



County Council

1 November 2016

Agenda

Declarations of Interest

The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?

The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, or

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *“You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself”* or *“You must not place yourself in situations where your honesty and integrity may be questioned.....”*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:

Employment (includes *“any employment, office, trade, profession or vocation carried on for profit or gain”*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members’ conduct guidelines. <http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

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

To: **Members of the County Council**

Notice of a Meeting of the County Council

Tuesday, 1 November 2016 at 10.00 am

Council Chamber - County Hall, New Road, Oxford OX1 1ND



P.G. Clark
County Director

October 2016

Contact Officer: **Deborah Miller**
Tel: 07920 084239; E-Mail: deborah.miller@oxfordshire.gov.uk

In order to comply with the Data Protection Act 1998, notice is given that Items 3, 7 and 8 will be recorded. The purpose of recording proceedings is to provide an *aide-memoire* to assist the clerk of the meeting in the drafting of minutes.

Members are asked to sign the attendance book which will be available in the corridor outside the Council Chamber. A list of members present at the meeting will be compiled from this book.

A buffet luncheon will be provided.

AGENDA

1. Minutes (Pages 1 - 36)

To approve the minutes of the meeting held on 13 September 2016 (**CC1**) and to receive information arising from them.

2. Apologies for Absence

3. Declarations of Interest - see guidance note

Members are reminded that they must declare their interests orally at the meeting and specify (a) the nature of the interest and (b) which items on the agenda are the relevant items. This applies also to items where members have interests by virtue of their membership of a district council in Oxfordshire.

4. Official Communications

5. Appointments

To make any changes to the membership of the Cabinet, scrutiny and other committees on the nomination of political groups.

Members are asked to agree the following appointment:

To appoint Mr Richard Brown as Parent Governor Representative for primary Schools on Education Scrutiny Committee with immediate effect.

6. Petitions and Public Address

7. Questions with Notice from Members of the Public

8. Questions with Notice from Members of the Council

9. Report of the Cabinet (Pages 37 - 42)

Report of the Cabinet Meetings held on 20 September 2016 and 18 October 2016 (CC9).

10. Partnership Update Report (Pages 43 - 76)

Report by the Chief Policy Officer (CC10).

The report provides an update on the Oxfordshire-wide partnerships which are critical in progressing key countywide priorities, enabling partners to work across the themes of a thriving Oxfordshire, including economic growth, health and wellbeing, thriving communities, and support to the most vulnerable.

Each partnership report addresses the following points:

- The current focus for the Partnership;
- The personnel (Chairman and supporting staff) of the Partnership
- The Partnership's governance arrangements;
- The Partnership's key achievements in the last year;

- The aims for the Partnership in the year ahead;
- The key challenges for the Partnership and how these will be addressed going forward.

The most significant structural change to report since the 2015 update is that the Strategic Schools Partnership has established its terms of reference, working patterns, membership, and functions. The work of this partnership is included in this yearly update alongside an update from Oxfordshire Early Years Board.

Council is RECOMMENDED to note the report.

11. Director of Public Health Annual Report (Pages 77 - 164)

Report by Director of Public Health (CC11).

The annual report summarises key issues associated with the Public Health of the County. It includes details of progress over the past year as well as information on future work.

It is an independent report for all organisations and individuals.

The report covers the following areas:

- Chapter 1: The Demographic Challenge
- Chapter 2: Building Healthy Communities
- Chapter 3: Breaking the Cycle of Disadvantage
- Chapter 4: Lifestyles and Preventing Disease Before it Starts
- Chapter 5: Mental Health
- Chapter 6: Fighting Killer Diseases

The report has also been considered at the Oxfordshire Health Overview & Scrutiny Committee meeting on 15 September 2016 and Cabinet on 18 October 2016.

Council is RECOMMENDED to receive the report and note its recommendations.

MOTIONS WITH NOTICE FROM MEMBERS OF THE COUNCIL

WOULD MEMBERS PLEASE NOTE THAT ANY AMENDMENTS TO MOTIONS WITH NOTICE MUST BE PRESENTED TO THE PROPER OFFICER IN WRITING BY 9.00 AM ON THE MONDAY BEFORE THE MEETING

12. Motion From Councillor Janet Godden

“This Council notes that:

- 1 in 4 adults will experience a mental health episode in any given year.
- Mental illness costs some £105bn each year in England alone.
- People suffering from mental illness are disproportionately likely to have other

- problems such as housing issues, employment and debt.
- People with severe mental illness die up to 20 years younger than their peers in the UK.

As a local authority we have an important role to play in improving the mental health of all – by supporting people in our communities living with mental illness and tackling some of the widest most entrenched inequalities in health.

Mental health should be a priority across all local authority areas of responsibility, including housing, community safety and planning. All councillors can play an important part in championing mental health, both as individuals and on a strategic basis, adding weight to the work of our social care, public health and community safety services.

The Council resolves to sign up to the Local Authorities' Mental Health Challenge and to support measures to promote positive mental health in Oxfordshire, enhancing our joint working with our partners in the NHS, the police authority and the voluntary sector.”

13. Motion From Councillor David Williams

“Given that the Council has now opened a bidding process seeking external funding to maintain as large a number of Children’s Centres as possible, this Council recognises that rental costs will be a key element of each Centre’s survival. With this in view the Council calls on the Cabinet to:

- Waive rental fees for 2016-2017 as a major contribution to keeping all centres open beyond the proposed closure dates. Security of accommodation will be a vital factor in bidding for external funding in that it signals continuity of existence and will be the one contribution the County could make to keep the maximum number of Centres open if the future is to be built on external funding for activity based projects at each centre.
- Widely publicise the support all of the Children’s Centres to stop the rapid erosion of staffing that is now underway.
- During 2016-2017 carry out constructive consultations with the new authorities that emerge from any devolution decision to begin along with other organisations that may be willing to co-sponsor the Children Centres beyond 2017 such as the Health Service, the Police, parish councils and charities.”

14. Motion From Councillor David Williams

There are now at least two proposals for the reorganisation of local government in Oxfordshire. Both envisage a unitary structure to service delivery and seek to rationalise local government into more effective and economic systems. Both have their merits and detractions.

Unfortunately, it would appear that there is no consensus between the County and District/City authorities as to what would be the most appropriate new structure and

the process seems deadlocked.

The cornerstone of any new structure must be that it is democratic and what the people of Oxfordshire perceive as representing their local community interest.

With this in view the County will conduct a full public consultation in Oxfordshire via internet poll of those that accept the unitary principle and present three options:

- 1) One single County Wide Unitary with a high degree of devolution.
- 2) Two Unitary Authorities. The City of Oxford and a unitary incorporating all the market towns around the City.
- 3) Three Unitary Authorities. The City of Oxford and two unitaries incorporating one to the North and one to the South.

Advocates of all these structures to make their case to the electorate during the in depth consultation.

The results of this consultation to be submitted to Central Government to illustrate the wishes of local people along with the various submissions from the existing local governments if these are to be made.

15. Motion From Councillor Sam Coates

The EU Referendum held on the 23 June with its decision to EXIT the European referendum is not a mandate for abandoning the progressive reforms that the European Union introduced or the obvious advantages of the Single Market to industry and trade.

This Council is concerned that there seems no clear indication of what stance the Government will take in the negotiations after article 50 is triggered and alarmed at certain Ministers who are willing to consider a hard BREXIT – withdrawal from all aspects of EU cooperation including access to the Single Market . Such a move would destroy many industries in Oxfordshire and send the national economy into long term decline.

What is to be done in vital cooperation issues directly related to Council services such as pollution controls, recycling, structural funds, competition rules plus numerous rules and regulations related to employment and procurement are as yet totally unclear.

The Council calls on the Government to clarify its aims in the EU negotiations and to establish that a primary objective will be to maintain our exporters ability to access the Single Market with ease. Such a stance will stop the speculative runs on the pound we have already witnessed and make it clear to foreign companies who are only operating here because of our present tariff free access to Europe that they should remain.

The Leader of the Council to write to the Prime Minister to illustrate the Councils

concerns on this issue.

16. Motion From Councillor John Sanders

“Cowley division is suffering from development without consideration of the necessary transport infrastructure, whether it is cycle routes, pedestrian access, parking controls, traffic controls, potholes or rat-running, there never is enough money made available to meet the demands of increased traffic on local roads.

This Council resolves to ask the Leader of the Council to write to the Secretary of State for Transport and the Chancellor of the Exchequer demanding targeted government investment in road maintenance and minor traffic infrastructure improvements to mitigate the critical pressures on Cowley’s and other division’s roads.”

17. Motion From Councillor Sam Coates

“Given that an increasing number of services are becoming ever more reliant on voluntary efforts and partnerships with charities the County Council ask the Cabinet to undertake a 'capacity survey' of charities and volunteers which may be engaged in the support of a wide variety of County services in the future.

The intention of the review would be to determine which services may be sustained via voluntary efforts, and where costs and the need for specialist workers make services unsustainable with third sector partners.”

Pre-Meeting Briefing

There will be a pre-meeting briefing at County Hall on **Monday 31 October 2016 at 10.15 am** for the Chairman, Vice-Chairman, Group Leaders and Deputy Group Leaders

OXFORDSHIRE COUNTY COUNCIL

MINUTES of the meeting held on Tuesday, 13 September 2016 commencing at 10.00 am and finishing at 1.00 pm.

Present:

Councillor Michael Waine – in the Chair

Councillors:

Lynda Atkins	Janet Godden	David Nimmo Smith
Jamila Azad	Mark Gray	Zoé Patrick
David Bartholomew	Patrick Greene	Glynis Phillips
Mike Beal	Tim Hallchurch MBE	Susanna Pressel
Maurice Billington	Pete Handley	Laura Price
Liz Brighthouse OBE	Jenny Hannaby	Anne Purse
Kevin Bulmer	Nick Hards	G.A. Reynolds
Nick Carter	Neville F. Harris	Alison Rooke
Louise Chapman	Steve Harrod	Rodney Rose
Mark Cherry	Mrs Judith Heathcoat	Gillian Sanders
John Christie	Hilary Hibbert-Biles	John Sanders
Sam Coates	John Howson	Les Sibley
Yvonne Constance OBE	Ian Hudspeth	Roz Smith
Steve Curran	Bob Johnston	Lawrie Stratford
Surinder Dhesi	Stewart Lilly	John Tanner
Arash Fatemian	Lorraine Lindsay-Gale	Melinda Tilley
Neil Fawcett	Sandy Lovatt	Richard Webber
Jean Fooks	Mark Lygo	David Williams
Mrs C. Fulljames	Kieron Mallon	David Wilmshurst
Anthony Gearing	James Mills	

The Council considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and decided as set out below. Except insofar as otherwise specified, the reasons for the decisions are contained in the agenda and reports, copies of which are attached to the signed Minutes.

