing of its people. Oxfordshire has a rich history of partnership working which strives to improve the health of Oxfordshire's people and the care they are offered. This new Board is, therefore, very much the next logical step for Oxfordshire to take, and through it we also fulfil a key requirement of the Government's new Health and Social Care Act.

The Health and Wellbeing Board is the principal structure in Oxfordshire responsible for improving the health and wellbeing of the people of the County through partnership working.

The Board is a partnership between Local Government, the NHS and the people of Oxfordshire. Members include local GPs, Councillors, the Local Involvement Network and senior officers from Local Government.

Early tasks for the Board have been to look at the biggest challenges facing the wellbeing of Oxfordshire's people and to set out the Board's initial ideas in this strategy for improving the situation.

This strategy will be the main focus of the Health and Wellbeing Board's work. We expect this to be a 'living document'. As priorities change, our focus for action will need to change with it. We want to make sure that our planning stays 'alive' and in touch with the changing needs of Oxfordshire's people.

3. Vision

The vision of the Health and Wellbeing Board is outlined below. This sets out our aspiration in broad terms. It is fleshed out in the priorities which follow and the action plans that are now in progress.

By 2016 in Oxfordshire:

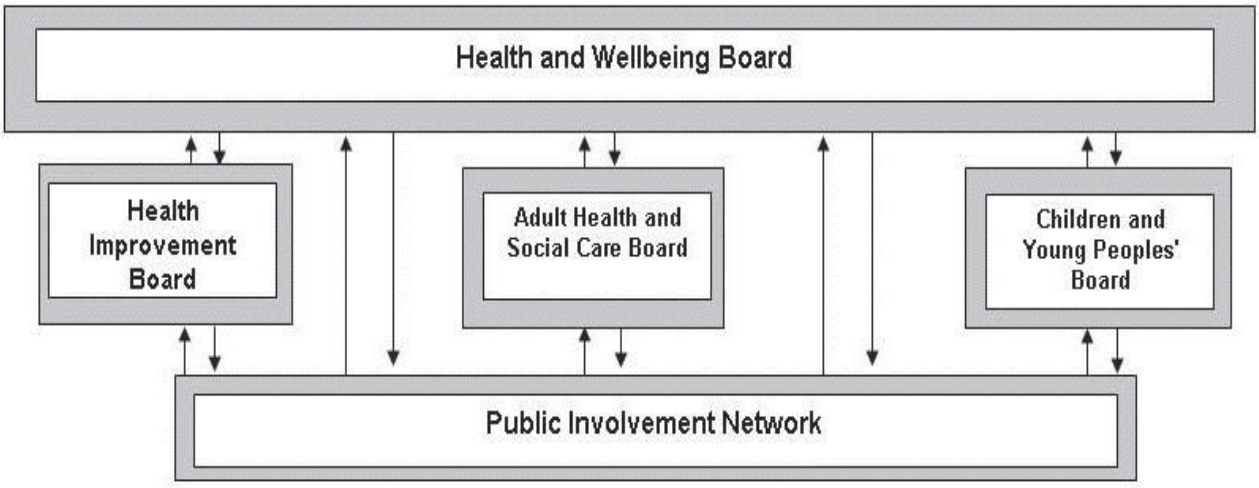
- more children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential;
- more adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health and social care services;
- everyone will be given the opportunity to voice their opinions and experiences to ensure that services meet their individual needs;
- the best possible services will be provided within the resources we have, giving excellent value for the public.

The priorities set out in this document put flesh on these themes. The priorities are intended to run to 2016 while the measures and targets set out within each priority are for the financial year 2012/13.

4. The structure of the Health and Wellbeing Board

4.1 What does the Health and Wellbeing Board look like?

The Health and Wellbeing Board has three Partnership Boards reporting to it and a Public Involvement Network;



The purpose and responsibilities of each of the Partnership Boards and the Network are outlined below:

Adult Health and Social Care Board	Children and Young People's Board	Health Improvement Board	Public Involvement Network
To improve outcomes and to support adults to live independently with dignity by accessing support and services they need while achieving better value for money, especially through oversight of our pooled budgets.	To keep all children and young people safe; raise achievement for all children and young people and improve the life chances for our most disadvantaged and vulnerable groups	To add life to years and years to life, focusing on the factors underpinning wellbeing, while levelling up differences in the health of different groups in the County	To ensure that the genuine opinions and experiences of people in Oxfordshire underpin the work of the Health and Wellbeing Board.

4.2 How will decisions get made?

The Health and Wellbeing Board is ultimately responsible for setting a direction for the County in partnership. Its members are committed to working with its three Partnership Boards and its Public Involvement Network to agree that direction. They will also be accountable to their constituent organisations – the Oxfordshire Clinical Commissioning Group, County, District and City Councils and HealthWatch.

In turn, the Partnership Boards are committed to working with a wide range of health and social care providers, voluntary agencies, carers, faith groups, members of the public and advocacy groups. We will be inviting these partners to formal meetings as 'expert witnesses' and to workshops during the year as a means of engagement. In this way, the decisions of the Health and Wellbeing Board aim to be truly inclusive.

The Health and Wellbeing Board will meet in public three times a year. Each of the three Partnership Boards will also meet in public three times each year and will also host workshops which will include many more service providers, partners, informal/ volunteer carers, faith groups, voluntary sector representatives, the public and advocacy groups.

While the Health and Wellbeing Board will listen carefully to the views of many groups of stakeholders and of the public as a whole, it has to be acknowledged that:

a) they will want to take careful account of the evidence base provided by the Joint Strategic Needs Assessment and scientific research, and
b) given that there will never be enough resources to meet all of people's needs, it will be the duty of the Health & Wellbeing Board to balance needs carefully and to influence its constituent organisations to make difficult decisions about priorities.

The terms of reference for each of the boards and the membership can be found at the links below-

http://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=776&MId=3447

http://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=776&MId=3448

4.3 The work of other partnerships and cross-cutting themes

The Health and Wellbeing Board is not the only group of its type in Oxfordshire. Public consultation suggested that we should include topics which are already covered by other groups and strategies. We do not want to duplicate effort and the work of these groups therefore has a key role to play. Other key partnerships and plans include:

- Better Mental Health in Oxfordshire
- Carers Strategy Oxfordshire
- Child Poverty Strategy
- Children's Urgent Care Project Board
- Civilian Military Partnership
- Dementia Plan for Oxfordshire
- Drug and Alcohol Action Team (DAAT) Board and the Drug and Alcohol Strategy
- End of Life Care Strategy
- Joint Management Groups
- Learning Disability Partnership Board and "The Big Plan – making a difference for adults with Learning Disabilities"
- Maternity Strategy and Commissioning Group
- Oxfordshire Autism Partnership Board
- Oxfordshire County Council's Commissioning Intentions for Older People
- Oxfordshire Safer Communities Partnership
- Oxfordshire Stronger Communities Alliance
- A draft Physical Disability Strategy for Oxfordshire
- Draft Strategic Plan for Education in Oxfordshire
- Supporting People Strategy
- Teenage Pregnancy Strategy Group
- Thriving Families Project
- Young Carers' Strategy Oxfordshire

A number of issues were identified in the consultation as ones that are of cross cutting interest to the Adults, Children's and Health Improvement Boards. These were - safeguarding, carers, housing, poverty, mental health, drug and alcohol dependency, offender health, long term conditions, end of life care, co-ordination of good quality support and making a successful transition from children's to adult services. The action plans to deliver the improvements needed will take account of the cross cutting nature of these issues wherever possible.

Three of these cross-cutting issues are so fundamental and public support for them so strong, that the Health and Wellbeing Board will require that the implementation of this strategy across all priorities takes account of:

1) Social disadvantage
The aim here is to level up health and wellbeing across the County by targeting disadvantaged and vulnerable groups. This will vary from topic to topic but will include: Rural and urban disadvantaged communities, black and ethnic minority groups, people with mental health problems, members of the armed forces, their families and veterans and carers of all ages.

2) Helping communities and individuals to help themselves
As the public purse tightens, we need to find new ways of supporting people to help themselves. It is early days for this approach, but recent examples have included direct payments to people to buy their own care and the County Council's use of the 'Big Society Fund'.

3) Locality working
Local problems often need local solutions and Oxfordshire is a diverse County. The Clinical Commissioning Group, County Council and District councils all support locality working and we should expect to see locality approaches to the priorities in this County when they are the best way to make improvements.

5. The Bedrock of our Decision-making: Oxfordshire's Joint Strategic Needs Assessment

5.1 What is the Oxfordshire Joint Strategic Needs Assessment (JSNA)?

The Oxfordshire Joint Strategic Needs Assessment is a report that includes a huge wealth of information and intelligence from a number of different sources that cover the health and wellbeing of the population in its broadest terms. This information is shared between the NHS locally and Local Authorities and is available to the public. When added to local knowledge of services, it gives Oxfordshire a common and consistent evidence-base which allows us to pinpoint gaps and target improvements.

This analysis is the scientific bedrock on which this strategy rests.

The JSNA highlights the following challenges which need to be met and which are summarised in the following section:

5.2 What are the specific challenges?

1. **Demographic pressures** in the population, especially the increasing number and proportion of older people, many of whom need care and may be isolated or lonely. This is markedly higher in our more **rural districts** than in the City.
2. The **proportion of older people** in the population also continues to increase which means that every pound spent from the public purse has to go further.
3. There are a growing number of people with **dementia** in the County who require access to new emerging treatments.
4. The persistence of small geographical areas of **social disadvantage containing high levels of child poverty**, especially in Banbury and Oxford but also in parts of our market towns. These areas are also the most culturally diverse in the County **containing ethnic minority groups who have specific needs.**
5. The increase in **'unhealthy' lifestyles which leads to preventable disease**.
6. The need to ensure that services for the **mentally ill and those with learning disabilities and physical disabilities** are prioritised.
7. **Increasing demand** for services.
8. The need to support **families and carers of all ages to care.**
9. The need to encourage **volunteering**.

10. An awareness that the **'supply side'** of what we provide does not 'mesh' together as smoothly as we would like - (e.g. hospital beds, discharge arrangements, care at home and nursing home care).
11. The recent **tightening of the public purse** which has knock-on effects for voluntary organisations.
12. The need to work with and through a **wide patchwork of organisations** to have any chance of making a real difference in Oxfordshire.
13. The changing face and **roles of public sector organisations.**

5.3 What are the overarching themes required to meet these challenges?

A number of overarching themes required to improve health in Oxfordshire have been identified as follows –

- The need to shift services towards the prevention of ill health.
- The need to reduce inequalities, break the cycle of deprivation and protect the vulnerable.
- The need to give children a better start in life.
- The need to reduce unnecessary demand for services.
- To help people and communities help themselves.
- The need to make the patient's journey through all services smoother and more efficient.
- The need to improve the quality and safety of services.
- The need to streamline financial systems, especially those pooled between organisations, and to align all budgets more closely.