52/16 MINUTES

(Agenda Item 1)

The Minutes of the Meeting held on 12 July 2016 were approved and signed subject to changing 10.00 am to 10.30 am in the resolution of Minute 39/16.

53/16 APOLOGIES FOR ABSENCE

(Agenda Item 2)

Apologies for absence were received from Councillors Langridge, Mathew and Owen.

54/16 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE

(Agenda Item 3)

Councillor James Mills declared an interest in Agenda Items 6 and 16 (Motion from Councillor David Williams) by virtue of his membership of WODC and Oxfordshire Growth Board.

55/16 OFFICIAL COMMUNICATIONS

(Agenda Item 4)

The Chairman reported as follows:

Council sent its condolences to the families of those lost at Didcot Power Station collapse. Tribute was paid to Oxfordshire Fire & Rescue Service, the Coroner's Service and the local community for their efforts in very difficult circumstances.

Council sent their condolences to the family of former Monitoring Officer of the City Council Jeremy Thomas.

The Chairman and the Vice Chairman were participating in the Maggie Culture Crawl in aid of the Maggie Centre at the Churchill hospital, Oxford. Gift Aid Envelopes had been circulated and a just Giving page had been set up should members wish to support the cause.

The Chairman reminded members that, following consultation with the Group Leaders, Council would finish at 1.00 pm, so that all members could attend the Unitary Debate at the extraordinary meeting of the Performance Scrutiny Committee.

56/16 QUESTIONS WITH NOTICE FROM MEMBERS OF THE COUNCIL

(Agenda Item 8)

23 questions with notice were asked. Details of the questions and answers and the supplementary questions and answers (where asked) are set out in Annex 1 to the Minutes.

In relation to question 1 (Question from Councillor John Tanner to Councillor David Nimmo Smith), Councillor Nimmo Smith gave an assurance to keep the public and members informed prior to any future plans for Folly Bridge.

In relation to Question 5 (Question from Councillor Howson to Councillor Nimmo Smith) Councillor Nimmo Smith undertook to provide Councillor Howson with a written answer to the question of why no modelling was undertaken and how people were to get into Oxford whilst works were being carried out.

In relation to Question 16 (Question from Councillor Dhesi to Councillor Nimmo Smith) Councillor Nimmo Smith undertook to provide Councillor

Dhesi with a written answer detailing how much the community pay back scheme was used for cutting back overgrown hedges etc.

In relation to Question 18 (Question from Councillor Nick Hards to Councillor Melinda Tilley) Councillor Tilley undertook to provide Councillor Hards with a written answer detailing whether there were still any children waiting for a place at Great Western Park.

57/16 REPORT OF THE CABINET

(Agenda Item 9)

The Council received the report of the Cabinet.

58/16 TREASURY MANAGEMENT 2015/16 OUTTURN

(Agenda Item 10)

The Council had before them a report by the Chief Finance Officer (CC10) which set out the Treasury Management activity undertaken in the financial year 2015/16 in compliance with the CIPFA Code of Practice. The report included Debt and Investment activity, Prudential Indicator Outturn, Investment Strategy, and interest receivable and payable for the financial year.

Councillor Stratford moved and Councillor Hudspeth seconded the recommendations set out in the report and on the face of the agenda. In moving the report, the Cabinet Member for Finance, Councillor Lawrie Stratford paid tribute to the Treasury Management Team for their work over the past year and on an excellent report.

During debate, Councillor Roz Smith questioned whether decisions on the transition fund would be going through delegated decisions and if so, where those decisions would be reported to. In response, Councillor Stratford undertook to provide her with a written answer to the question.

Following debate, the motion was put to the vote and was carried nem con.

RESOLVED: (nem con) to note the Council's Treasury Management Activity in 2015/16.

59/16 REVISED MEDIUM TERM FINANCIAL PLAN 2017/18 - 2019/20

(Agenda Item 11)

Councillor Stratford moved and Councillor Hudspeth seconded the recommendations set out in the report and on the face of the agenda. In moving the report, the Cabinet Member for Finance, Councillor Lawrie Stratford paid tribute to the Finance Team for their work over the past year and on an excellent report.

Following debate, the motion was put to the vote and was carried by 45 votes to 10, with 4 abstentions.

RESOLVED: (45 votes to 10, 4 abstentions) to approve the:

- (a) revised Medium Term Financial Plan for 2017/18 to 2019/20; and
- (b) four year Efficiency Plan for 2016/17 to 2019/20 including the Flexible Use of Capital Receipts strategy for 2016/17 for onward submission to the Department for Communities and Local Government.

60/16 MOTION FROM COUNCILLOR MICHAEL WAINE

(Agenda Item 19)

The Chairman sought the approval of Council to move the following motion which had received cross party support without debate. The motion was put to the vote and it was:

RESOLVED: (unanimously)

“We are proud to live in a diverse and tolerant society. We believe that hate crimes have no place in our country, whether they are based on Race, Religion, Sexual Orientation, Age, Disability or Gender Identity. Oxfordshire County Council condemns racism, xenophobia and hate crimes unequivocally. We will not allow hate to become acceptable.

We reassure all people living in Oxfordshire that they are valued members of our community.”

61/16 MOTION FROM COUNCILLOR GILL SANDERS

(Agenda Item 12)

Councillor Gill Sanders moved and Councillor Howson seconded the following motion:

“Oxfordshire County Council was one of the first local authorities in the country to decide on the abolition of grammar schools and to end the horrendous process of selection that divided children at the age of 11 into those who could go to grammar schools and those who were condemned to attend secondary modern schools where even the brightest children were not challenged and encouraged to progress.

This Council should not support going back to the old system that was so rightly rejected by this Council in the past and asks the Cabinet to reject any proposal to invoke this incredibly retrograde step to reintroduce grammar schools into Oxfordshire.”

During debate, Councillor Tanner moved and Councillor Azad seconded that the question be now put.

The motion was put to the vote and was lost by 26 votes to 19.

Following debate, the substantive motion was put to the vote and was carried by 37 votes to 14, with 9 abstentions.

RESOLVED: accordingly.

62/16 MOTION FROM COUNCILLOR STEWART LILLY

(Agenda Item 13)

Councillor Lilly moved and Councillor Greene seconded the following motion:

“The A34 Trunk Road is a major economic artery, not only for Oxfordshire, but also for the neighbouring counties of Berkshire and Hampshire. I believe it is this Council’s responsibility and duty to instigate and create strong representation with our adjoining Council colleagues, local Members of Parliament and other relevant groups, to focus upon the current and serious inadequacies of this highway. Commercial and residential development within Oxfordshire is growing significantly and Highways Agency admits the highway to be at virtual capacity now. Too serious incidents have taken place over the last five years and we are all aware of the recent tragedy when a Mother and three children were killed, plus several serious injuries.

Records show approximately 70 serious hospitalised injuries and 10 fatalities in the last five years (excluding the last four months’ statistics). In all 499 incidents and 757 casualties have occurred in this period.

Council asks that the leader of the Council writes to the Minister of Transport, the Right Hon Chris Grayling MP, Highways England, the Treasury and the CLG to collectively create an early strategy and budget, for addressing the ever increasing dangers of this road. This is now impacting on the commercial growth and prosperity of Oxfordshire as the reputation of this road is becoming well-known, but for the very wrong reasons. I fear the county’s economy could also decline because this highway is becoming unable to cope.”

Following debate, the motion was put to the vote and was carried unanimously.

RESOLVED: accordingly.

63/16 MOTION FROM COUNCILLOR BOB JOHNSTON

(Agenda Item 14)

Councillor Johnston moved and Councillor Rose seconded the following motion:

“A new fast rail service to go from Bristol to Swindon, Grove/Wantage and Milton Keynes will improve the cost/benefit ratio for the new station at Wantage/Grove. County officers are asked to discuss with Network Rail and the DfT for the inclusion of a station at Wantage/Grove into the funding during Network Rail’s next control period starting in 2019 with a view to the

station being opened by the end of the control period. The station will reduce wear and tear on local roads and reduce commuting time between the rapidly growing communities in South Oxfordshire. It will also improve access to skills and education for both 16 - 19's and adults living in those parts of the County.

Council calls on the officers to investigate the cost and partnership funding available to develop the business case and identify the county funding contribution required for the business case. In doing so they should co-operate with similar efforts in Wiltshire and elsewhere.”

Following debate, the Motion was put to the vote and was carried unanimously.

RESOLVED: accordingly.

..... in the Chair
Date of signing

QUESTIONS WITH NOTICE FROM MEMBERS OF THE COUNCIL

Questions are listed in the order in which they were received. The time allowed for this agenda item will not exceed 30 minutes. Should any questioner not have received an answer in that time, a written answer will be provided.

Questions	Answers
<p>1. COUNCILLOR JOHN TANNER</p> <p>What plans does the County Council have for repairing the structure and road surface of Folly Bridge in Oxford since the discovery of bats? When and how will the work be done and what will be the disruption to traffic?</p>	<p>COUNCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR ENVIRONMENT</p> <p>Survey and investigation works are currently being undertaken in order to determine the best method of repair of the bridge. Further bat surveys have had to be undertaken by our ecologist over the summer period to allow us to complete the design of what bat mitigation measures are required and prepare a licence application to Natural England to gain consent to undertake the works.</p> <p>Once the design of the repair method is completed, listed building consent and an Environment Agency permit will also be required. There are a number of constraints to be overcome which may affect the timing of the works, but we anticipate the works will be undertaken in March-April 2017. Some of the works will inevitably require a full road closure due to the narrow width of the bridge, but it is too early to confirm the duration of these.</p> <p>Folly Bridge will be fully resurfaced following the structural repairs during the night under a full closure.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>Would Councillor Nimmo Smith agree with me that Folly Bridge is one of the most beautiful bridges in Oxfordshire? It is also one of part of the key routes in and out of the City and can he make sure that I and other Councillors are informed of the plans for</p>	<p>SUPPLEMENTARY ANSWER</p> <p>Yes, I agree that Folly Bridge is one of the most attractive ones in Oxfordshire. Because of the location of the bridge I will make sure that as much information is put into the public domain about timings, traffic strategy and traffic management as possible as early as possible.</p>