These themes will be overseen by the Health and Wellbeing Board and will be tackled by all three of the partnership boards.

5.4 What criteria have been followed in selecting priorities?

The priorities are based on the challenges and themes set out previously. We have also used the following criteria to help us focus our priorities:

a) Is it a major issue for the long term health of the County?
b) Are there some critical gaps to which we need to give more attention?
c) What are we most concerned about with regard to the quality of services?
d) On what topics can the NHS, Local Government and the public come together and make life better for local people?
e) Which issues are the most important following consultation with the public?

6. What are the priorities for Oxfordshire's Health and Wellbeing Strategy?

A summary of the priorities can be found in Annex 1 on page 18

A. Priorities for Children and Young People

Priority 1: All children have a healthy start in life and stay healthy into adulthood

A healthy start in life begins at conception, runs through pregnancy and on into the first few years of life. Where problems occur, we aim to provide the wide range of services that parents need to support them.

This section should be read together with priorities 9 and 11 below which propose the promotion of breastfeeding and improved immunisation for children as further priorities.
In addition to breastfeeding and immunisation, we have selected a number of areas where things could be improved. We know that there is a year on year increase in the number of children and young people admitted to hospital in an emergency. The most common causes of emergency admission to hospital for young children (under 5) are respiratory tract infections, viral infections and gastroenteritis. We propose to reduce this number.

Another common cause of emergency admission for young people (11-17 years old) remains 'ingestions and poisoning' (both alcohol and drug related). We propose to reduce this number also.

Young people tell us that there is much more we could do to improve the transition between young people's services and younger adults' services. This is particularly relevant to young people with mental health needs. We are determined to act on this.

Targets for achievement during 2012/13 are:

Having a healthy start in life and staying healthy into adulthood

- Reduce emergency admissions to hospital for episodes of self-harm by 5% year on year. This means reducing admissions by 8 young people in 2012/13 (currently 156)
- Reduce emergency admissions to hospital with infections by 10% year on year. This means reducing emergency admissions by 145 in 2012/13 (currently 3,100)
- Review and redesign transition services for young people with mental health problems. This would mean there would be a new service in place from 1st April 2013

Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups

This is a priority because we know that outcomes for children and families from vulnerable groups and disadvantaged communities are much worse than for their peers.

Poverty and disadvantage are known to be strongly linked to poor outcomes and so work focused on reducing the gap between the most disadvantaged and most advantaged groups is seen as a key way of improving outcomes for children and families. Reducing the number of teenage pregnancies in the County has proved to be a useful overall focus for this work.

There is a renewed national focus on helping the most disadvantaged and challenged families to turn their lives around. The "Thriving Families" project will work with these families to reduce worklessness, antisocial behaviour, crime and school exclusions and to

increase school attendance. A key focus will be on our most resource intensive and vulnerable families with the aim of reducing the numbers on social care thresholds. This will be a vital strand in the ongoing work locally to 'narrow the gap'. Work to date has focused on identifying the families. The project will start working with families in September.

Performance at Key Stage 4 is an area of further work: in 2010/11, 8% of Oxfordshire's looked after children achieved 5 or more GCSE A* to C including English and Maths compared to 6.4% in 2009/10.

Targets for achievement during 2012/13 are:

Narrowing the gap for our most disadvantaged and vulnerable groups

- Maintain the recently improved rate of teenage conceptions (currently at 22 women aged 15-17 per 1000 - in 2010 this was 251 conceptions)
- The 'Thriving Families' project will have begun work with the first 100 families by April 2013
- Reduce persistent absence (15% lost school days or more) from school for children looked after to 4.9% (currently 11.7%)

Priority 3: <u>Keeping all children and young people safer</u>

This is a key priority because children need to feel safe and secure if they are to reach their full potential in life. Safeguarding is everyone's business and many different agencies work together to achieve it. The aim is to make the child's journey from needing help to receiving help as quick and easy as possible.

Practitioners in all agencies work together to prevent harm and to identify and protect children living in abusive and neglectful situations. We know that both nationally and locally there is growing awareness about young people who are victims of sexual exploitation. We need to do more to understand the picture in Oxfordshire and work together as agencies to prevent this happening.

We know nationally that the number of children who have Child Protection Plans has increased and that 0-4 year olds are the largest single age group with Child Protection Plans.

Our priority in Oxfordshire is to reduce the number of children who need a subsequent Child Protection Plan (following a previous, completed plan) to no more than 15%. It should be noted that this national indicator is being redefined so this target may change within the year.

In Oxfordshire over the last year we have seen a real improvement in the reduction of repeat plans from 18.2% to 15.3% so the 15% target reflects the need to sustain this improvement. This will be achieved through focusing on improving organisation processes so that in future years all interventions will have a greater impact and there will be higher skill levels amongst the workforce.

To improve this situation, targets for achievement during 2012/13 are:

Keeping all children and young people safer

- Collect information to establish a baseline of prevalence and trends of child sexual exploitation in Oxfordshire by March 2013
- Reduce the number of children who need a subsequent Child Protection Plan (following a previous, completed plan) to no more than 15%, which will require full multi-agency

commitment (in 2011/12 15.3%)
- A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire's Safeguarding Children Board covering the following agencies: children's social care; youth offending service; education services; children and adult health services; early intervention services; services provided by the police. Over 50% of these audits will show a positive overall impact (baseline to be confirmed in 2012/13)

Priority 4: Raising achievement for all children and young people

This is a priority because, in Oxfordshire, school exam results are often poorer than expected. In 2011 GCSE results were disappointing. Overall, the picture shows gradual improvement but there is inconsistency between Districts and for certain groups of children.

Early Years results are better than the national average and this can be built upon. However we know that specific pupil groups in Oxfordshire do not do as well as their peers in similar Local Authorities. This includes children receiving free school meals, children from some Black and Minority Ethnic Groups and those with special education needs. The attainment of children whose first language isn't English is lower than that of their peers at Key Stage 4, and the attainment of boys is lower than that of girls at both Key Stage 2 and 4. There is currently also a specific concern about reading standards at Key Stage 1 in some primary schools.

The Health and Wellbeing Board aspires to see every single child being successful and reaching their potential, thriving in an outstanding learning environment throughout their education wherever they live across the County and to see the gap reduced between the lowest and the highest achievers. We aim for every single school to be rated at least as 'good' and to be moving towards 'outstanding'.

The trend for young people "Not in Education, Employment or Training (NEET)" in Oxfordshire is downwards, which means young people are finding jobs and training. The trend information masks some concerns with regard to specific groups of young people and levels vary across the county so there will be a continued focus on reducing NEETs.

Targets for achievement are:

Raising achievement for all children and young people
- 76% (5,000) children achieve Level 2b or above in reading at the end of Key Stage 1 of the academic year 2011/12 (currently 74.3% for the academic year 2010/11)
- 80% (4,880) of children achieve Level 4 or above in English and Maths at the end of Key Stage 2 of the academic year 2011/12 (currently 74.8% for the academic year 2010/11)
- 59% (3,500 out of 6,000) of young people achieve 5 GCSEs at A*-C including English and Maths at the end of the academic year 2011/12 (currently 56.8% for the academic year 2010/11)
- 66% (153) primary schools and 70% (24) secondary schools with be judged by Ofsted to be good or outstanding in 2012/13 (currently 61% (142) of primary schools and 65% (21) of secondary schools)
- Reduce the number of young people not in education, employment or training to 5% or 864 young people (currently 5.7% in the financial year 2012/13)

B. Priorities for Adult Health and Social Care

Priority 5: Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential

Adults living with physical disability, learning disability, severe mental illness or another long-term condition consistently tell us that they want to be independent, to have choice and control so they are able to live "ordinary lives" as fully participating members of the wider community. This priority aims to support adults of working age to meet their full potential.

Both nationally and locally, people tell us that living ordinary lives means:

- Having improved access to information that supports choice and control
- Having improved access to housing and support
- Having improved access to employment, study, meaningful activity and involvement in the community and wider public life
- Having access to responsive, coherent services that help people manage their own care
- Having improved support for carers, to help them to help the people they care for to live as independently as possible

We are, therefore, proposing a series of targets which aim to:

- ensure that information is easy for service users to find
- increase the number of people with mental health conditions who are in employment
- ensure that people with long term conditions feel supported
- ensure people with severe mental health problems or learning disabilities receive good quality care for their physical health

Ensuring access to good health care for people with learning disabilities is a key priority for the board. We know this is an important issue for people with learning disabilities too. The physical health check target we have set, of at least 50% for adults with learning disabilities, is lower than we would like it to be, but the issue is complex and will take time to resolve. We think this is a realistic aim for 2012/13. We see this as a step in the right direction towards at least 60% by the end of 2013/14.

Targets for achievement during 2012/13 are:

Living and working well: Adults with long-term conditions, physical disability, learning disability or mental health problems living independently and achieving their full potential

- 75% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 72.4%)
- 15% of people with severe mental illness using secondary mental health services are in employment (currently 10.7%)
- 86% of people with a long-term condition feel supported to manage their condition (currently 84%)
- 95% of people living with severe mental illness will have an annual physical health check by their GP (currently 93.7%)
- 50% of people with learning disabilities will have an annual physical health check by their GP (currently 46%)

Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support

We know that living at home with dignity is key to the quality of life that older people want to enjoy and that older people and their carers require access to good quality information and advice.

We also know that the proportion of older people in the population continues to increase and that the cost of caring for older people increases markedly with age. This is true for both health care and social care.

In 2011/12 Oxfordshire had the highest level of delayed transfers of care from hospital in the country. All organisations are committed to improving the situation and one of the best ways of doing this is to provide services which help people to learn or re-learn the skills they need to live more independently and to prevent ill health. These services are called "reablement services". We are committed to offering these to more people.

For all these reasons our priority is to support older people to live at home whilst reducing the need for care and support. To achieve this some of the areas we would like to focus on jointly are better use of reablement; reducing the number of people permanently admitted to care homes; developing more integrated community services as per priority 7; providing additional extra-care housing units: developing transport options to enable people to get to services that support them and making sure older people find the information they need more easily.

Loneliness and social isolation are increasingly acknowledged as root causes of poor health and wellbeing and we know they influence people's choices about staying at home. More local information is needed to identify the key issues in this area for Oxfordshire.

Another key issue is the increase in the number of people with dementia who need access to newly emerging treatments. To enable us to develop high quality care for people with dementia we need to diagnose it earlier. Currently only 38% of people with dementia in Oxfordshire have a diagnosis. This is below the national average of 42% (within a national range of 27% - 59%). In Oxfordshire our ambition is for 60% of the expected population to have a diagnosis by 2014 but we need a staged approach to get there. This year we are therefore aiming for a step increase in performance to 50% of people with dementia in Oxfordshire to have a recorded diagnosis.