Questions	Answers
dealing with the repairs at Folly Bridge as soon as possible?	
<p>2. COUNCILLOR JOHN TANNER</p> <p>Despite progress on cleaning up Oxford's air, further steps need to be taken to bring some city centre streets within European Union standards. What steps is the County Council taking to establish a much-needed zero-emission zone in the centre of Oxford?</p>	<p>COUNCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR ENVIRONMENT</p> <p>The Oxford Transport Strategy (OTS) sets out the Oxfordshire County Council's vision and strategy for transport in the city over the next 20 years and outlines the county council's plan for tackling air quality in the city. The ambition is to implement a Zero Emission Zone (ZEZ) within Oxford city centre starting from 2020, which will gradually be extended to include the entire city over time, as and when required infrastructure and technology develops. These ambitions are supported by Oxford City Council and the city and county councils are jointly funding a piece of work over the next few months that will look at all aspects of how a ZEZ in Oxford would be implemented.'</p>
<p>SUPPLEMENTARY QUESTION</p> <p>I am sure that Councillor Nimmo Smith will agree with me that I am in a slightly better position to know the mind of Oxford City Council than he is and although Oxford City Council fully supports the establishment of Zero Emission Zone 2020 seems a very long time to wait. Will he review that date?</p>	<p>SUPPLEMENTARY ANSWER</p> <p>As with everything that works through the E&E and the Highways we continually update and review everything that is going on so the answer is yes.</p>
<p>3. COUNCILLOR JOHN TANNER</p> <p>Brexit has created uncertainty for many nationals of other European Union states living in my division. Would the Leader of the County Council extend a continuing warm welcome to such residents and recognise</p>	<p>COUNCILLOR IAN HUDSPETH, LEADER OF THE COUNCIL</p> <p>I am delighted that Councillor Tanner recognises the growing success of the Oxfordshire economy, particularly the success of our knowledge sector following Oxfordshire County Council's successful bid with partners for the Oxfordshire City Deal, and the LEP's success in bidding for our Local Growth Deal.</p>

Questions	Answers
<p>their right to live, work and study in Oxfordshire?</p>	<p>I absolutely recognise the value to Oxfordshire businesses of being able to recruit from abroad when this is necessary to get the right workers with the right skills. Unlike Councillor Tanner, however, I believe we are in a global competition with thriving economies such as the USA and China, not a race to the bottom with the failing Eurozone.</p> <p>In particular I believe it makes sense to ensure our universities and scientific institutions have access to the best talent from across the English-speaking world, rather than just countries which happen to be on our doorstep. I also agree with the Prime Minister that we should do all we can to ensure that local people have the skills and knowledge to compete for those jobs when possible, and that is another major strand of our City Deal programme.</p> <p>Reform of the EU's immigration policy is vital to reassure our voters that politicians are listening to them - over three quarters of people believe immigration should be reduced, and less than one in five believe we have got the balance right. The ability to recruit excellent staff from the EU does not require an open door, particularly one which sees the door slammed in the face of academics and professionals from the rest of the world.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>I am sure the Leader will recognise that my question is not about immigration, but about this Council making it clear to the people who live here, that come from other parts of Europe that they remain welcome in Oxfordshire whether they are working here, visiting here or studying here and I would be very grateful if the Leader would make a statement to that effect. Will he?</p>	<p>SUPPLEMENTARY ANSWER</p> <p>I have always been very clear that it is not just about residence of Europe, it's about the rest of the world as well. I welcome all people who contribute to the Oxfordshire economy and actually all of the UK economy as well. I am particularly pleased to note that you are looking for growth of Oxfordshire's economy because that is good.</p>

Questions	Answers
<p>4. COUNCILLOR BOB JOHNSTON</p> <p>Given the number of complaints about late grass cutting by the County this year, will the Cabinet Member undertake to make an earlier start to the grass cutting programme in 2017? (please note that the grass and cow parsley will be full grown by the end of May).</p>	<p>COUNCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR ENVIRONMENT</p> <p>I can assure Cllr Johnson that we will be starting the grass cutting programme much earlier in 2017 than has happened in this current year. The initial focus will be, as it always has been, in places where safety could be compromised, such as at junctions and on major routes.</p> <p>With the more limited resources now available for grass cutting the view was taken this year to cut somewhat later than has been conventional in order that the cut lasts longer in overall terms. By this I mean that by cutting later in the growing season the lower growth pattern in autumn and early winter would to an extent help suppress rate of regrowth and therefore ensure an overall longer duration of low grass. I fully recognise that this is a judgement matter and others may have different views but this I hope helps explain why things were done as they were this year to balance resources against need.</p> <p>Officers have been working hard to roll out the Oxfordshire Together project whereby Parish and Town Councils have been encouraged and funded to take on (among other things) local delivery of grass cutting. I understand that a good number of new areas have done so this year and yet more are considering this for 2017, and I would encourage all Councillors to raise this with their local Parishes as and when the opportunity arises.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>Will Councillor Nimmo Smith undertake, once they are known, to give dates about the commencement to the operation. In order that we can answer questions when we are asked by Parish Councillors because it is very embarrassing if you are not able to answer a</p>	<p>SUPPLEMENTARY ANSWER</p> <p>What we will do is give the start date of doing the works, what we can't really do is give you what is happening in your parish or in your division because it is an operational issue and it depends on the weather and where the men are working and all sorts of things. So we can try and give an idea of general area, but will not be able to give it down to specific parishes.</p>

Questions	Answers
straight question.	
<p>5. COUNCILLOR JOHN HOWSON</p> <p>In the modelling process for LTP4, what extra pressures were identified for the A34 and the Botley Road as result of any bus gates in Worcester Street and St Cross St altering journey patterns from North Oxford to central Oxford, including visiting the new Westgate Centre and the current railway station for journeys to Didcot, Reading and the West of England?</p>	<p>COUNCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR ENVIRONMENT</p> <p>Modelling was not carried out for this aspect of LTP4, and the LTP makes it clear that further work is needed on these proposals.</p> <p>The County Council will be undertaking a study this financial year to assess options for the location and operation of the proposed traffic restrictions mentioned in LTP4, including an assessment of the impact of those options on the city's road network. Growth pressures both within and outside the city will be considered as part of this.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>I am very surprised that no modelling took place on such an important idea about a bus gate in Worcester Street area with paving into LTP4. In view of the growing number of accidents and interruptions on the A34 as outlined later in Councillor Lilly's motion, could you please tell me how those living in my division will be expected to reach the centre of Oxford if and when the A34 is closed should a bus gate be put into operation.</p>	<p>SUPPLEMENTARY ANSWER</p> <p>I will give you a written answer to that.</p>

Questions	Answers
<p>6. COUNCILLOR JOHN HOWSON</p> <p>What opportunities do local residents have to object to an application for a Temporary Traffic Restriction Order (TTRO) when the formal notice is published, such as for a major event like the half marathon in October?</p>	<p>COUNCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR ENVIRONMENT</p> <p>There is no requirement in the Road Traffic Regulation Act 1984 for consultation by the Highways Authority and no requirement to facilitate objections when making a Temporary Traffic Regulation Order (TTRO) or Special Event Order (SEO).</p> <p>The procedure to be adopted by a local authority for making 'permanent orders' is set out in: the Local Authorities' Traffic Orders (Procedure) (England and Wales) Regulations 1996 (SI 1996/2489) as amended. The procedure requires consultation only for permanent and experimental Orders but does not apply to TTROs or SEOs.</p> <p>An objector can raise an issue after the first SEO advert which should then be reviewed by the Highways Authority and assessed if it can be mitigated, as per the Department for Transport (DfT) S16-traffic-reg-orders-guidance. There is no further guidance in this document regarding what to do if the issue cannot be mitigated but Oxfordshire County Council as the Highways Authority should ascertain if the objection is serious enough to modify or refuse the SEO. Similar guidance for TTROs is not available regarding objections after advertising.</p> <p>Oxfordshire County Councils Highway Coordination Teams interpretation of the Road Traffic Regulation Act and associated DfT guidance is that provided sufficient 'consultation' has been carried out by Oxfordshire CC before the first advert then new issues requiring mitigation would be unlikely to be raised after the first advert; so the event should proceed unless the issue raised is sufficiently serious. Issues found 'post-event' to have not been mitigated adequately would require Secretary of State for Transport's approval if the event is proposed to be repeated and the reasons for objection still applies. The Secretary of State may refuse an SEO application if the issue cannot be adequately mitigated, such as closures for an unacceptably long period, disruption to businesses etc.</p>

Questions	Answers
	<p>So in reference to the Oxford Half Marathon – unless a major new objection which cannot be mitigated is raised after the first advert then the event SEO should proceed after sealing of the Order. Issues found during this year’s event which cannot be mitigated in 2017 should be sent to the Secretary of State for review when the consent is applied for next year’s event SEO, assuming there is an application to hold the event again.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>At least one Labour Councillor has said that the County can turn down the application for a traffic order in relation to the Half Marathon in Oxford given that there have been considerable consultations between County officers and City officers which will have agreed the route. Will it be then in a situation that the County is not in a position to be able to turn down the route.</p>	<p>SUPPLEMENTARY ANSWER</p> <p>I think the answer to that is probably yes.</p>
<p>7. COUNCILLOR JOHN HOWSON</p> <p>When were sponsors identified for the first three primary schools in Oxfordshire forced to convert to become academies under the terms of the 2016 Education and Adoption Act?</p>	<p>COUNCILLOR MELINDA TILLEY, CABINET MEMBER FOR CHILDREN, EDUCATION & FAMILIES</p> <p>The Council received formal notice that the following schools were to become academies under new powers in Education and Adoption Act 2016 on the following dates:</p> <ul style="list-style-type: none"> • West Kidlington Primary School – 18 April 2016 • Rose Hill Primary School – 18 April 2016

Questions	Answers
	<ul style="list-style-type: none"> • New Marston Primary School – 10 June 2016 <p>Sponsors were subsequently approved by the Regional Schools Commissioner as follows:</p> <ul style="list-style-type: none"> • West Kidlington Primary School – May 2016, White Horse Federation • Rose Hill Primary School – Not yet confirmed due to extended negotiations regarding condition of the school buildings. • New Marston Primary School – August 2016, River Learning Trust.
<p>SUPPLEMENTARY QUESTION</p> <p>Thank you very much for the answer, could I ask you how well you think the process of the forced academisation under the 2016 Act is actually now working in relation with schools?</p>	<p>SUPPLEMENTARY ANSWER</p> <p>I think it is going reasonably well but I am against forcing academies anyway so you know where I stand on that.</p>
<p>8. COUNCILLOR ZOE PATRICK</p> <p>Now that bus subsidies have been discontinued in many areas of Oxfordshire, can the Cabinet Member for Transport confirm that he will be introducing cross-ticketing solutions for those areas outside the city of Oxford, who often have at least 2 bus operators running services in these areas?</p>	<p>COUNCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR ENVIRONMENT</p> <p>The Council's strategy, as stated in the Local Transport Plan, is to support the development of off-bus and integrated 'smart' payment, as a means of facilitating multi-stage and multi-operator public transport journeys, The Oxford smart ticketing system has significantly increased bus patronage by making multi-operator journeys easier and more affordable and has also reduced bus journey times by speeding up boarding.</p> <p>However, the Oxford smart ticketing system is based on the concept of an 'average fare' calculated for bus journeys within the Oxford zone, which extends to Kidlington and some other localities immediately adjacent to Oxford. By registering each journey made on each bus company, and comparing with the weekly, monthly and other time-period tickets sold by each company, a transfer</p>