Targets for achievement during 2012/13 are:

Support older people to live independently with dignity whilst reducing the need for care and support

- A reduction in delayed transfers of care so that Oxfordshire's performance is out of the bottom quarter (current ranking is 151/151)
- No more than 400 older people per year to be permanently admitted to a care home from October 2012 (currently 546)
- 50% of the expected population with dementia will have a recorded diagnosis (currently 38%)
- 3,140 people will receive a reablement service (currently 1,812)
- Maintain the current high standard of supporting people at home with dignity as measured by people themselves (currently 91.6%).

- By the end of March 2013, commission an additional 130 Extra Care Housing places, bringing the total to 407 and by the end of March 2015 an additional 523 places, bringing the total number of places to 930
- 75% of older people who use adult social care say that they find information very or fairly easy to find (currently 73.8%)
- Review transport in the community to understand the best way of meeting community needs by June 2013

Priority 7: Working together to improve quality and value for money in the Health and Social Care System

Integrating the health and social care systems has been a goal of public policy for the past 40 years. The successful integration of health and social care offers important benefits e.g.

- Improved access to, experience of, and satisfaction with, health and social care services that place people at the centre of support.
- Development of different ways of working, including new roles for workers who work across health and social care.
- Ensuring that all health and social care providers deliver high quality safe services which ensure that those receiving their services are treated with dignity and respect.
- Ensuring people receive the right quality care, in the right place at the right time and achieve more efficient use of existing resources and a reduction in the demand on expensive health and social care services.

One objective is to deliver integrated community services between Oxford Health NHS Foundation Trust, Social and Community Services and other relevant providers. The first step is to deliver a joint single point of telephone access to be used by health and social care staff seeking to help prevent acute hospital admissions and facilitate hospital discharges. This will be followed by delivery of integrated assessments, integrated care plans and joined up care management by a single lead professional who will remain the main point of contact for the patient.

The County Council and Oxfordshire Clinical Commissioning Group are committed to work together to raise the quality and improve the value of health and social care services, as outlined in the targets below. This is what the people of Oxfordshire have said they want. Integrating health and social care is a priority because it gives us the chance to improve services, make better use of resources and meet the stated desires of the public.

Targets for achievement during 2012/13 are:

Working together to improve quality and value for money in the Health and Social Care System

- Deliver a joint single point of access to health and social care community services, provided by Oxford Health and Oxfordshire County Council by the 1st December 2012
- Deliver fully functioning, locality based and integrated health and social care services by March 2013
- A single Section 75 agreement to cover all the pooled budget arrangements by April 2013
- A joint older people's commissioning strategy covering both health and social care by April 2013
- Oxfordshire's Clinical Commissioning Group will be authorised by April 2013
- More than 60% of people who use social care services in Oxfordshire will say they are

very satisfied with their care and support (currently 59.4%)
- Achieve above the national average of people satisfied with their experience of hospital care (when the nationally sourced information for Oxfordshire is available)
- Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (when the nationally sourced information for Oxfordshire is available).
- Establish a baseline for measuring carer satisfaction of services by May 2013
- 800 carers' breaks jointly funded and accessed via GPs (currently 709)

C. Priorities for Health Improvement

Priority 8: Preventing early death and improving quality of life in later years

This priority aims to add years to life and life to years – something we all aspire to.
The biggest killers are heart disease, stroke and cancers. Some of the contributing factors to these diseases are beyond the influence of the individual or of health services but we can encourage healthier lifestyles and prevent disease through early detection and screening.

The following priorities for action are proposed:
- To reduce levels of smoking in the county by encouraging more people to quit, as smoking remains a major cause of heart disease and cancer.
- To boost our cancer screening programmes so that more people are protected, focusing on the new bowel cancer screening programme.
- To promote the new 'Health Checks' programme which offer adults a full health 'MOT' and looks at many lifestyle factors such as obesity, exercise, smoking, blood cholesterol levels ,diabetes, blood pressure and (soon), alcohol consumption.
- Reversing the rise in the consumption of alcohol is another priority of the Health and Wellbeing Board. It is being taken forward by the Oxfordshire Community Safety Partnership and progress will be monitored by the Health Improvement Board.

In addition to this, our work must focus on those who are most at risk. The Joint Strategic Needs Assessment shows that there are differences between different groups of people and different places in the County, with some faring better than others both in terms of their life expectancy and in their chances of living healthy lives into old age.

Targets for achievement during 2012/13 are:

Preventing early death and improving quality of life in later years
- 100 smoking quitters above the national target (the nationally set target for Oxfordshire is 3,476)
- 2,000 adults receiving bowel screening for the first time (meeting the challenging national target of 60% of 60-69 year olds every 2 years)
- 30,000 people invited for Health Checks for the first time (currently 25,000)

Priority 9: Preventing chronic disease through tackling obesity

After smoking, obesity is the biggest underlying cause of ill health. It can lead to high blood pressure, heart disease, stroke, diabetes, cancer and early death. It also increases immobility and makes any other disability more severe than it would otherwise be.

Director of Public Health annual reports show that there is an upward trend in prevalence of obesity in adults and children in Oxfordshire, though this is still slightly below the national level. Chronic disease associated with obesity, such as diabetes, is also increasing.

To tackle obesity we have set targets in the following areas:

Promoting breastfeeding
Breastfeeding gives the best start to life and has been proven to lead to fewer overweight children and adults. Increasing the number of breastfed babies is the foundation of an obesity strategy for the County. The national figure for breastfeeding prevalence at 6-8 weeks is 47% but in Oxfordshire we are setting a stretching target of 60% and aiming to address inequalities issues.

Halting the increase in childhood obesity
Children in Reception class and Year 6 are weighed and measured every year and results show that around 8% of reception year and 15% of Year 6 children are obese. This feeds through into ever increasing levels of obesity in young adults. Making parents aware of problems early helps them to take action if they choose to. Healthy eating initiatives are part of the approach. Levels of obesity are also linked to social deprivation, with more deprived parts of the County showing higher rates of obesity, so some targeting of effort is called for here too.

Promoting physical activity in adults
Physical activity is an important component of maintaining a healthy weight for all ages and there is local encouragement here, with Oxfordshire topping the latest 'Active People' survey as the sportiest and most active county in England. The survey showed that 26% of the population participate in regular activity each week. Maintaining this position will be critical to good health in the County. Regular participation in physical activity will also have an impact on mental wellbeing.

Targets for achievement during 2012/13 are:

Preventing chronic disease through tackling obesity

- Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2011 this was 14.9%)
- 60% of babies are breastfed at 6-8 weeks of age (currently 58.4%)
- 5,000 additional physically active adults (2010/11 information will be available in July 2012)

Priority 10: <u>Tackling the broader determinants of health through better housing and preventing homelessness</u>

Housing and health are intimately connected and inextricably linked. Having a home, living in good housing conditions and in a good neighbourhood with the right kind of support, are vital ingredients to health and well-being.

There are several ways in which housing issues impact on health, including the following:

- '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

- Homeless people die earlier and suffer worse health than people with a stable home. The threat and experience of homelessness also has an impact on mental wellbeing.
- Safe, secure housing contributes to improving health outcomes. Some vulnerable people need support to maintain their tenancies and live ordinary lives as fully participating members of the wider community. This is an essential ingredient for preventing ill health and homelessness.

These housing issues all have to be tackled in partnership.

Work to determine the specific focus for this priority and to identify and recommend outcomes and indicators is underway. This work is building on existing initiatives and taking account of changes in national policy and local structures.

It is likely that the process indicators shown in the box below will be agreed through the Health Improvement Board as the focus for this work. By 2013-14 more specific outcome measures will be defined.

Tackling the broader determinants of health through better housing and preventing homelessness. (specific targets for this section are to be set following a forthcoming workshop)

- A reduction in the number of households at risk of fuel poverty though use of improvement grants and enforcement activity
- Action to prevent homelessness and ensure a joint approach in times of change.
- New arrangements for partnership work to ensure vulnerable people are supported to remain in appropriate accommodation e.g. young people, victims of domestic violence, offenders and other adults with complex needs.

Priority 11: **<u>Preventing infectious disease through immunisation</u>**

Immunisation is the most cost-effective medical public health intervention. Levels of immunisation for childhood diseases in Oxfordshire continue to improve but it is imperative that this is maintained. Constant vigilance is needed to make sure that individual children have access to immunisation. This means working closely with GPs, community nurses and individual families.

The Oxfordshire Joint Strategic Needs Assessment shows high levels of coverage but some targets are still not being met and there are early signs that our high rates have begun to slip a little. The leadership for these services will change profoundly during the next year and maintaining our current position will be a real challenge.

We are proposing priorities for improving immunisation levels across the board, focusing on childhood immunisation, immunisation of teenage girls to protect against cervical cancer and flu vaccinations in the elderly.

Targets for achievement during 2012/13 are:

Prevent infectious disease through immunisation

- 8,000 children immunised at 12 months, maintaining the high coverage (this means we will meet the challenging national target of 96.5%)
- 7,700 children vaccinated against Measles Mumps and Rubella (MMR) by age 2 (this means we will meet the ambitious national target of 95%)

- 7,300 children receiving MMR booster by age 5 (meeting the ambitious national target of 95%)
- 3,000 girls receiving Human Papilloma Virus vaccination to protect them from cervical cancer (meeting the national target of 90% of 12-13 year old girls)
- 80,000 flu vaccinations for people aged 65 or more (meeting the national target of 75% of people aged 65+)

Annex 1: Summary of Priorities for the Oxfordshire Health and Wellbeing Strategy

Children and Young People

Priority 1: All children have a healthy start in life and stay healthy into adulthood
Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups
Priority 3: Keeping all children and young people safer
Priority 4: Raising achievement for all children and young people

Adult Health and Social Care

Priority 5: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support

Priority 7: Working together to improve quality and value for money in the Health and Social Care System

Health Improvement

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

Annex 2: Glossary of Key Terms

Terms

Carer	Someone of any age who looks after a relative, partner, friend or neighbour who has an illness, disability, frailty, or addiction. The help they provide is not paid for as part of their employment.
Child Poverty	Children are said to be living in relative income poverty if their household's income is less than 60 per cent of the median national income.
Child Protection Plan	The plan details how a child will be protected and their health and development promoted.
Commissioning	The process by which the health and social care needs of local people are identified, priorities determined and appropriate services purchased.
Delayed Transfer of Care	The national definition of a delayed transfer of care is that it occurs when a patient is medically fit for transfer from a hospital bed, but is still occupying a hospital bed.
Director of Public Health Annual Report	http://www.oxfordshirepct.nhs.uk/about-us/publications/public-health-annual-report.aspx
Extra Care Housing	A self-contained housing option for older people that has care support on site 24 hours a day.
Fuel Poverty	Households are considered by the Government to be in 'fuel poverty' if they would have to spend more than 10% of their household income on fuel to maintain an adequate level of warmth.
Joint Health and Wellbeing Strategy	The strategy is the way of addressing the needs identified in the Joint Strategic Needs Assessment and to set out agreed priorities for action.
Joint Strategic Needs Assessment (JSNA)	A tool to identify the health and wellbeing needs and inequalities of the local population to create a shared evidence base for planning.
Local Involvement Network (LINk)	Oxfordshire LINk is made up of individuals and community groups who care about our health and social care services and work together to make improvements. http://oxfordshirelink.org.uk/
Not in Education, Employment or Training (NEET)	Young people aged 16 to 18 who are not in education, employment or training are referred to as

	NEETs.
Oxfordshire Clinical Commissioning Group	The Oxfordshire Clinical Commissioning Group is the new organisation in Oxfordshire that has the responsibility to plan and buy (commission) health care services for the people in the County. It is currently in shadow form until it takes over from Oxfordshire Primary Care Trust in April 2013.
Oxfordshire's Safeguarding Children Board	Representatives from the main statutory agencies who ensure there are suitable robust arrangements for protecting children in Oxfordshire.
Pooled budget	A mechanism by which the partners to the agreement bring money to form a discrete 'fund'. The purpose and scope of the fund is agreed at the outset and then used to pay for the services and activities for the relevant client group.
Quality Assurance Audit	A process that helps to ensure an organisation's systems are in place and are being followed.
Reablement	A service for people to learn or relearn the skills necessary for daily living.
Secondary Mental Health Service	Services for adults with more severe mental health problems and needs requiring the specialist skills and facilities of mental health services.
Section 75 agreement	An agreement made under section 75 of National Health Services Act 2006 between a local authority and PCT(s), NHS trusts or NHS foundation trusts. This can include arrangements for pooling resources and delegating certain functions to the other partners if it would lead to an improvement in the way those functions are exercised.
Thriving Families Programme	A national programme which aims to turn around the lives of 'Troubled' families by 2015.
Transition	This is the process through which a person with special needs transfers from children's services to adults services.

Roles and responsibilities of Public Involvement Network representatives on Health and Wellbeing Partnership Boards

Public Involvement Network
A Public Involvement Network (PIN) has been set up in Oxfordshire to support the new Health and Wellbeing Board in the County. The Health and Wellbeing Board is the principal structure in Oxfordshire responsible for improving the health and wellbeing of the people of the county through partnership working; it is a key requirement of the Government's new Health and Social Care Act, and is in shadow form until April 2013.

In addition to the main board there are three partnership boards and each will have one or more members of the public on them. Members of the public are elected through a process designed and run by the PIN Core group, with agreed job roles:

- Health and Wellbeing Board: chair of LINks (and subsequently a member of HealthWatch Oxfordshire)
- Health Improvement Board (HIB) - one representative (elected for 1 year)
- Adult Health and Social Care Board (AHSC) - two representatives (one elected for one year/one topic expert invited according to the issues being discussed)
- Children and Young People's Board - one parent and one young person (both elected for one year).

The PIN is the mechanism for ensuring that the Health and Wellbeing Board, the three partnership boards, the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment are informed by the opinions and experiences of the people of Oxfordshire. It is jointly co-ordinated by Engagement Managers within OCC and OCCG in conjunction with a 'Core Group'.

The PIN will:

- co-ordinate robust routes and processes to engage people of all ages, circumstances, abilities, faiths and cultures, equality groups and geographical areas in Oxfordshire, using existing routes through OCC/OCCG/LINks/City/ District Councils/VCS/PPG's/LHW/carers/user/advocacy groups etc and developing new ones as necessary. It will do this in numerous ways as appropriate, including online surveys and consultations, digital engagement, focus groups, public meetings, targeted discussions with specific groups etc
- ensure these views/experiences influence the existing priorities of the boards
- create space to raise emerging issues and concerns
- design and run fair and transparent processes for the recruitment of partnership board representatives, and train and support reps thereafter
- ensure the voluntary, community and faith sectors, advocacy and carers groups, are able to contribute fully and appropriately to discussions, in their role as advocates of public/patient voices/views
- involve and support relevant people as co-participants in subsequent commissioning and service development
- collate key messages and analyse outcomes in relation to what people have said matters to them and the impact these views have had on the board/s.

The specific roles of the representatives selected by the PIN are to:

- attend the 3 partnership board meetings, and up to 3 workshops a year
- read the documents produced by the board
- use a range of routes through the PIN and their own personal networks to canvass views on particular topics relevant to the board and feedback as appropriate (within their own capacity)
- make a contribution to the discussions and activities based on personal experience and the views of others that have been gathered through the PIN
- constructively challenge and question, to support the board with decision making
- attend the PIN core group meetings to feedback their experience from the board/workshops
- attend training as required.

PIN representatives will be offered training to fulfil this role and members of the boards will also be offered training in effectively involving members of the public in meetings. PIN representatives will be supported by the PIN co-ordinator and their time and expertise recognised in line with the OCC/OCCG Policy.

Alison Partridge, Public Engagement Manager, OCC
Sarah Adair, Head of Communications and Engagement, OCCG

September 2012

Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
Priority 8: Preventing early death and improving quality of life in later years									
100 smoking quitters above the national target (the nationally set target for Oxfordshire is 3,476)	Expected 840 Actual 852	G	Expected 1617 Actual		Expected 2490 Actual		Expected 3676 Actual		
2,000 adults receiving bowel screening for the first time (meeting the challenging national target of 60% of 60-69 year olds every 2 years)	Expected 500 Actual		Expected 1000 Actual		Expected 1500 Actual		Expected 2000 Actual		Q1 data expected during September
30,000 people invited for Health Checks for the first time (currently 25,000)	Expected 7500 Actual 8848	G	Expected 15000 Actual		Expected 22500 Actual		Expected 30000 Actual		Achieved Q1 target

Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
Priority 9: Preventing chronic disease through tackling obesity									
Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2011 this was 14.9%)					Expected 14.9% or less Actual				Provisional data expected end of Q3 and final in Q4
60% of babies are breastfed at 6-8 weeks of age (currently 58.4%)	Expected 60% Actual 59.8%	A	Expected 60% Actual		Expected 60% Actual		Expected 60% Actual		Virtually achieved Q1 target
5,000 additional physically active adults (Data available twice per year) Baseline 125,500 Adults Annual target 130,500*Adults *125,500+5000 additional physically active adults			Expected 128,000 Adults Actual 136,000 Adults	G			Expected 130,500 Adults Actual		Numbers fluctuate as Active People Survey is based on a sample of approximately 2,500 people

Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness									
A reduction in the number of households at risk of fuel poverty though use of improvement grants and enforcement activity	Priorities agreed		Indicators to be determined		Basket of indicators agreed		Outcome measures set		
Action to prevent homelessness and ensure a joint approach in times of change.	Priorities agreed		Indicators to be determined		Basket of indicators agreed		Outcome measures set		
New arrangements for partnership work to ensure vulnerable people are supported to remain in appropriate accommodation e.g. young people, victims of domestic violence, offenders and other adults with complex needs.	Priorities agreed		Indicators to be determined		Basket of indicators agreed		Outcome measures set		

Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
Priority 11: Preventing infectious disease through immunisation									
8,000 children immunised at 12 months, maintaining the high coverage (this means we will meet the challenging national target of 96.5%)	Expected 2000 Actual 2038	G	Expected 4000 Actual		Expected 6000 Actual		Expected 8000 Actual		
7,700 children vaccinated against Measles Mumps and Rubella (MMR) by age 2 (this means we will meet the ambitious national target of 95%)	Expected 1925 Actual 1883	A	Expected 3850 Actual		Expected 5775 Actual		Expected 7700 Actual		
7,300 children receiving MMR booster by age 5 (meeting the ambitious national target of 95%)	Expected 1825 Actual 1958	G	Expected 3650 Actual		Expected 5475 Actual		Expected 7300 Actual		
3,000 girls receiving Human Papilloma Virus vaccination to protect them from cervical cancer (meeting the national target of 90% of 12-13 year old girls)					Expected 3000 Actual		Expected 3000 Actual		3 doses required to achieve target – final data expected in Q3 Provisional data from April and June indicates on course to achieve target As at 30/04/2012 Dose 1 = 3253 Dose 2 = 3206 Dose 3 = 1628

Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
									As at 30/06/2012 Dose 1 = 3255 Dose 2 = 3221 Dose 3 = 3130
80,000 flu vaccinations for people aged 65 or more (meeting the national target of 75% of people aged 65+)							Expected 80,000 Actual		Data expected in Q4

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Report on Health Improvement Board Workshop held in July 2012 and next steps in action planning

1. Summary and recommendations

This paper includes a report on the successful workshop held in July 2012 and the outputs of discussions on 3 of the 4 priority issues for this Board. Proposals for next steps to ensure delivery of the Board's ambitions are also set out.

The Board members are asked to discuss the content of this paper and make decisions on the following:

a. The proposed next steps for meeting our targets
b. Ideas for future workshops in November 2012 and March 2013

2. Workshop report

The Health Improvement Board workshop in July 2012 enabled over 70 people to join discussion groups on 3 of the Board's 4 priorities. The housing priority was divided between 3 discussion groups

- Fuel poverty and housing quality
- Preventing homelessness
- Supporting vulnerable people

Further groups were convened later in the afternoon to discuss

- Preventing early death and improving quality of life in later years
- Tackling obesity

Preparatory work for the workshop had included circulation of detailed briefing papers on each of these topics so that all participants were informed in advance. Copies of additional detailed reports and papers were made available at the workshop.

Discussion groups focussed on work currently being delivered and participants were asked to "affiliate" appropriate work to the Health Improvement Board. An extensive list of affiliated projects has been compiled as a result (see summary in **Appendix A**) and this will form the basis for our future action planning, which is outlined below. Further discussion then focussed on ideas for developing new work which would help us meet our priority outcomes. The ideas generated are summarised in **Appendix B**.