Questions	Answers
	<p>of funds can be arranged between bus companies to account for discrepancies between tickets sold and journeys made.</p> <p>It is not so easy to extend the Oxford smartzone to other parts of Oxfordshire because of the much longer average journeys made, which would skew the 'average fare' calculation, and also because many other parts of the county have a single or a dominant bus operator, unlike in Oxford where the two main bus operators are reasonably equally matched.</p> <p>The County Council's role is to facilitate and encourage the development of multi-operator ticketing, but not to become a 'banker' and administrator for bus ticketing systems. There are many multi-operator ticketing systems across the UK which are not 'smartcard' based, and these are typically operated on a 'knock for knock' basis, that is the operator that sells the ticket keeps the revenue, in return for allowing tickets sold on other operators' buses to use their buses within an agreed area. It may be the case that, pending the development of an all-county smartcard ticketing system, that certain bus operators in some areas of Oxfordshire could agree to accept tickets of other operators on a 'knock for knock' basis. Fundamentally, bus operators in a given area would need to agree such an arrangement (including prices) and to administer such a scheme.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>Yes, thank you for the answer about Oxford City Council and the Smart Zone area but I would really like you to explain a bit about the knock for knock basis for the area outside of Oxford City where we don't have Smart Zone.</p>	<p>SUPPLEMENTARY ANSWER</p> <p>That it is a fairly technical answer but it is all to do with average fares, it is a complicated issue and it is much easier to do it in the City where it is actually quite compact. Would be much more difficult to do it in rural areas where there are long journey times. We are on the case in trying to do it but it is quite a technical difficult issue to deal with.</p>

Questions	Answers
<p>9. COUNCILLOR GILL SANDERS</p> <p>Will Councillor Tilley please assure me that before she thinks of writing to the Education Secretary, should the ban on new grammar schools be lifted, asking her to speed up their introduction in Oxfordshire, she will ensure that this proposal will be discussed fully at the appropriate County Council meetings, including the School Organisation Stakeholders Group and the Education Scrutiny Committee?</p> <p>Will Councillor Tilley undertake that until this is done that she will not write on behalf of Oxfordshire County Council on this issue?</p>	<p>COUNCILLOR MELINDA TILLEY, CABINET MEMBER FOR CHILDREN, EDUCATION & FAMILIES</p> <p>Yes.</p>
<p>10. COUNCILLOR STEWART LILLY</p> <p>Will the cabinet member for E&E advise as to the progress his staff have made regarding the unanimous vote in this chamber, on the 5 April 2016, for the bringing forward of proposals to introduce a levy of financial penalties for planning misdemeanours, and blatant disregard by some commercial organisations, to planning obligations & routing agreements? When will the department begin to implement such proposals?</p>	<p>COUNCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR ENVIRONMENT</p> <p>A report containing a draft lorry routing protocol was presented to the meeting of the Council's Planning and Regulation Committee on 5 September 2016 setting out a range of options for inclusion in future routing agreements. In summary this provided for the following options:</p> <ol style="list-style-type: none"> 1) Applicants to hand a leaflet or notice to all drivers visiting the site for the first time, both those in the applicant's or other site operators' employment and third parties, informing them of the requirements of the routeing agreement and instructing them that failure to comply will result in an initial warning for the first breach and then a ban from the site following a second breach. 2) Applicants to provide all vehicles in the control of the applicant or other site

Questions	Answers
	<p>operator with a Global Positioning System tracking device, and to require that the vehicles of any contractors are similarly provided, and to make the records of all vehicles so equipped available to the MPA upon request;</p> <ol style="list-style-type: none"> 3) Applicants to install closed circuit television cameras at the site entrance or entrances to record the directions from which vehicles enter and leave the site and to provide recorded footage to the MPA upon request; 4) Applicants to provide an index-linked sum to cover the cost to the County Council of traffic surveys to be undertaken on behalf of the MPA; 5) Applicants to commit to the full funding of any additional surveys which the MPA may consider necessary following the receipt of substantiated complaints with regard to breaches of the routeing agreement ; 6) Applicants to recover the full reasonable costs of the MPA monitoring compliance with the routeing agreement following substantiated complaints, including officers' time. <p>The consideration of which measures may be appropriate will be a matter for detailed consideration in relation to each specific planning application. This protocol was unanimously adopted at the committee meeting and will be implemented when the next planning application comes forward where it is considered that a routing agreement may be necessary.</p> <p>Planning obligations (that is agreements further to S106 Town and Country Planning Act 1990) and routing agreements may only be used for matters which are considered necessary to make a proposed development acceptable in planning terms and which cannot be otherwise controlled by planning condition e.g. provision for long-term management and aftercare of a restored mineral working or provision for payment toward cost of mitigating transport measures.</p> <p>If there is a breach of the agreement standard remedies for breach of contract apply. These cannot encompass payment of penalty for non- compliance because penalty payments are not lawful. However, if for example there is late payment then interest at default rate (generally 4% above base) may be charged which is an incentive to ensure compliance with payment provisions. Otherwise</p>

Questions	Answers
	where applicant breaches an agreement and does not remedy the planning authority could then consider seeking injunctive relief through the High Court; in the first place warning procedure (pre-action protocol) must be undertaken. Failure to comply with a High Court injunction could then ultimately lead to custodial sentences.
<p>SUPPLEMENTARY QUESTION</p> <p>Thank you to Councillor Nimmo Smith for his response. Obviously this response deals with part of the motion that we collectively approved regarding Highway Agreements and how trucks get in and out. It actually hasn't yet dealt with the other aspect which was relevant to some more penal application fees for those coming back changing what they should have done at the original application.</p>	<p>SUPPLEMENTARY ANSWER</p> <p>That was a statement not a question.</p>
<p>11. COUNCILLOR DAVID WILLIAMS</p> <p>During the summer period the Prime Minister announced her support for the reintroduction of selection in state education provision, this being followed by a statement from our County portfolio holder for Education indicating her support for the reintroduction of Grammar Schools.</p> <p>Could the Cabinet Member for education explain why she supports this antiquated and</p>	<p>COUNCILLOR MELINDA TILLEY, CABINET MEMBER FOR CHILDREN, EDUCATION & FAMILIES</p> <p>It is difficult to answer such an extremely loaded question. I do not, however, have the power to introduce any new system.</p>

Questions	Answers
<p>deeply socially divisive form of educational provision which effectively condemns fourth fifths of the population to a second rate vocational education and pretends that there is a social elite that can be identified at an early age.</p> <p>Could the Portfolio holder explain with the continued academisation of schools how she intends to introduce such an old fashioned discredited system?</p>	
<p>SUPPLEMENTARY QUESTION</p> <p>Would you agree with me that this preposterous idea of going back to grammar schools is actually the result of pressure from trust charities and businesses which are the sponsors of academies who recognise that since academies have been introduced, there is now a wealth of educational evidence to show that academies are no better and probably failing in comparison to their county counterparts. And they know that increasing performance of a school basically depends on the catchment of the school and selectivity could increase the performance of academies. Do you think that the Government is actually kowtowing to that sort of pressure introducing this nonsense?</p>	<p>SUPPLEMENTARY ANSWER</p> <p>No.</p>

Questions	Answers
<p>12. COUNCILLOR SAM COATES</p> <p>Even more alterations have had to be made to the road junctions at Frideswide Square at a cost of £30,000. Given that the cost of the changes to Frideswide Square was a staggering £6.7 million. How much of the redesign work subsequent to the original alternations has been paid for by the developer?</p> <p>Would he agree that this is a classic example of not listening to the public consultation comments at the start of a project as many of the alterations that have been made have been to address safety issued raised by members of the public at the very initial stages of the design.</p>	<p>COUNCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR ENVIRONMENT</p> <p>The recent alterations to the kerbing was part of a design change following a review of how Frideswide Square was working. With an innovative scheme such as this, refinements were expected and allowed for with in the scheme budget, and I can confirm that recent changes to the kerb alignment work was funded without the need for additional funds.</p> <p>The scheme was innovative and pushed boundaries which have resulted in an impressive and much improved space for all users. Many comments were received during the design process and were used to helped shape and improve the initial design.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>I don't expect him to have an answer for right know but I would be grateful to see if there is a list of learnings from the changes after they thought it was completed so that we can avoid further delays in costs after future project that are similar have been completed.</p>	<p>SUPPLEMENTARY ANSWER</p> <p>I will need to get back to you on that.</p>

Questions	Answers
<p>13. COUNCILLOR DAVID WILLIAMS</p> <p>Is there now doubt about the funding for the proposed 5 new Park and Rides that are being suggested? Would he agree that if virement is possible the £75million might be better spent on new cycle ways especially in the City of Oxford?</p>	<p>COUNCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR ENVIRONMENT</p> <p>The Park & Ride study estimated the construction costs of the new sites at £75M. However, no funding has yet been identified for any of the Park & Ride sites with the exception of Eynsham, which is part of the A40 Science Transit programme. This is still subject to a full DfT business case. Each Park & Ride to be bought forward will need a robust and proven business case, in order to secure the necessary funding.</p> <p>The construction of any future Park & Ride sites will not be at the expense of cycling proposals. The Oxford Transport Strategy contains ambitious proposals for cycling, which funding will also need to be secured for. We have carried out corridor studies on some key routes in the city (Banbury, Woodstock and Botley Road), and these studies are being used as a tool to secure funds either by way of developer funding contributions, or through future bids to government for funds. Further corridor studies are planned over the next few months.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>Does the Cabinet Member agree with me that the amount of money set aside for cycling really don't address the issue of the amount itself and that is really far too small in the overall range of money that is being spent on roads.</p>	<p>SUPPLEMENTARY ANSWER</p> <p>What we continue to do based on the budgets that we have got and the amount of money that we are actually bidding for is to give choice and we try and match the aspirations of the cycling lobby, the bus lobby, the car lobby with business, economic development and everything else. So whilst Councillor Williams may think that we are not actually putting enough effort into cycling, we are.</p>
<p>14. COUNCILLOR DAVID WILLIAMS</p> <p>Congestion on the A40 is nothing new to this County Council. Has the Leader of the Council considered the impact that the</p>	<p>COUNCILLOR IAN HUDSPETH, LEADER OF THE COUNCIL</p> <p>The proposal for a garden village north of Eynsham is not restricted to houses but is looking at having an employment site with a science park. This would bring jobs to the area thus reducing the need for residents to travel to Oxford this has</p>