3. Next steps for all priorities

The details of how work will be taken forward will vary across the priority topics, but some general ideas are proposed for discussion. These include

a. **Starting with existing plans** to ensure there is no duplication or reinvention. The two workshops already run by the Health Improvement Board have given extensive information about what is already going on.

b. **Adding affiliated projects to these existing plans**. There is a wide range and diversity of projects offered by partners for affiliation. Many will make a direct contribution to improved outcomes and where appropriate these can be added to existing work streams.

c. **Adding value through improved coordination** and better information flow among partners and with the public. Quite often the value of a partnership approach to work of this nature is the simple job of bringing people together and keeping in touch. This includes good communication with other partnership boards e.g. Adult Health and Social Care on some housing topics, Children and Young People Board on childhood obesity and immunisations etc.

d. **Using the scheduled HIB workshops** to focus on particular topics and involve a wide range of partners as expert witnesses. For example, these meetings could focus on a particular issue for resolution, bring information on best practice from elsewhere, explore options for further local development or draw in potential new partners for discussion about how they could contribute to the work.

e. **Ensuring that the views of the public are sought and incorporated** in planning and implementation on each priority. This is through the work of the Public Involvement Network (PIN) prior to workshops and in other ways. The routes offered through the PIN might include
    - The opinion and contribution of the PIN representative on the Board.
    - Conducting on-line surveys to canvass opinion from PIN members.
    - Producing summary reports of consultations that have already been conducted on particular topics.
    - Running focus groups on a particular issue so that members of the PIN can give more detailed views.
    - Consulting on draft documents or proposals.
    - Involving people who may have direct experience of the issue being discussed. This could be in a range of ways, from one-off meetings to a role as co-commissioner.

f. **Establishing a regular rhythm of performance reporting** to the Board and ensuring that exception reports and recovery plans give sufficient detail for the Board to advise and hold to account. These should be complemented by reports on particular areas of activity to highlight success and best practice.

g. **Continuing surveillance of a wider range of related indicators**. This will enable discussion and advice on progress on existing priorities as well as awareness of emerging issues.

Appendix A Summary of affiliated projects offered to the Health Improvement Board

At the HIB workshop in July 2012 delegates were asked to offer projects for affiliation that will help the board meet its outcomes across its four priorities. To date over 120 projects have been offered for affiliation both during and after the workshop representing a wider range of organisations and approaches.

A selection of the projects offered across the four priorities is detailed below to demonstrate the breath of those received. A full list of all affiliated projects has been compiled and is available for those leading work on each priority.

Priority: Preventing early death and improving quality of life in later years

- **Mental Health First Aid:** Suicide is one of the biggest causes of early death and lost years of life. MHFA is practical skills based training that enables people to provide crisis support to people at risk of suicide.
- **The Archway Foundation**: Preventing premature death by alleviating loneliness. Supporting vulnerable groups by providing supportive social contact and befriending
- **Supporting Community Infrastructure:** Oxfordshire Rural Community Council Supporting community hall committees, community transport schemes, community shops and community led planning
- **Footy Fitness:** Oxfordshire PCT**:** Free rolling programme by self-referral or referral from NHS Health Check. Men who live in Oxford City with BMI of over 25 attend for football based physical activity programme and weight management
- **Generation Games:** Age UK. Wide range of locally accessible exercise opportunities, affiliated to GG, available through "exercise prescription" and self-referral
- **Diabetes Explored:** Oxfordshire PCT. Education sessions for BME Groups

Priority: Preventing chronic disease through tackling obesity

- **Healthy Eating and Nutrition for the Really Young (HENRY):** Courses to develop knowledge, skills and confidence to support parents with weight issues and promote healthy lifestyle for the whole family.
- **Targeted free swimming:** Oxford City Council
- **Running club for 2 - 7 year olds:** Vale of White Horse DC
- **Oxford United FC Youth and Community Trust:** Oxford United FC. Healthy Lifestyle programmes and various projects including after schools clubs and summer camps
- **Sports Partnership Strategic framework and physical activity plan:** Oxfordshire Sports Partnership

Priority: Tackling the broader determinants of health through better housing

Housing quality and fuel poverty

- **Oil bulk buying:** Oxfordshire Rural Communities
- **Green Deal:** national initiative highlighted by West Oxfordshire District Council. To improve insulation by giving access to grants.
- **Warm Homes, Healthy People:** partnership approach highlighted by Cherwell District Council. Building a network in Oxfordshire to address fuel poverty and reduce excess winter deaths

Supporting vulnerable groups

- **Alert** Sanctuary Housing: Daytime support visits
- **County wide recovery services providing 580 places a week to support people with mental health problems:** Restore
- **Multi agency strategy and services:** Domestic Abuse Strategy Group. Encompassing early intervention in domestic abuse; effective risk management; on-going support to promote future health and wellbeing; and preventative work to promote healthy non-abusive relationships:
- **Connection floating support:** working individually with vulnerable and excluded people who need support to sustain their accommodation, prevent homelessness, enable access to health services and understanding of and compliance with treatment. Connection

Preventing Homelessness

- **Offender Housing Support**: Thames Valley Probation
- **Oxford Homeless Medical Fund**: Oxford Homeless Pathways. Provides support to patients of Luther St Medical Centre. It provides welfare, advice and support helping patients to get to medical appointments:
- **Cherwell Connection Project (Banbury & Bicester)**: Cherwell District Council. 6 units of accommodation and signposting people elsewhere when there are no vacancies. This service forms part of the hostel review along with Floating Support Services:
- **Homeless Prevention Services**: South and Vale District Councils. Core casework services provided by LA's to prevent homelessness and ensure people can access suitable, quality housing

Priority: Preventing infectious disease through immunisation

- **Increased uptake of childhood immunisation in BME communities**: Oxfordshire PCT. Supporting public health colleagues with targeted follow up of BME parents to encourage uptake of childhood immunisation:

Appendix B: Summary of ideas for future work generated at the July workshop

Discussion groups at the workshops in July were asked to identify new ideas for taking the priority areas forward. They were given no constraints in terms of availability of resources or other barriers, but were just asked to record ideas and think widely. The summary of ideas below is set out by priority area and grouped into themes. The ideas are reproduced as they were written on post-it notes at the workshop.

Priority: Preventing early death and improving quality of life

Screening

- Flexible bowel screening lists at weekends to encourage lower socio-economic group and reduce need to take time off work
- Use joint working housing advisors to encourage screening up take
- Integrate all screening services
- Use business clubs and breakfast clubs to get in to large businesses to spread screening information e.g. Cowley car plant

Education

- Target males between 16-25 and 25+ in homeless hostels for whole health message
- Health education within family hubs
- Use of social media
- Health improvement tips could be texted to clients

Lifestyle

- Target the big supermarkets who consistently promote calorific dense food. This might be a national initiative but consider how successful the smoking ban has been
- Workplace health initiative e.g. lunch time dancing and walks
- Appropriate activities for this generation of older people
- Promote other forms of physical activity than sport e.g. dance, wheeled sports etc.
- Invest in promoting and supporting CYP: play activities which build confidence, social skills and healthy habits for the future. Make it intergenerational and help children feed healthy ideas and habits into their families
- Seek to understand what causes people to make bad lifestyle choices. Direct engagement through PIN and use this to inform interventions
- Use PIN to find out what people think will help change lifestyles

Partnership working

- Work in partnership with leisure providers to increase awareness of free access
- Corporate membership for leisure clubs
- Discount vouchers online
- HWB board membership could usefully include business and commercial representation
- Taster events with local sports clubs to have a go

Community

- University volunteers through the hub more widely available in communities
- More community events to focus participation and get people active
- Community development initiatives e.g. healthy habits
- Identify how to provide cycleway and footpath links between communities cost effectively and practically especially in rural areas.
- Raise community awareness and build community capacity and internal support by investment in community development
- American style Co-op: People's fruit van and food store
- Time banking with LA/CCG/HWB acting as broker and banker
- LETS scheme http://www.letslinkuk.net/
- Adequately resource PIN to reach out and talk to people where they are
- Ping pong for over 80's
- Film club

Cross cutting

- Need to acknowledge the link between loneliness and health and develop a work stream outcome in relation to this

GPs

- GP surgeries need to actively engage with the community (and provide services out of working hours (particularly Saturdays) to allow working people to attend) rather than being a service only accessed in need
- District & Parish liaison with GP locality groups

Priority: Housing - Preventing Homelessness

Mental Health

- Better access to mental health services especially for those who are labelled with dual diagnosis or personality disorders
- Hospital discharge protocols for mental and physical health to avoid unplanned hospital discharges

Rough Sleeping

- Recognition that rough sleepers may also include those who are not seen 'bedded' down
- Supporting 'no second night' for rough sleepers countywide
- Need to include very chaotic /hidden rough sleeper in 'no second night out'

Landlords

- Seek out potential social landlords from the private sector
- Investment/grants for private sector landlord
- More funding for prevention and working with private sector landlords to drive up standards

Housing Provision

- To address issues where a vulnerable client is told they need to prove they can manage a tenancy to get into supported accommodation
- More flexible and accessible rent deposit schemes for individuals who have difficult circumstances and backgrounds

- Emergency supported accommodation provision for adults in high need - complex cases with safeguarding issues
- Good, flexible and pro-active use of planning to enable the development of more affordable housing for vulnerable groups
- Have a housing partnership
- Invest in bricks and mortar with floating support
- Encourage parishes/villages/communities to care for/provide for their own people e.g. building rural exception sites/social developments/sustainability
- Some kind of temporary units with support attached in the districts for single homeless people to help prepare them to manage tenancies
- Develop 'housing first' model in City – creating possibility for very entrenched rough sleepers to move directly into self-contained accommodation and bypassing hostels
- Expand Julian Housing into the districts – but need enhanced Housing Benefit to make this viable
- Expansion of floating support services
- Increased or revised rent deposit scheme
- Register to explain ways of being a house provider to reduce own waiting list
- Sustainable homes with facilities attached
- Tenant sustainment in all sectors

Education

- Housing education for under 16s funded by 'positive futures' via CYP
- Better education for the general public of the homeless situation – Awareness raising
- Process for raising awareness of range of changes impacting on local list of homelessness

Benefits

- Targeting households most impacted by welfare benefit reforms
- Vulnerable people to get Housing Benefit paid directly to the landlord

Domestic Abuse

- Domestic violence 24/7 helpline countywide
- Range of current initiatives to increase on-going support for domestic abuse victims to enable confidence to rebuild their lives

Letting

- Return to Oxford social lettings agency
- Revise OSLA (Oxford social lettings agency)

Partnerships

- Somebody need to be given the job of joining things up
- Partnership with Registered Social Landlords
- Better communication between district and city so the client does not end up being batted around with no responsibility being taken
- Better links between planning and organisations working with homelessness
- Forge closer links with Connections, Floating Support and look at 'value added' in terms of support and reducing homelessness
- Expansion of good quality prevention and legal advice services countywide linked to all existing services

Complex needs

- Increase service provision for people with complex needs
- Specific support for sex workers who have complex needs

Funding

- Use LAA reward grant left overs?
- Use charitable funding freed up by CC14 to use for charitable purposes
- Able to borrow capital provided through self-build
- Use social impact bond to address housing health needs

Priority: Housing - fuel poverty and housing quality

Referrals

- Re-invigoration of professional referral network where households are identified as in difficulty. E.g. ill-health possibly related to house conditions (disease or injury)
- Referrals for prevention scheme (now called Safe and Sound)

Partnerships

- Use establishment of Local Healthwatch Oxfordshire to include involvement of people i.e. Health & social care repercussions of poor housing and fuel poverty – Accountability and awareness
- Talk to managers of family and children centres and ask them to see a focus groups of their clients to raise awareness of all the issues
- Housing Associations to develop bulk buying of energy
- Develop a rural housing group
- Fuel poverty group at district level
- Single point of contact model to enhance inter agency working

Quality of place

- Supporting people financially for home improvement. It is vitally important the Home Improvement Agencies continue
- Include green space and green infrastructure when considering housing/households e.g. community cohesion, tackling isolation, physical exercise

Evidence

- Need for an overall evidence based co-ordination
- Need for data collection and analysis
- Housing health impact assessment
- Need to undertake a housing stock survey
- Need for data sharing
- Evidence base to argue for change and to understand the issues - wider than current JSNA

Priority: Housing - Supporting vulnerable groups

- GPs act as signposting for housing related support issues
- A clear link between planning and health improvement
- Extra care housing should have a workforce needs analysis
- Consider the wellbeing of the carer workforce (financial, long hours)
- Unitary local authorities across Oxfordshire
- Expansion of HIA as single point of access for older people
- Improve the links between health professionals and housing e.g. repairs and referrals
- Points of contact and referral for homeless people presenting at OUH premises
- Directory of services – support finders

Priority: Tackling Obesity

Physical activity

- Through playful communities: Encourage families and communities to get physically active together and involve partners such as children's centres, HA and churches
- Revamp all play places
- Free swimming in all leisure centres
- Regular play-day events: free entry and activities targeting families to promote physical activity; healthy eating; playing on a budget; awareness of local clubs, groups and societies
- School Play Officers: advise schools on play/PA; better use of school environment; healthy eating; services and partners available; training for staff
- Intergenerational activities
- Use workplaces: make it normal to take lunch breaks and walk
- Scare people about obesity similar to smoking
- Meaningful incentives to encourage healthy behaviour
- Try to keep older people active
- Directory of services so people are aware of physical activity opportunities
- Buddy systems for introduction to exercise

Diet & Nutrition

- Cooking skills workshop
- Low cost culturally appropriate exercise
- Nutrition classes in family centres
- Free exercise and nutrition apps
- Target cinemas to stock and promote healthy snacks
- Community picnics

Note: there was no discussion group on Improving Immunisation Rates (which is the fourth priority of the Health Improvement Board).

Jackie Wilderspin, James Martin. Aug 2012

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Health Improvement Board, September 2012

Addressing the broader determinants of health through better housing and preventing homelessness

Introduction

The Health and Wellbeing Board has agreed with the recommendation of the Health Improvement Board that addressing the broader determinants of health through better housing and preventing homelessness is a priority in Oxfordshire. An earlier paper to this Board (May 2012) set out the current context for this issue. More detailed discussion with a wide range of stakeholders took place at a workshop in July 2012.

The workshop resulted in a large amount of information on current work and ideas for future development. This information has been brought together into this paper and will be used in future action planning. Please see a separate report on this agenda for details of the workshop and next steps in action planning.

This paper sets out proposals for how this work should be focussed to have an impact on the broader determinants of health through better housing and preventing homelessness in the county.

It is suggested that there 3 areas of work to be addressed

1. Supporting vulnerable groups
2. Preventing homelessness
3. Reducing fuel poverty

This paper also includes a note on Extra Care Housing as this is also a priority for the Oxfordshire Health and Wellbeing Board, being taken forward by the Adult Health and Social Care Partnership Board.

It is proposed that a Basket of Indicators is developed that can be used to gauge the current situation on housing issues and from which outcome measures can be set. Some initial ideas for measures that could be included are set out in Annex 1. These indicators require further discussion and refinement.

Further work is still required to map the various housing related networks that are in place across the county and to see how their work impacts and influences the priorities of the Health Improvement Board. This work will be carried out to assist in aligning partnerships and determining appropriate resources to support joint working arrangements.

Work focus 1. Supporting Vulnerable Groups

Aim – Establishing new governance arrangements to ensure collaborative working in commissioning housing support services

Background information

With the establishment of the Health and Well Being Board the role of the Supporting People Commissioning Board was reviewed. It was agreed that the oversight of commissioning of these services is a key function of the Oxfordshire Health and Wellbeing Board. As a result the budget was reallocated as shown in Annex 2. The Health Improvement Board is responsible for governance for a portion of this budget.

It was agreed that, subject to appropriate management arrangements being in place, that the Supporting People Commissioning Body would be disbanded. However, it was recognised that there remained a need to have oversight across these budgets, given the interdependencies of the services. It was therefore agreed that a successor arrangement to the Supporting People Officers' Group would retain this oversight and provide guidance and recommendations to the Health Improvement Board. This is particularly in respect of the strategic commissioning of housing related support services to meet the needs of homeless persons, offenders and those at risk of offending, persons at risk due to domestic abuse, drug and alcohol abuse.

Review of Supporting People Core Strategy Group Terms of Reference

There has therefore been a review of the Supporting People Officers' Group Terms of Reference and a revised version has been drafted for consultation. The final version has yet to be signed off and this will be done through the Supporting People Officers' Group, the County Council Joint Commissioning Team and Oxfordshire Chief Executives Group, if required. The terms of reference address the need to continue to share information across the new working arrangements.

Key aspects of the Draft Terms of Reference are to provide guidance and advice to:

- The Adult Health and Social Care Board and relevant Joint Management Groups in respect of the strategic funding and their commissioning of housing related services for older people, adults with mental health needs and adults with learning disabilities or physical disabilities
- The Children and Young People's Board in respect of the strategic funding and their commissioning of housing related services for young people and teenage parents.
- Oxfordshire County Council's Joint Commissioning Team in respect of the funding, commissioning, development and delivery of housing-related support services
- To be consulted on any changes to budgets and commissioning strategy for the provision of housing related support for adults with mental health needs, young people and teenage parents, older people and adults with learning disabilities and physical disabilities.

Current Work

There is already an established Commissioning Strategy and Plan in place to support vulnerable groups, which involve a number existing partnership groups and agencies (see the diagram below).

Further work is still required to map these and to see how their work streams impact and influence the Health Improvement Board. This will assist in aligning partnerships and determining appropriate resources to support joint working arrangements.

Next steps

1. To finalise successor arrangements for the Supporting People Officer Group and Terms of Reference. (This will be done through the Supporting People Officers' Group and the County Council Joint Commissioning Team and Oxfordshire Chief Executives Group).
2. To do some further mapping of networks across the county and understand how their work streams impact and influence the Health Improvement Board.
3. To develop a protocol for working with other groups involved in the delivery of services, such as the Joint Housing Team Steering Group and Single Homelessness Group.
4. To invite the chair of the Supporting People Officers' Group, or their nominated deputy, to attend meetings of the Health Improvement Board to present any papers of the Group and act as an expert adviser in relation to housing matters.

Work focus 2. Preventing homelessness

Aim: To share good practice between districts and with housing providers and to improve coordination of initiatives e.g. identification and work with families at risk of homelessness. This will including linking to the Thriving Families Programme and to support people into training and employment opportunities.

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Current work

Preventing Homelessness has been identified as a key priority within the housing element of the Health Improvement Board's priorities. There is already a lot of work being undertaken by district councils and in the voluntary sector to address homelessness, for example work with:

- Veterans
- People with mental health problems
- People with physical disability
- Carers
- People suffering from domestic violence
- Rough Sleepers

However, there are rising concerns about the need to prevent a rise in homelessness following the introduction of some elements of the Welfare Reform Act. These changes are set out in some detail in Annex 3.

It is envisaged that the largest impact of the changes will be on the following groups:

- Young single unemployed people
- People in supported housing
- Large families
- People with physical disability
- Families in receipt of benefit who are deemed to be under occupying social Rented housing
- People with physical disability

Key issues:

Mapping homelessness prevention services at the Health Improvement Board Workshop led to the conclusion that:

- There have been clear links to the support provided to vulnerable groups through Supporting People. Successor arrangements to the Supporting People Officers' Groups could also oversee this area of work.
- There are already in existence a number of programmes and agencies involved with preventing homelessness, including MIND, the DAAT, the Back to Work Group, Homeless Pathways, Single Homelessness Group, Early Intervention Service and others.
- District Councils have been taking action to ensure clients who may be affected by these changes are informed of changes and signposted to advice and support.

- The Oxfordshire Treasurers' Group has been actively monitoring the situation and there have been regular update reports to the Oxfordshire Chief Executive and Leaders Group meetings

Next steps could include bringing various elements of work together into a more coordinated approach. For example:

1. For the Oxfordshire Treasurers' Group could continue to monitor impact and share their impact assessment with the Supporting People Officers' Group.
2. The Back to Work Group receives regular updates on the impact of the Welfare Reform Act and reviews the member agencies' programmes and projects so that they mitigate the impact as much as possible.
3. Mechanisms could be introduced to ensure that the Thriving Families Programme is aware of families at risk of eviction and provide support to some of the families at risk of homelessness or who would otherwise benefit from the programme.
4. Mechanisms to ensure that the Progress Skills Programme are aware of families at risk of eviction and homelessness could be introduced so that PSP can support them to access training and employment opportunities.
5. The Supporting People Officers Group can be asked to identify any other areas of work that should be incorporated under this priority e.g. implementation of No Second Night Out for rough sleepers

It is proposed that these ideas are taken forward and a more detailed action plan is brought to the next meeting.

Work focus 3. Reducing fuel poverty

Aim: Better coordination across districts to promote the Green Deal; develop a strategy to further improve partnership working;

Background Information

Fuel poverty occurs when households need to spend more than 10% of their net household income for adequate heat and hot water in the home. Adequate heat is defined as 21C in the living room and 18C in other rooms

Fuel Poverty cuts across various agenda – housing, health, poverty, social inclusion, carbon reduction. It affects households in all tenures – social rented, private rented and owner occupied sectors. The three key components leading to fuel poverty are

- energy efficiency of homes
- household income
- cost of energy

Current work
The HIB workshop in July identified a range of work that is already underway in the county but highlighted the lack of coordination, short term funding and poor information flows. The current work includes the projects outlined below:

The Affordable Warmth network in Oxfordshire provides advice and a referral hub for home improvements to improve insulation. This work is currently only funded for 2012-13

A "Warm Homes Healthy People" award from the Dept of Health at the end of 2011-12 has been used by a range of partners to raise awareness of fuel poverty, help people get access to the right help and reduce risk of winter deaths. Future funding for this initiative is also uncertain.

Low carbon initiatives around the county are also having an impact on housing quality and fuel efficiency. These are often locally based schemes at neighbourhood level, with some coordination e.g. through Low Carbon Oxford or other partnership groups.

Oxfordshire Rural Community Council has established a successful oil buying scheme which cuts costs for households through bulk buying contracts. Around 1000 members of the scheme have saved a total of £80,000 since the scheme was launched in 2010. Related schemes such as for purchase of solar panels are being developed.