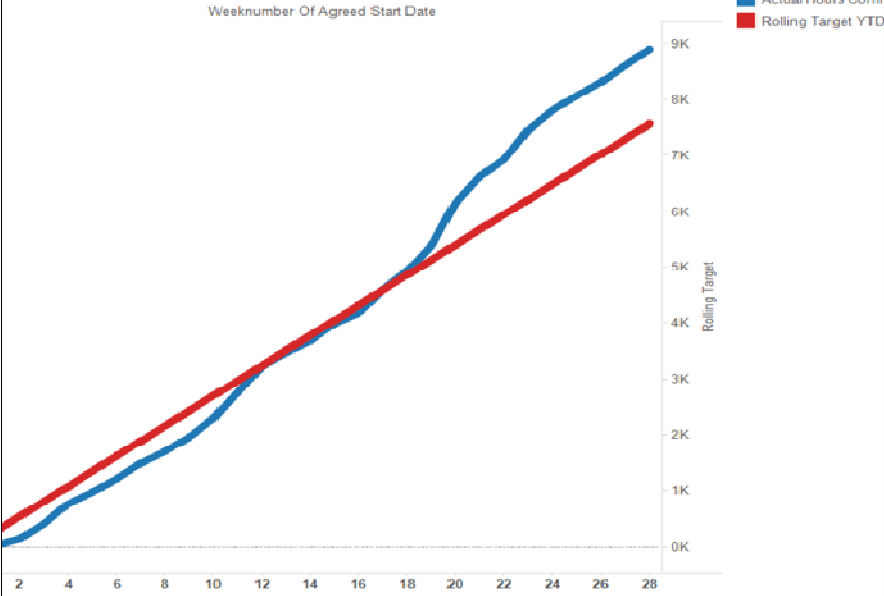
Questions	Answers
<p>proposed large scale development near Eynsham (2,200 units) will have on further compounding the massive traffic problems that already exists on the A40 for there is little doubt that the majority of the new residents will look to Oxford for employment and travel. Would he not consider it prudent to delay this development until the rail link to Witney is in place the only move that will actually resolve this notorious commuter bottleneck?</p>	<p>to be the way forward so that first class jobs can be provided alongside first class housing.</p> <p>During 2015 the County Council held a public consultation to explore the options for an A40 Long Term Strategy. The conceptual options presented for the section of A40 from Witney to Oxford included dual carriageway, bus lanes, guided busway, train and tram.</p> <p>The outcome of the consultation was debated at Cabinet on 24 May 2016 where the next steps in the long term strategy were confirmed as:</p> <ol style="list-style-type: none"> I. Road width expansion to a dual-carriageway on the section of the A40 between Witney and a park and ride at Eynsham II. A further bus lane (in addition to the eastbound bus lane currently under development) so as to provide bus priority in both directions along the A40 between a park and ride at Eynsham and the Duke's Cut canal bridge west of Wolvercote roundabout III. Provision of high quality cycleways along the length of the route. <p>Connecting Oxfordshire (Local Transport Plan 4) has been updated to reflect the A40 Strategy.</p> <p>Whilst a development of 2200 dwellings, and science park would generate significant developer contributions towards transport, the funding required for a railway line would far exceed the viability of a development of this type. A broad estimate could be £285m (derived from the 2015 consultation). When considered in the round the development will be required to provide improved highways, bus services, walking and cycling routes, as well as providing access from the development to existing Stations such as Hanborough Station, which is around 3 miles from the proposed development site. It would be far cheaper to develop better sustainable access to an existing station.</p>

Questions	Answers
	<p>Whilst the Local Authorities can hold aspirations for new railway lines, or new railway stations, provision of this infrastructure falls outside of our remit to Network Rail and the Train Operating Companies. At present there is no appetite from these authorities for an Oxford to Witney railway.</p> <p>We are currently progressing the A40 Science Transit scheme. We have secured provisional funds of £35m from Local Growth fund towards the A40 Science Transit project, which seeks to deliver:</p> <ul style="list-style-type: none"> • A park and ride at Eynsham; • An eastbound bus lane between Eynsham roundabout and the Duke's Cut, Wolvercote; • Westbound bus priority on the approaches to Cassington traffic signals and Eynsham roundabout; • Junction improvements along the A40 corridor between Witney bypass and Eynsham roundabout. <p>A public consultation on the initial design of these elements will be held in December 2016.</p> <p>In other works officers undertaking the feasibility assessment for the A40 dual carriageway and bus lanes in each direction.</p>
<p>15. COUNCILLOR SAM COATES</p> <p>The County struggles to find sufficient funding to keep the roads in good repair. Poor road conditions lead to extra spending on repairs and maintenance of vehicles. Would The Cabinet Member consider asking the bus companies which use the county's roads</p>	<p>COUNCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR ENVIRONMENT</p> <p>Oxfordshire County Council maintains good relationships with bus operators and works closely with them to try and make improvements that promote sustainable travel and consequently reduce congestion, air pollution and road damage overall.</p> <p>The majority of funding OCC receives for highway maintenance comes directly</p>

Questions	Answers
<p>more than most to make a contribution towards their up keep in consideration of the resulting savings in bus maintenance and repair?</p>	<p>from central government raised by taxation.</p> <p>It should be noted that heavy goods vehicles cause the greatest amount of damage to roads and typically a single decker bus is half the weight of the maximum allowable HGV on UK roads.</p> <p>OCC like the majority of Highway Authorities across the country are managing a deteriorating road network and applying nationally recognised Asset Management principals to ensure it is used as effectively as possible.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>Is the Cabinet Member aware of any bus companies making representations to the County complaining about the state of the road network that they are operating on?</p>	<p>SUPPLEMENTARY ANSWER</p> <p>I don't think bus companies are immune from not giving comments to the County Council and I am aware that everybody who walks out their front door is an expert on road and bus drivers, bus operators; bus passengers are no different to that. So yes we are getting responses from everybody about the state of the roads.</p>
<p>16. COUNCILLOR SURINDER DHESI</p> <p>There are footpaths with overgrown shrubbery and overgrown bushes which are the responsibility of the County Council. There are several bits of land which the District and The Parish Councils are responsible for. Could we have a working partnership that all Councils work together to resolve overgrown footpaths, bushes and trees, residents are fed up that it takes a long time trying to get things done because land belong to different Authorities. Why can't we</p>	<p>COUNCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR ENVIRONMENT</p> <p>As Councillor Dhesi may be aware, the County Council is already working in partnership with Town, Parish and District Councils on matters such as grass cutting under the Oxfordshire Together scheme, which has improved the appearance of many areas.</p> <p>With regard to other vegetation issues, where shrubs and trees spill out from private land onto the public highways we do write to property owners asking them to cut them back and this is followed up by officers. There are also planted areas that are the responsibility of one or other of the local authorities and as budgets are squeezed we do need to look for cost-effective ways to manage these. Following the suggestion made by Cllr Dhesi I have asked our officers to</p>

Questions	Answers
use the Probation Service to get Offenders to help keep footpaths clear of overgrown vegetation?	<p>extend the Oxfordshire Together principles to cover other vegetation as well as grass.</p> <p>With regard to other ways of getting vegetation cleared, I understand that in the past some projects have been delivered via the Community Payback scheme and it may be that we can make further use of that in the future; in addition in some parts of the County informal groups of volunteers are starting to deal with matters in their local area, with OCC staff providing advice, guidance and assistance with disposal of the cut material.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>There are several sorts of public footpaths in my diversion which have got overgrown shrubbery. I know that the district and the town council are working together to cut certain areas, but it is those areas which are left I think we should be using the community pay back scheme more to get those areas cut back and would like to know how many schemes have we done with the community pay back scheme?</p>	<p>SUPPLEMENTARY ANSWER</p> <p>Well I don't know at the moment how many schemes we have actually dealt with and perhaps I can ask the officers to give me an answer on that particular one. But it does depend where the overgrowth is coming from. If it is overgrowth is from third party land we talk to the third party land owner to try and get them to deal with it. We can only deal with the stuff which is in our own ownership ourselves.</p>
<p>17. COUNCILLOR SURINDER DHESI</p> <p>What provision is there to make sure we have enough Care Providers to offer care for our elderly and sick? There are Care providers who are finding it difficult to deliver service due to the impact of the cost of the living wage and what the Council offers in payment.</p>	<p>COUNCILLOR JUDITH HEATHCOAT, CABINET MEMBER FOR ADULT SOCIAL CARE</p> <p>Until recently the County delivered home care through 72 providers on an Approved Provider List (APL). The Council found that individual spot purchasing did not give sufficient leverage on providers to deliver fast and responsive services, as well as a consistent level of quality. Nor did providers have sufficient assurance of on-going business to encourage them to attract more people into social care by employing staff on permanent contracts.</p>

Questions	Answers
<p>Is the Council going to increase the amount of money it gives to the Care Providers to prevent them from ceasing to operate?</p>	<p>At the beginning of the year the Council went out to tender for the new home care model (Help to Live at Home) and awarded contracts to 8 providers covering 5 zones, with about 3 providers in each zone (some the providers covered more than one zone). The 72 on the APL are still being retained should the Help to Live at Home providers not be able to deliver the capacity required.</p> <p>The Help to Live at Home (HTLAH) contract awards providers an equal share of business within each zones but only pays providers on the basis of the actual level business delivered. To encourage providers to recruit sufficient workforce payments are made in advance, based on the projected level of business, with a monthly reconciliation taking place based on actual.</p> <p>Early analysis suggests that the contract is starting to achieve some of our aims</p> <ul style="list-style-type: none"> • Since May 2016 we have seen that 95% of referrals have gone to our key HTLAH providers. • For the same period in 2015 the average pick up speed was 17 days. • In comparison for the first two months of this contract the average pick-up rate is 5 days.