The Green Deal is a national initiative being launched in September 2012. Access to grants to improve home insulation will no longer be through the work of District Councils and householders will have to take the initiative to access grants. District Councils are already aware that promotion of this new way of working will be needed.

However, there is currently no existing Fuel Poverty or Home Energy Strategy across the county. Work is going on in the districts and in the voluntary sector, but there is no central coordinating group. There is a lack of comprehensive and up to date information on the prevalence of fuel poverty. It is proposed that the Health Improvement Board could add value through improved coordination and promoting development of a joint strategy.

Next steps
A group of key people will meet to map current activity and discuss options for the way forward. It is suggested that this includes representatives from each District Council, Age UK Oxon, USEA and Oxfordshire Rural Community Council, Public Health and the Supporting People Group.

These options for future work to be discussed include:

1. Development of an evidence base for fuel poverty, energy efficiency of homes, household income and, if possible, health issues. This work needs to be done in the knowledge that the national measurement for fuel poverty may change.
2. Development of an Action Plan with clear outcomes for the immediate future.
3. Continue to develop this strategic approach in the longer term.

Additional information on taking these work streams forward:

a. Working arrangements

The proposals for developing the role of the former Supporting People Officers' Group have been supported by partners who participate in that group. The new role could include having an overview across the boards and in advising on issues relating to homelessness prevention and supporting vulnerable people.

There are concerns about the resources available to support this work to ensure efficiency and smooth running. Multi-agency partnerships require effective and robust coordination and communication to be effective.

Members of the Supporting People Officers' Group are keen to help deliver the next steps in taking this work forward.

Next steps

1. To finalise the revised terms of reference for the successor to the Supporting People Officers' Group in liaison with the Group and Oxfordshire County Council Joint Commissioning Team, and the Oxfordshire Chief Executives' Group, if required.
2. For the Supporting People Officers' Group to map the various housing related structures that are in place across the county and how their work streams impact and influence the Health Improvement Board. This will assist in aligning their own partnerships and determining appropriate resources to support joint working arrangements.
3. For a countywide group of key officers to lead the further work to be done on developing actions and outcomes on reducing Fuel Poverty.

b. A note on Extra Care Housing

Extra Care Housing is housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site. People who live in Extra Care Housing have their own self-contained homes, their own front doors and a legal right to occupy the property. Extra Care Housing is also known as very

sheltered housing, assisted living, or simply as 'housing with care'. It comes in many built forms, including blocks of flats, bungalow estates and retirement villages. It is a popular choice among older people because it can sometimes provide an alternative to a care home.

The provision of Extra Care Housing in Oxfordshire is a priority for the Health & Wellbeing Board. The Adult Health & Social Care Board is leading on the work, working with the Spatial Planning and Infrastructure Partnership. An outcome measure has been agreed:

H&WB Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support

- By the end of March 2013, commission an additional 130 Extra Care Housing places, bringing the total to 407 and by the end of March 2015 an additional 523 places, bringing the total number of places to 930

Overall Recommendations

Members of the Health Improvement Board are asked to:

1. Approve the focus of work on the 3 areas outlined within the paper.
2. Request the development of action plans for consideration at the next meeting of this Board
3. Request the compilation of a basket of relevant indicators from which outcome measures can be identified and by which progress can be monitored.
4. Ensure a joined up approach with related priorities of the Health and Wellbeing Board, including the increase in provision of extra care housing (Adult health and Social Care Board) and implementation of the Thriving Families programme (Children and Young People's Board).
5. To invite the Chair of the Supporting People Officers' Group or their nominated deputy to attend meetings of the Health Improvement Board to present any papers and to act as an expert adviser in relation to housing matters.

Annex 1 Proposed Basket of Indicators on Housing and Health

Purpose of having a basket of indicators:

To track changes over time.
To enable more effective targeting of campaigns and resources
To set outcome measures

Overall outcomes for this priority: Our first intention is to establish a basket of indicators which, amongst others, may include the following (depending on availability of information).

- Number of benefit claimants (by benefit/by location)
- Households in social housing (by location)
- Number of people in supported housing by location
- Number of people due to be released from prison (or 'past' numbers i.e. in the 'last' six months, including categories of temporary release and youth offenders)
- Number of people below the poverty line (including categories of children and pensioners) (by location?)
- Number of households in fuel poverty
- Number of households on the waiting list
- Number of people who are homeless, regardless of statutory duty
- Number of people occupying over crowded or unsanitary premises
- Number of Private Regulated Providers dwellings let to local authority nominations
- Energy efficiency of buildings
- Housing Health and Safety Rating System
- Number of houses in multiple occupation
- Number of non decent dwellings
- Number of evictions by LAA
- Level of rent arrears

Annex 2
Agreed allocation of former Supporting People budget 2012/13:

People with Learning Disabilities	4,260,058	Learning Disabilities JMG
People in Adult Placement	519,891	Learning Disabilities JMG/Older People JMG
Older People, of which:		
Alert Service	1,969,800	Older People JMG
Direct Payments	246,092	Older People JMG
Home Improvement Agencies	343,741	Older People JMG
Homeless People	2,314,818	Health Improvement Board
People with Mental Health Problems	1,778,022	Mental Health JMG
Young People	1,380,051	Appropriate children's budget
Teenage Parents	443,355	Appropriate children's budget
Floating support *	1,520,708	Health Improvement Board
People with Drug Problems	267,480	DAAT
Offenders	152,684	Health Improvement Board
Women at Risk of Domestic Violence	388,234	Health Improvement Board
People with Physical Disabilities	147,803	Physical Disabilities JMG
Total Expenditure	**15,732,738**	

Annex 3

Key facts on changes to welfare systems that will impact on housing:

Size eligibility criteria extended to social housing

Size eligibility criteria, currently in place in the private rented sector, is to be extended to social housing. This means that any working-age household deemed to be under-occupying their home will either have to move to a smaller property or lose part of their Housing benefit from April 2013. The deductions for under-occupancy will be 14% for one room and 25% for two or more rooms.

The amount of money a young individual can claim for housing benefit relates to the cost of a single room in a shared household (the 'shared room rate'). The age range to which this applies increased from 24 years to 34 years in January this year. As a result single people between the ages of 25 and 34 will see a significant reduction in their benefit income and be deemed to be 'under occupying' if currently living in a standalone privately rented residence. (People of pensionable age are excluded from this change in size-eligibility criteria.)

Benefits cap

Benefits for out-of-work households are to be capped from 2013 onwards. Until the Universal Credit system is introduced this cap will be enforced by district authorities through Housing benefit.

The cap will be set at a working household's average net earnings – currently expected to be £26k per year for lone parents or couples with children and around £18k for single childless people.

It has been suggested that families may choose to migrate to cheaper areas (and Oxford City Council are already advising some city households to do so) as a result of the Act, potentially across authority boundaries. Any resulting movement of benefit claimants will have an effect in terms of ensuring continuity of services.

LHA is payable to those on a low income who are renting from a private landlord. In April 2011, LHA payments were reduced to cover the cost of the cheapest 30% of local rents, rather than the average rent. From April 2013, it is to be increased annually by the lesser of either Consumer Price Index (CPI) or rent officer review. The intention is that this will help keep private rents at more affordable levels.

End of direct benefit payments to social housing landlords

Payment of Housing benefit will no longer be paid direct to social housing landlords. Instead, tenants will receive the benefit as part of their Universal Credit, every month. The idea behind this is to replicate the experience of receiving a monthly salary. The only exception to this will be for 'vulnerable' people where direct payment may be facilitated.

The Disability Living Allowance (DLA) to be replaced by the Personal Independence Payment (PIP)

Working age people currently receiving the DLA will have to make a fresh claim to receive the new benefit that replaces it from April 2013, PIP. The budget for PIP will be 20% less than DLA so the aim is to focus funds on the most disabled. It follows that there will be working age people who qualified for DLA that will not qualify for PIP. DLA will continue for children under 16 and people over the age of 65.

Changes to contribution-based Employment and Support Allowance

For people in the 'Work Related Activity Group' (i.e. people assessed as being able to take steps to prepare for work) the amount of time over which contribution-based Employment Support Allowance (which was introduced to replace Incapacity Benefit for new claimants in 2008) can be claimed will be limited to 365 days.

The Trading Standards Service's Contribution to Health and Wellbeing in Oxfordshire.

1. Introduction

Trading Standards Services make a wide contribution to promoting and supporting health and wellbeing in communities. The broad remit of Trading Standards includes responsibility for product safety, food standards and labelling, the sale of age restricted goods, food chain integrity and livestock disease control and counterfeit goods as well as the more commonly known role in ensuring fair trading.

A specific strength of the regulatory landscape in Oxfordshire is the strong focus on partnership working. Whether linked to community safety, health or economic issues there is a track record of organisations in Oxfordshire adopting a partnership approach to problem solving and Trading Standards are a key part of this partnership framework.

This paper outlines some of the specific roles and activities undertaken by the Trading Standards Service ('the Service') in Oxfordshire for the information of the Health Improvement Board. It also identifies opportunities for further work to support health and wellbeing priorities drawing on examples of best practice from other areas of the country.

2. Alcohol Harm Reduction

The Service's primary role in alcohol harm reduction strategies is in reducing the availability of alcohol to young people. Reviews of evidence of effective practice always highlight this as one of the best ways of preventing under-age drinking. Not only does this enforce the law, in doing so it also protects the health of young people. The Chief Medical Officer advises that young people should not drink any alcohol at all under the age of 15 and that if 15-17 year olds drink it should be with parental supervision, not more than once a week and never more than recommended levels for adults[1]. The Chief Medical Officer's guidance that young people under 15 should not drink alcohol at all is based on the fact that young people who start drinking alcohol at an early age drink more frequently and more than those who start drinking later; as a result, they are more likely to develop alcohol problems in adolescence and adulthood.

[1] http://www.direct.gov.uk/en/Parents/Yourchildshealthandsafety/Youngpeopleandalcohol/DG_183763

The most reliable source of data on under-age drinking trends comes from research published by the NHS Information Centre for Health and Social Research[2]. This report contains the results of surveys designed to monitor smoking, drinking and drug use among secondary school pupils aged 11 to 15. The latest report identified that in 2010, pupils who drank were most likely to buy alcohol from friends or relatives (26%), someone else (16%), an off-licence (16%) or a shop or supermarket (12%).

Trading Standards work on reducing the availability of alcohol to young people from off-licences has two main strands; business advice and enforcement. Enforcement is mainly centred on test purchasing. Only Trading Standards Officers and Police Officers are able to legally ask a person under the age of 18 years to purchase alcohol. Therefore, it is necessary for Trading Standards or the Police to lead test purchasing operations aimed at identifying whether shops will sell alcohol to people below the legal minimum age of purchase.

There is no robust research that demonstrates the impact of test purchasing on the availability of age restricted products. However, some evidence of the effect can be seen from local data on test purchasing of cigarettes. In 2004/2005 Trading Standards carried out 20 test purchases of cigarettes. No sales resulted from these tests. As a result of changing priorities at that time, the Service focussed on alcohol enforcement for the next 2 years and only 2 further cigarette test purchases were carried out. When returning to enforce the tobacco sale restrictions in 2007/2008 14 premises sold cigarettes out of the 29 tested. This increase in availability of the product to young people may be a result of the lower profile given to enforcement and promoting good practice over that 2 year period.

It is possible for Trading Standards to instigate licence reviews when an illegal sale occurs. This has happened twice in the past in Oxfordshire where the shop repeatedly sold alcohol to persons less than 18 years of age. As a result, one premises lost its alcohol licence and the other had conditions attached to the licence which ensured that the problem was resolved.

Evidence shows that concerted campaigns to improve business processes relating to the sale of age restricted products will result in fewer illegal sales of such products. The Service seeks to promote good business practices through the provision of business advice and guidance and so prevent under-age sales rather than react to them. Whilst some guidance is provided on an on-going basis, specific campaigns are occasionally organised which include distributing business advice packs, including staff training materials and signs, to all licensed premises. The regular contact that officers from the Trading Standards Service

[2] "Smoking, drinking and drug use among young people in England". NHS Information Centre for Health and Social Research. 2010.

have with businesses and our expertise in business systems means the Service is ideally placed to lead such campaigns.

Young people are also known to acquire alcohol through proxy sales (where a person who can legally buy alcohol does so in order to supply it to a person who is less than 18 years of age). A criminal offence is committed by the person who buys alcohol to supply it to a person of less than 18 years of age[3]. However, Trading Standards do not have the necessary powers to investigate these offences and therefore in Oxfordshire this problem tends to be dealt with by the Police on a local basis.

Thames Valley Police carried out 23 test purchases operations in Oxfordshire between August 2011 and July 2012. This would equate to approximately 150 - 170 premises tested.

Over the last 2 years, Trading Standards enforcement work related to age restricted products has prioritised tobacco products. This focus was a consequence of increased Police enforcement on alcohol sale restrictions and incentivisation funding from the Department of Health for tobacco enforcement.

A growing concern for the Service is the prevalence of counterfeit alcohol products. Counterfeit alcohol (e.g. vodka, wine or whisky) is often found to contain harmful chemicals. Media reports have highlighted cases where consuming counterfeit alcohol resulted in significant health problems including the case earlier this year of a 21-year-old student who was left with damaged sight after being sold a counterfeit bottle of vodka containing industrial alcohol[4]. In the last year the Service has found counterfeit alcohol for sale in 6 premises. As a result the Service has increased the level of routine checks on independent retailers' stocks.

Options for Future Work on Alcohol

The Service will continue to carry out test purchasing and business advice work related to alcohol. Through the Alcohol Tactical Business Group that sits beneath the Oxfordshire Safer Communities Partnership we have discussed the possibility of inviting retail sector partners to join to the group. This is currently being taken forward and it is hoped that a retail expert will be able to offer advice and practical help to ensure retailers are appropriately trained and informed and the prevention aspects of this work are even more well developed.

[3] The Licensing Act 2003; Section 146.
[4] http://www.dailymail.co.uk/news/article-2095829/Seizures-counterfeit-alcohol-increase-fivefold-years-criminals-target-lucrative-market.html

3. Tobacco

Trading Standards is also able to enforce the legislation prohibiting the sale of tobacco to persons less than 18 years of age[5]. 45% of pupils that smoke report that they buy cigarettes from shops[6]. The role of Trading Standards Services in reducing the availability of tobacco to persons under 18 years of age is acknowledged in the national Tobacco Control Plan. Restricting the availability of tobacco products to persons less than 18 years of age should be recognised as an important element of any strategy to reduce smoking harm. Reports show that the vast majority of people who smoke as adults begin their smoking career as teenagers. Any action to delay this is likely to reduce overall smoking prevalence and therefore improve health. Reducing access to tobacco products by enforcing under age sales law is an important part of this.

As a consequence of the emphasis from the Department of Health on reducing smoking and tobacco related harm, Trading Standards Services have been incentivised to carry out test purchasing of cigarettes in recent years through payment for test purchasing exercises. Over the last 2 years the emphasis has been on cigarette vending machines following the discovery that sales from these machines were virtually uncontrolled (in Oxfordshire in 2009/10 only 26% of attempted test purchases of cigarettes from vending machines were refused and in 2010/11 despite considerable work in this area still only 41% of attempts were refused). Tobacco vending machines have now been banned as a result of this high level of illegal sales.

Funding for Trading Standards tobacco test purchasing has now ceased.

Other local authorities have seen significant problems with the 'illicit' tobacco trade. The illicit tobacco trade includes the sale of counterfeit and duty free tobacco at low prices and from unconventional sources. There is no evidence or intelligence that indicates that the illicit tobacco trade is prevalent in Oxfordshire.

4. Other Age Restricted Products

The Service also enforces the legislation controlling other age restricted products including knives, solvents and fireworks. The approach to controlling the sale of these products is similar to that of alcohol or tobacco. The Service tends to split its effort across these different products, focussing on particular local concerns. Throughout the year between 10 to 20 test purchase operations will be carried out (testing up to 150 businesses). The frequency of illegal sales for these products is broadly similar to that of cigarettes and tobacco. Whilst the results of

[5] The Children and Young Persons Act 1933; Section 7.
[6] "Smoking, drinking and drug use among young people in England". NHS Information Centre for Health and Social Research. 2010.

exercises can vary year on year, last year 36% of shops sold fireworks during test purchasing operations and 27% sold knives.

5. Food and nutrition- Food Standards

Trading Standards Services have a statutory duty to enforce food standards and food labelling legislation. As a consequence most Trading Standards Services will have a programme of food enforcement activity in place. These programmes will commonly include sampling and testing of food to ensure that product information (e.g. nutritional labelling) and claims (e.g. 'reduced fat') meet legal requirements. This is an important component in health improvement as part of awareness of healthy eating.

The Service's food law enforcement work in Oxfordshire tends to be driven by intelligence (e.g. warnings and bulletins circulated through the enforcement community, information from partners, media reports, trends or patterns in complaints, etc.). The Service also receives and responds to complaints from members of the public on food related issues and supports Food Standards Agency coordinated projects.

The Board may wish to note that the Service has expertise in sampling and commissioning analysis on food products. This can support work to promote improved food standards. As an example, nutritional analysis of food provided to older people receiving care services can identify where improved diet may provide for healthier lifestyles.

6. Food and nutrition- Healthy Eating

Salt consumption reduction is a priority for the Government and in 2003 the Food Standards Agency introduced a salt reduction strategy. Most of the effort at a national level has been directed at encouraging food manufacturers to reduce the amount of salt in manufactured foods since this has a population wide impact. Trading Standards Services have supported this strategy through a range of local projects. For example, Norfolk Trading Standards engaged butchers in an effort to reduce salt in sausages following the discovery that only 17% of locally produced sausages met guideline salt content levels. Surrey Trading Standards run the 'Eat Out Eat Well' project which was developed to reward caterers throughout Surrey who make it easier for their customers to make healthy choices when eating out.

In Oxfordshire during 2010/11 we initiated a project aimed at supporting sandwich shops to take small steps that would lead to more healthy products being sold. Sandwich shops were encouraged to grill fillings rather than fry them where possible (e.g. bacon), to reduce the quantity of unhealthy fillings such as

mayonnaise and to use healthier options where possible (e.g. margarine instead of butter). However, despite incentivising the shops' staff with offers of free gym memberships very few sandwich shops agreed to participate. Those that did agree to participate failed to make any significant changes, stating that customers did not want changes or that there was a cost to them that they didn't want to incur. This project was attempted within existing resources and may have had more success had we been able to provide more capacity to support and encourage the businesses concerned. However, it is hard to measure the impact of any project of this type and without a sustained effort any small gains made are soon at risk.

Other nutrition related activities undertaken by the Service in recent years include-

- Supporting the 'Fit as a Fiddle' events funded by Age UK and delivered in partnership with Cherwell District Council. These events for older people provided cooking advice to promote a healthy diet and promoted safe exercises that people could do in their home to maintain mobility.
- General awareness raising events, for example displays organised at events such as the Thame Show have occasionally promoted better understanding of food labels.
- A Healthy School Meals competition to promote best practice in school catering.

7. Other Health and Wellbeing Related Activities Undertaken by the Service

The Service also delivers or supports a range of other projects that support health and wellbeing.

- The Junior Citizen programme is delivered in partnership with a range of other organisations and provides a personal and home safety awareness programme for around 4000 school children each year.
- The Oxfordshire Safe and Sound scheme supports organisations to promote safety in the home through encouraging anyone visiting a potentially vulnerable person in their home to complete a home safety assessment covering risks such as fire safety and vulnerability to burglary. The scheme facilitates these assessments being shared and triggering action to reduce home safety risks.
- The Service hosts a joint Thames Valley Police and Trading Standards doorstep crime team, which aims to protect people from doorstep crime (e.g. rogue traders, distraction burglary).

- The service arranges and supports No Cold Calling Zones in areas that are suffer from high levels of doorstep crime or burglary.
- Over the last 2 years, as a result of some tragic infant deaths resulting from strangulation on window blind cords the service has distributed safety kits provided by ROSPA that allow blind cords to be adapted to reduce the strangulation risk.
- The Consumer Challenge Quiz provides personal and consumer safety information for young people with learning disabilities in an enjoyable, quiz format.
- An annual electric blanket safety testing programme.

Richard Webb
Acting Head of Trading Standards and Community Safety
Oxfordshire County Council
August 2012

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Health Improvement Partnership Board

Forward Plan

Date	Item	Lead Officer/s
1st February workshop	• To inform a range of partner organisations of the establishment of the health improvement board and seek views on priorities and communication plans.	
29th February Meeting in Public	• To approve terms of reference • To discuss priorities in the light of local evidence of need • To establish performance and surveillance reporting.	
9th May Meeting in Public	• To agree priorities for the HIB to be included in the draft Joint H&WB Strategy • To plan a major workshop in July • To discuss alcohol related harm and work being taken forward by the Community Safety Partnership	
11th July Workshop	• To hold discussions on 3 priority areas, enabling partners to affiliate projects to meet outcomes • To discuss innovative ideas for progressing this work	
12 September 2012	• Receive the Joint Health and Wellbeing Strategy • Discuss priorities for health improvement and housing • Report outputs from the HIB workshop and process for taking work forward • Trading Standards enforcement action • Performance monitoring • Role of PIN representative on the Board • Forward Plan	
21 November 2012 Workshop	Topic to be confirmed	
23 January 2013	• Performance and exception reports on all priorities • Focus on actions and success in taking forward priorities (topic to be confirmed) • Consultation on Joint Strategic Needs Assessment •	
20 March 2013 Workshop	Topic to be confirmed	

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