Questions	Answers
	<p data-bbox="884 218 1198 239">Hours Purchased vs. YTD Target</p>  <p data-bbox="884 885 2027 1069">One of the benefits we have seen is a reduction in the number of cases that we are actively sourcing through the Care Sourcing Placement Team. Alongside this we have seen a reduction in the number of reablement delays over the same period. The number of service users taking two weeks or more to source has reduced from 30 cases in January 2016 to 13 cases by 12 July 2016</p> <p data-bbox="884 1109 1070 1141">Care Homes</p> <p data-bbox="884 1145 2027 1364">There are c.4,400 beds in care homes for older people in Oxfordshire. The Council is the single largest purchaser of care homes, purchasing about a third of the beds. Most placements made by the Council are purchased on a spot contract basis although there are a number of block-contract arrangements, some being in place for a considerable time as a long term contract term. The block contracts are with the following:</p> <ul data-bbox="884 1369 1384 1401" style="list-style-type: none"> • Orders of St John Care Trust

Questions	Answers
	<ul style="list-style-type: none"> • Vale House - Specialist Nursing • 17 Interim Beds with various providers <p>In general our block contracts perform well in terms of their usage of capacity. Intermediate Care Beds and those beds purchased at Vale House are fully utilised while the weekly benchmark performance levels for occupancy of The Orders of John block beds of 95% is nearly always reported as being exceeded.</p> <p>There is a risk that providers in Oxfordshire may refuse to accept placements at the funding level offered by the Council with more providers moving to accept only private residents at the home's private fee level. The Council is addressing these risks as follows:</p> <ul style="list-style-type: none"> • Introduction of a Dynamic Purchasing System (DPS) for care homes in November '16. A DPS is a completely electronic system established to purchase goods and services. This system allows providers to "bid" for business and relies on market forces to keep the costs competitive. • Calling off a block contract from the DPS to ensure access to the capacity required. • Carrying out commercial negotiations with those providers with a large volume of Council spot placements. • Exploring the use of Council owned land to develop care homes in partnership with a specialist developer (e.g. housing association), to which the Council will have exclusive nomination rights. <p>Adult Social Care precept The 2.0% Adult Social Care council tax precept agreed by council in February 2016 generated £5.883m additional funding for Adult Social Care. Recommendations for the use of the funding in 2016/17 will be considered by Cabinet on 20 September 2016 following a consultation process with providers over the summer.</p>

Questions	Answers
<p>18. COUNCILLOR NICK HARDS</p> <p>Please would the Cabinet Member for Children Education and Families set out the steps which have been taken to ensure that sufficient school places are available for all Foundation Stage and Year 1 children on Great Western Park this academic year?</p>	<p>COUNCILLOR MELINDA TILLEY, CABINET MEMBER FOR CHILDREN, EDUCATION & FAMILIES</p> <p>The Council has worked very closely with the school's sponsor, GEMS, to ensure that children from Great Western park can attend their local school. Due to demand GEMS has agreed with the Council that it will open two Reception classes (up to 60 children), one year one class (up to 30 children) and one year 2 class (up to 30 children). This has meant that all parents of children in these year groups who have requested places for September have been offered them. If there is further demand during the course of the year the Council will work with GEMS to see whether there are opportunities to create further classes.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>In the final sentence of your reply you have agreed that you will carry on looking at the situation. I have had last weeks some information from a resident of Great Weston Park who says (this is a forward email of information from a teacher) both reception classes are full with 30 pupils in each one. There are also a number of children who are waiting for spaces at GEMS primary academy in Didcot too. That was situation right at the start of term, so could you please take another look at the figures and let me have some information about what children, if any, that you are aware of or that our education department is aware of who are still waiting for places.</p>	<p>SUPPLEMENTARY ANSWER</p> <p>Yes of course, Councillor Hards.</p>

Questions	Answers																																												
<p>19. COUNCILLOR NICK HARDS</p> <p>Recently outline planning permission has been given by South Oxfordshire District Council and Vale of White Horse District Council for over 4000 homes west of Didcot at Valley Park, nearly 2000 homes north east of Didcot at Didcot North East and over 500 homes north west of Didcot on the site of Didcot A Power Station. These are in addition to the 3300 homes which are being built at Great Western Park. What measures is this council taking to ensure that the roads and other infrastructure needed to deal with these housing developments?</p>	<p>COUNCILLOR IAN HUDSPETH, LEADER OF THE COUNCIL</p> <p>Thank you for asking this question as it gives me the opportunity to highlight the excellent work our officers do on behalf of the residents of Oxfordshire to achieve the best mitigation deals possible.</p> <p>The County Council officers liaise closely, and at length, with both SODC and Vale of White Horse DC officers on all of the applications that come in in the Science Vale area. In all the recent applications you mention the County Council has sought funding towards strategic infrastructure as follows:</p> <table border="1" data-bbox="887 627 1928 1414"> <thead> <tr> <th data-bbox="887 627 1227 699">Development</th> <th data-bbox="1227 627 1547 699">Amount Sought</th> <th data-bbox="1547 627 1928 699">Towards (specific Infrastructure)</th> </tr> </thead> <tbody> <tr> <td data-bbox="887 699 1227 1018" rowspan="8">NE Didcot</td> <td data-bbox="1227 699 1547 738">£1,838,382</td> <td data-bbox="1547 699 1928 738">Science Bridge</td> </tr> <tr> <td data-bbox="1227 738 1547 778">£2,101,008</td> <td data-bbox="1547 738 1928 778">NPR3</td> </tr> <tr> <td data-bbox="1227 778 1547 818">£525,252</td> <td data-bbox="1547 778 1928 818">A4130 widening</td> </tr> <tr> <td data-bbox="1227 818 1547 858">£525,252</td> <td data-bbox="1547 818 1928 858">Culham River Crossing</td> </tr> <tr> <td data-bbox="1227 858 1547 898">£262,626</td> <td data-bbox="1547 858 1928 898">Jubilee Way roundabout</td> </tr> <tr> <td data-bbox="1227 898 1547 938">£9,264,000</td> <td data-bbox="1547 898 1928 938">Primary Schools</td> </tr> <tr> <td data-bbox="1227 938 1547 978">£9,823,602</td> <td data-bbox="1547 938 1928 978">New Secondary School</td> </tr> <tr> <td data-bbox="1227 978 1547 1018">£1,057,300</td> <td data-bbox="1547 978 1928 1018">New SEN School</td> </tr> <tr> <td data-bbox="887 1018 1227 1257" rowspan="6">Valley Park</td> <td data-bbox="1227 1018 1547 1058">£2,608,944</td> <td data-bbox="1547 1018 1928 1058">Science Bridge</td> </tr> <tr> <td data-bbox="1227 1058 1547 1098">£7,826,832</td> <td data-bbox="1547 1058 1928 1098">A4130 widening</td> </tr> <tr> <td data-bbox="1227 1098 1547 1137">£1,841,268</td> <td data-bbox="1547 1098 1928 1137">Harwell Link Rd</td> </tr> <tr> <td data-bbox="1227 1137 1547 1177">£18,988,774</td> <td data-bbox="1547 1137 1928 1177">2 x New Primary School</td> </tr> <tr> <td data-bbox="1227 1177 1547 1217">£14,994,000</td> <td data-bbox="1547 1177 1928 1217">Secondary School</td> </tr> <tr> <td data-bbox="1227 1217 1547 1257">£1,232,500</td> <td data-bbox="1547 1217 1928 1257">New SEN School</td> </tr> <tr> <td data-bbox="887 1257 1227 1414" rowspan="4">Didcot Power Station</td> <td data-bbox="1227 1257 1547 1297">£6,784,051</td> <td data-bbox="1547 1257 1928 1297">Science Bridge</td> </tr> <tr> <td data-bbox="1227 1297 1547 1337">£2,180,000</td> <td data-bbox="1547 1297 1928 1337">New Primary School</td> </tr> <tr> <td data-bbox="1227 1337 1547 1377">£1,764,000</td> <td data-bbox="1547 1337 1928 1377">New Secondary School</td> </tr> <tr> <td data-bbox="1227 1377 1547 1414">£ 159,500</td> <td data-bbox="1547 1377 1928 1414">New SEN School</td> </tr> </tbody> </table>			Development	Amount Sought	Towards (specific Infrastructure)	NE Didcot	£1,838,382	Science Bridge	£2,101,008	NPR3	£525,252	A4130 widening	£525,252	Culham River Crossing	£262,626	Jubilee Way roundabout	£9,264,000	Primary Schools	£9,823,602	New Secondary School	£1,057,300	New SEN School	Valley Park	£2,608,944	Science Bridge	£7,826,832	A4130 widening	£1,841,268	Harwell Link Rd	£18,988,774	2 x New Primary School	£14,994,000	Secondary School	£1,232,500	New SEN School	Didcot Power Station	£6,784,051	Science Bridge	£2,180,000	New Primary School	£1,764,000	New Secondary School	£ 159,500	New SEN School
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Questions	Answers											
	Total	£83,777,291										
	<p>On top of these we also sought contributions towards Libraries, Household waste recycling centres and Adult day care.</p>											
	<p>In addition to seeking the £24million from these developments (for transport schemes) the County Council has also submitted the following bids to the LEP for the Local Growth Fund Round 3 (LGF3) for match funding of the schemes – the outcome of these funding bids is expected to be announced after the autumn statement:</p>											
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NPR3	£12,500,000	£6,223,000										
	<p>In addition to the above we are working closely with the District councils to continue to seek S106 from development in the Didcot area, when they come forward, for example from Ladygrove East and once CIL is adopted in the Vale to get significant proportions of this. We are also jointly working on the Garden Town Project to see if any funding can be released to help deliver the necessary infrastructure. Finally on top of this we are seeking clarification from the Districts as to their priorities for spending the Didcot Accelerator Enterprise Zone Business Rates and pushing these to be on the transport infrastructure in the area, as the number 1 priority.</p>											
	<p>I trust this gives you the confidence that we are doing everything within our power to secure funding for these the much needed transport schemes that will help to deliver growth not just for Oxfordshire’s economy but the Country’s economy too.”</p>											

Questions	Answers
<p>SUPPLEMENTARY QUESTION</p> <p>I would like to thank Councillor Hudspeth for his detailed reply but I would point out that less than half the total cost of the major schemes has been pledged and I would like to ask him how can the unfunded parts of these schemes be secured before people start to move into their homes? Because if people start moving into their homes before the schemes are funded, then the traffic will grind to a complete halt, so that is why I am asking the question.</p>	<p>SUPPLEMENTARY ANSWER</p> <p>We do have to work within the planning regulations and of course we can put forward stipulations when we get the funding, but until regulations are changed so that we can demand all funds up front then there is not a lot we can do about it. We do request SIL and S106 and of course, we get match funding where appropriate but at the moment under the planning regulations we have to wait.</p>
<p>20. COUNCILLOR SAM COATES</p> <p>What is being done to maintain road safety on the Parks Road/Broad St/Holywell St junction given the traffic lights has been out of action for an extended period?</p>	<p>COUNCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR ENVIRONMENT</p> <p>An assessment of the operation of the junction following the recent damage to the signals has been carried out. County Council officers consider that - taking account of the reduced traffic flows here since the traffic restrictions in Broad Street were introduced some years ago - that the permanent removal of the signals is likely to be acceptable, taking account of the safety and amenity of all road users and in particular the many pedestrians and cyclists crossing and travelling through the junction. This would be consistent with aspirations for a comprehensive environmental improvement to this part of Broad Street shared by Oxford University, the County Council and Oxford City Council. Funding for this major improvement has though yet to be secured and the likely timescale for implementation is likely to be at least five years away. We are pleased to report that thankfully there have been no reported accidents at this junction and the site is monitored on a frequent basis.</p>

Questions	Answers
	As the cost of repairing the signals is very significant (due to the age and condition of the current equipment), the County Council is preparing an low cost interim treatment for the junction, and a consultation on this will be carried out in the very near future; if approved, it is hoped to implement this treatment later in the autumn.
<p>SUPPLEMENTARY QUESTION</p> <p>Can I thank Councillor Nimmo Smith for his answer and can I just appeal to him to do what he can to make sure that the treatment mentioned is brought in as soon as possible in the Autumn, because we haven't had the legal proceedings in the City but we are already seeing that traffic movements in the area are very substantial and we need a solution.</p>	<p>SUPPLEMENTARY ANSWER</p> <p>Yes.</p>
<p>21. COUNCILLOR SUSANNA PRESSEL</p> <p>There is substantial and incontrovertible evidence that average and below-average attaining pupils do worse in areas where there is a selective, grammar school system. In view of this, how can the Cabinet member advocate allowing grammar schools in Oxfordshire?</p>	<p>COUNCILLOR MELINDA TILLEY, CABINET MEMBER FOR CHILDREN, EDUCATION & FAMILIES</p> <p>I do not accept the premise, but in any case, I do not see why it has to be done as it was 50 years ago.</p>
<p>SUPPLEMENTARY QUESTION</p> <p>If we do get a grammar school in the County</p>	<p>SUPPLEMENTARY ANSWER</p> <p>I think you over estimate my powers in this Councillor Pressel. I do not have the</p>

Questions	Answers
<p>20% or 30% of children might be lucky enough to get into it, probably thanks to expensive tutoring, there would then be 70% or 80% of their friends and neighbours who had failed to get in. Please can the Cabinet Member tell me how she is going to try and make sure that this vast majority of children don't feel like failures?</p>	<p>power to bring in or not a grammar school. However, I think you are putting the children who don't get into grammar school, but may be gifted in other ways down with the speech you have just made.</p>
<p>22. COUNCILLOR SUSANNA PRESSEL</p> <p>The waiting time for people who apply to have a right of way determined is 8 to 10 years! This horrendously long delay is likely to rise even higher in the near future, because of new legislation. Please can the Cabinet member tell me what he is going to do about this very poor service?</p>	<p>COUNCILLOR DAVID NIMMO SMITH, CABINET MEMBER FOR ENVIRONMENT</p> <p>There is a long waiting list of applications to add new Public Rights of Way to the Definitive Map which has remained at the current level for several years. This is a complex area of work and each application can take several months to complete due to the extent of the research needed and other pressures across the team. These applications are known as Definitive Map Modification Orders [DMMO] and they are currently dealt with in chronological order.</p> <p>We are currently considering where efficiencies can be made as part of reviewing current processes linking to a wider review of the Highway Service and new legislation [see below].</p> <p>We try to manage customer expectations and it is made clear to prospective applicants that there will be a significant delay before we can fully consider their application.</p> <p>The Deregulation Act 2015 [DeReg] is due to be enacted later this year. This will significantly change DMMO procedures with defined timescales to consider new applications as well as reviewing existing applications. It is not yet known if this will increase DMMO applications however it will bring significant extra duties and thus additional pressure on the team who deal with this area of work.</p>

Questions	Answers
<p>SUPPLEMENTARY QUESTION</p> <p>I asked what the Cabinet Member is going to do about the very poor service and he admits that there is going to be significant extra duties and additional pressure on the team, but all he says is we are current considering where efficiencies can be made and I would just like more detail on that because it sounds very dodgy to me.</p>	<p>SUPPLEMENTARY ANSWER</p> <p>If you look at the end of the answer as to what is happening with the Deregulation Act 2015, you will see that is actually speeding up the process and that is where we are aiming to go.</p>
<p>23. COUNCILLOR SUSANNA PRESSEL</p> <p>Does the Cabinet member share my concern at the low number of people in Oxfordshire who successfully try to give up smoking, especially pregnant women, and what is she going to do about it? The trend is in the wrong direction and worse than the national average.</p>	<p>COUNCILLOR HILARY HIBBERT-BILES, CABINET MEMBER FOR PUBLIC HEALTH</p> <p>People in Oxfordshire are still quitting smoking. The number of successful quitters recorded through Stop Smoking Services per 100,000 population has stabilized in the last two years. Oxfordshire has a much lower prevalence of adult smokers 15.5% compared to 16.9% for England, so quit rates are likely to be lower.</p> <p>Figures just released for quarter 1 2016/17 show that we have had 551 successful quitters through stop smoking services. This is an increase of 209 on the same quarter last year</p> <p>This performance is despite the recent sea-change in the ways in which smokers choose to reduce smoking as outlined in the DPH annual report, shifting from using statutory services to a DIY approach.</p> <p>I am extremely pleased that the number of women smoking in pregnancy has fallen from 11.4% in 2007/8 to 7.9% in 2015/16, compared to the National average of 10.6% for 2015/16. The public health team is working closely with providers to ensure women have access to the support they need to quit.</p>

Questions	Answers
<p>SUPPLEMENTARY QUESTION</p> <p>At the end of your answer you say the Public Health Team is working closely with providers to ensure that pregnant women who are smokers have access to the support they need to quit. Please can you give more details about how they are working closely with providers?</p>	<p>SUPPLEMENTARY ANSWER</p> <p>Thank you. Solutions for Health who are providers are working with midwives certainly at the JR and Banbury. They are setting up pods to encourage pregnant women to stop smoking. But I have to say the number of women that smoke in Oxfordshire is very low in comparison to elsewhere. That doesn't mean to say we are complacent, we are still working with them and if we even get half a dozen of them to stop smoking in pregnancy it's a plus. But they are working with the midwives throughout the County.</p>

Division(s): N/A

COUNTY COUNCIL – 1 NOVEMBER 2016

REPORT OF THE CABINET

Cabinet Member: Leader and Cabinet Member for Local Government, Business, ICT and Customer Services

1. Report into the Future of Local Government in Oxfordshire *(Cabinet, 20 September 2016)*

Cabinet considered reports on the outcome of the two reports from Grant Thornton UK LLP and PwC into the future of local government in Oxfordshire including the outcomes of consideration of the two reports by the Performance Scrutiny Committee on 13 September 2016.

Cabinet considered the evidence set out in the PwC and GT reports, and the opportunity both reports presented to save £100m over five years by moving to a single unitary for Oxfordshire, and the need for local structures within that. Having regard to the recommendations of Performance Scrutiny, Cabinet asked officers to work with stakeholders, including the public, to develop proposals for a single Oxfordshire unitary council, and in particular further explore the proposal set out in the Grant Thornton report known as option 6, whereby local areas within the county could make decisions for their own area, within an overall budget and policy framework set at the strategic level.

Cabinet Member: Leader

2. Appointments to Outside Bodies 2016/17 *(Cabinet, 20 September 2016)*

Cabinet made member appointments to a variety of bodies which in different ways support the discharge of the Council's Executive function.

Cabinet Member: Deputy Leader

3. Staffing Report Quarter 1 *(Cabinet, 20 September 2016)*

Cabinet noted a report that gave an update on staffing numbers and related activity during the period 1 April 2016 to 30 June 2016. It gave details of the actual staffing numbers at 31 March 2016 in terms of Full Time Equivalents. In addition, the report provided information on the cost of posts being covered by agency staff.

4. Business Management & Monitoring Report Quarter 1 – 2-16/17

(Cabinet, 18 October 2016)

Cabinet noted a report which provided details of performance for quarter one (2016/17) in order to monitor the performance of the Council in key service areas.

Cabinet Member: Adult Social Care

5. Report on the Impact of the National Living Wage on Adult Social Care's Contracted Services

(Cabinet, 20 September 2016)

The National Living Wage came into force in April 2016 and is over and above the National Minimum Wage which remains in place for those workers between the ages of 18 and 25 years of age.

In November 2015 the Chancellor of the Exchequer announced the outcome of the Spending Review which included provision for increased income generation through an additional council tax precept for the purpose of supporting adult social care costs including the National Living Wage. The Department for Communities and Local Government subsequently noted that this was also in recognition of demographic changes which are leading to growing demand for adult social care, which is increasing pressure on council budgets.

In February 2016 the county council approved an additional 2.0% council tax precept for 2016/17 to support the costs of adult social care in Oxfordshire, including the impact of the implementation of the National Living Wage from 1 April 2016. In addition a further £0.600m was agreed to be added to the budget to support the impact of the National Living Wage on the cost of sleep-in care.

Some of the Adult Social Care Precept has already been used to reflect the direct impact of the National Living Wage and other agreed cost pressures on providers in 2016/17. The impact of the National Living Wage is not known either nationally or locally. In view of this the council asked officers to undertake further work in this area to establish its impact.

Cabinet considered a report that sought approval to recommendations about how the remaining funding should be used within Adult Social Care and that noted the availability of the £0.600m funding to support sleep - in care.

Cabinet agreed the assumed hourly rate for home support workers funded through the council's home support model and that £1.062m of the Adult Social Care Precept should be added the council's contribution to the Older People's Pooled Budget to fund the cost of additional payments; they agreed that £0.964m of the Adult Social Care Precept should be held as a contingency; they further agreed that £3.000m of the Adult Social Care Precept should be used to increase the council's contribution to the Older

People's Pooled Budget on a permanent basis to support on-going demand and expenditure pressures evident in 2016/17. Cabinet also noted that the £0.600m budget available to support the cost of sleep-in support for service users will be ring fenced for such purposes. Cabinet noted that work on the further implementation of these recommendations would be on going and authorised the Director of Adult Social Services, in consultation with the Cabinet Member for Adult Social Care to agree the implementation.

Cabinet Member: Children, Education & Families

6. The Oxfordshire Safeguarding Children Board Annual Report/The Performance Assessments & Quality Assurance Annual Report and The Case Review & Governance Annual Report

(Cabinet, 18 October 2016)

The OSCB's remit is to co-ordinate and ensure the effectiveness of what is done by each agency on the Board for the purposes of safeguarding and promoting the welfare of children in Oxfordshire. Cabinet noted the annual report that summarised the key achievements in the last year and provided an analysis of safeguarding arrangements. These arrangements have been found to be in a good state as confirmed by the Stocktake Report on child sexual exploitation in 2015 and the Joint Targeted Area inspection in 2016. Cabinet also noted two further supporting annual reports: the Performance, Audit & Quality Assurance Annual Report and the Case Review & Governance Annual Report.

Cabinet Member: Environment

7. Proposed Draft Economic Strategy Plan Refresh

(Cabinet, 20 September 2016)

In order to reflect progress in delivering the objectives of the original SEP, published in March 2014, and the development of associated detailed plans, address changes in the purpose of the plan and align better with changing economic circumstances, OxLEP have undertaken a SEP "refresh".

Cabinet endorsed the refreshed SEP.

Cabinet Member: Finance

8. Service & Resource Planning Report 2017/18

(Cabinet, 20 September 2016)

Cabinet considered the first in the series on the Service & Resource Planning process for 2017/18 which will culminate in Council setting a budget for 2017/18 in February 2017 which included a proposed process for Service & Resource Planning for 2017/18 including a timetable of events.

Cabinet approved the Service and Resource Planning process for 2017/18; and approved a four year period for the Medium Term Financial Plan and Capital Programme to 2020/21.

9. Transition Fund for Community Initiatives for Open Access Children's Services

(Cabinet, 20 September 2016)

In February 2016 the council agreed to set aside £1m for creating a 'one off' fund to provide pump priming to support Children's Centres. It was agreed that a cross party group of county councillors would consider maximum benefit of this fund and bring proposals back to cabinet for decision. Cabinet considered a report setting out the outcomes of the working group and approved proposed guidance notes and grant application form.

10. 2016/17 Financial Monitoring & Business Strategy Delivery Report

(Cabinet, 18 October 2016)

Cabinet had before them one in a series of financial monitoring reports for 2016/17 that focused on the delivery of the Directorate Business Strategies that were agreed as part of the Service and Resource Planning Process for 2016/17 – 2019/20. Parts 1 and 2 included projections for revenue, reserves and balances as at the end of August 2016. Capital Programme monitoring and update was included at Part 3.

Cabinet approved the virement requests; approved supplementary estimates and a request for funding from the Efficiency Reserve; they noted the Treasury Management lending; approved the updated Capital Programme and associated changes to the programme; approved an additional £2.1m in the budget provision for the Westgate Library project; approve the inclusion into the Capital Programme of the new primary school for Southam Road, Banbury; and approved new charge as set out in the report and addenda.

Cabinet Member: Public Health

11. Director of Public Health Annual Report

(Cabinet, 18 October 2016)

Cabinet noted and recommended Council to receive and note a report which summarised key issues associated with the Public Health of the County. It included details of progress over the past year as well as information on future work.

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

IAN HUDSPETH
Leader of the Council

September 2016

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Division(s): N/A

COUNTY COUNCIL – 1 NOVEMBER 2016

PARTNERSHIP UPDATE REPORT

Report by the Chief Policy Officer

Introduction

1. This report provides an update on the Oxfordshire-wide partnerships which are critical in progressing key countywide priorities, enabling partners to work across the themes of a thriving Oxfordshire, including economic growth, health and wellbeing, thriving communities, and support to the most vulnerable;
 - Oxfordshire Local Enterprise Partnership
 - Oxfordshire Growth Board
 - Oxfordshire Environment Partnership (formerly Environment and Waste Partnership)
 - Oxfordshire Health and Wellbeing Board
 - Oxfordshire Safer Oxfordshire Partnership (formerly Safer Communities Partnership)
 - Oxfordshire Stronger Communities Alliance
 - Oxfordshire Safeguarding Children Board
 - Oxfordshire Safeguarding Adults Board
 - Oxfordshire Strategic Schools Partnership Board
2. Each partnership report addresses the following points:
 - The current focus for the Partnership;
 - The personnel (Chairman and supporting staff) of the Partnership
 - The Partnership's governance arrangements;
 - The Partnership's key achievements in the last year;
 - The aims for the Partnership in the year ahead;
 - The key challenges for the Partnership and how these will be addressed going forward.
3. Details of the current/future work undertaken by these Partnerships are shown in the Annex to this report. Each is a snapshot at a particular point in time (with the completion date shown in the preface in each case) rather than a formal report for the financial or calendar year.
4. The most significant structural change to report since the 2015 update is that the Strategic Schools Partnership has established its terms of reference, working patterns, membership, and functions. The work of this partnership is included in this yearly update alongside an update from Oxfordshire Early Years Board.

RECOMMENDATION

5. Council is **RECOMMENDED** to note the report.

MAGGIE SCOTT
Chief Policy Officer

Contact Officer Jacqueline Atkins, Policy Manager

Jacqueline.atkins@Oxfordshire.gov.uk 07780490790

Background Papers Nil

August 2016

Partnership Name	Oxfordshire Local Enterprise Partnership (OxLEP)
Date of completion	25 July 2016
Chairman	Jeremy Long
OCC Lead Member	Cllr Hudspeth
OCC Lead Officer	Bev Hindle
Last Meeting Date	June 2016
Next Meeting Date	6 September 2016
Website Address	http://www.oxfordshirelep.org.uk/
Governance Arrangements	OxLEP became a Company Limited by Guarantee on 1 April 2015. Cllr Hudspeth is a non-executive director of OxLEP limited. Oxfordshire County Council remains the accountable body for OxLEP.

The current focus for the Partnership

- The Oxfordshire Local Enterprise Partnership (OxLEP) is focussed on leading, championing and developing the Oxfordshire economy.
- Its primary objective is to deliver the Oxfordshire vision;
The Vision for Oxfordshire is that by 2030 Oxfordshire will be a vibrant, sustainable, inclusive world leading economy, driven by innovation, enterprise and research excellence.'
- We continue to work in partnership with our local authority partners to develop a compelling case for an Oxfordshire devolution deal which comprises of strategic planning & transport, skills, business support and health and social care functions aligned to a collective £6.2bn devolution ambition.
- OxLEP has recently submitted a £382m Local Growth Fund submission to government, in partnership with OCC and stakeholders. We are now entering the negotiation stages with an announcement likely in the autumn statement. Our 37 strategically assessed projects are spread across our four themes of people, place, enterprise and connectivity.
- Focus on maximising government investment into the county alongside ensuring we deliver against our existing c£2bn growth programme.
- Having formally seconded across the County's economy & skills team into OxLEP the focus is on integration of teams into a single delivery unit and setting into our new office at City of Oxford College.

The Partnership's key achievements in the last year

Strategy

- Agreed with Government the final version of the European Structural Investment Funds (ESIF) strategy setting out how Oxfordshire's c. £19.5million allocation will support growth.
- Commenced delivery of the growth ambitions contained in the ESIF Strategy by assisting in the preparation, publication and assessment of specifications for projects including:
 - £1m for business support activities
 - £2.6m for Innovation activities
 - £1.4m for low carbon activities
 - £1.2m for helping the long term unemployed to enter training and the labour market
 - £1m to help young people who are Not in Education, Employment or Training (NEET) and to prevent young people from becoming NEET
 - £0.5m for an Oxfordshire Community Grants Scheme for community organisations to work with local people to help them into training and employment.
- In December 2016 launched the Strategic Environmental Economic Investment Plan (SEEIP); setting out a £31m programme of environmental projects and programmes that will drive economic growth and jobs creation, in advance of potential future funding opportunities (i.e. developing the project 'pipeline'). The priorities are:
 - Growing the green economy
 - Enhancing the quality and resilience of urban areas
 - Improving management of land to reduce flood risk, enhance water resources and promote biodiversity
 - Promoting and enabling access to the countryside
 - Engaging people in the environment and enabling more sustainable lifestyles
- In July 2016, launched the Creative, Cultural, Heritage and Tourism (CCHT) Investment Plan; setting out a £44m programme of projects and programmes that will drive economic growth and jobs creation, in advance of potential future funding opportunities (i.e. developing the project 'pipeline'). The priorities are to deliver:
 - Productive and engaging experiences
 - Skills, talent development and business growth
 - Creative place-making
- Worked with Oxford University, on the development of an Oxfordshire Innovation strategy setting out our collective innovation ambition for the County. It is envisaged the strategy will be launched in autumn.

- Worked on refreshing the Strategic Economic Plan 2016 with the aim of publishing in November 2016.

Supporting business

The infographic below describes our business support activity in the previous year. We are currently finalising c£3.6m Economic Regional Development Fund business support programmes with Communities and Local Government.



Through “Invest in Oxfordshire”, supported 106 new business investments into the County creating or safeguarding c1700 jobs.

Skills

- Out skills activities are overseen by the Oxfordshire Skills Board (OSB).
- OSB continues to oversee the delivery of our £1.5m city deal skills programme that is driving growth in apprenticeship delivery.
- Overseen the development of 3 x skills capital programmes totalling £9m investment into STEM and the care sector.
- Participated in the Thames Valley Area review of post 16 education covering Oxfordshire, Buckinghamshire and Berkshire.
- Refreshing our skills strategy – launching in autumn
- Delivering nationally recognised labour market intelligence briefings
- One of the national leaders in the delivery of the Careers & Enterprise Company’s ‘Enterprise Advisor’ network that supports links between education and business and aligned to our O2i initiative.
- Contributed to the emerging ESIF application, Local Government Fund and devolution negotiations.

The aims for the Partnership in the year ahead

- Maximise investment into the County through LGF and other opportunities
- Ensure delivery against existing funding agreements, which will be mitigated by the robust performance management framework in place and the strategic oversight role of the Growth Board.
- Maximise the opportunity of the potential Oxfordshire devolution opportunity
- Work with the Manging authorities to continue to deliver the ESIF Strategy projects outlined above in the context of Brexit negotiations
- Establish strong working groups to take forward the work on the SEEIP and CCHTIP
- Publish and launch the Strategic Economic Plan for Oxfordshire 2016 in November.
- Embed the aligned teams and maximise delivery to business across our various products
- Refresh OxLEP board membership by appointing at least two new non-executive directors.

The key challenges for the Partnership and how these will be addressed going forward.

- Ensuring delivery against existing funding agreements, which will be mitigated by the robust performance management framework in place and the strategic oversight role of the Growth Board.
- Maximising government investment into an already successful economy; mitigated through continued excellent relationships at senior official and ministerial level
- Ensuring we are able to respond positively and promptly and be 'strategically opportunistic' as potential future funding opportunities emerge. This will be addressed by ensuring partners and stakeholders are fully engaged and aware of potential opportunities as they arise and by developing, as far as is practicable, a robust suite of business cases (e.g. CCHT & SEEIP), in advance of potential funding opportunities
- Delivering our ESIF outcomes in the post Brexit landscape and associated ongoing uncertainty over the national programme

Partnership Name	Oxfordshire Growth Board
Date of completion	August 2016
Chairman	The meetings are administered and hosted on a rotational basis and currently Oxfordshire County Council is the hosting authority. Chairman: Cllr Ian Hudspeth Programme Manager: Paul Staines
OCC Lead Member	Cllr Ian Hudspeth
OCC Lead Officer	Sue Halliwell
Last Meeting Date	26 May 2016
Next Meeting Date	26 September 2016
Website Address	https://www.oxfordshire.gov.uk/cms/content/oxfordshire-growth-board <i>(Public meetings - minutes are currently online on Cherwell website. County website to be updated to reflect transfer of role as lead authority from CDC to OCC)</i>
Governance Arrangements	
<p>The Growth Board is a Statutory Joint Body with a core membership (with voting rights) comprising Leaders or Cabinet/Executive Members from each of the Oxfordshire local authorities. The board also includes non-voting members such as the Oxfordshire Local Enterprise Partnership and the Skills Board. It is supported by an executive of senior officers from the six member local authorities, the Homes & Communities Agency (HCA), the Environment Agency and other partners.</p> <p>Growth Board meetings and chairmanship are administered and hosted on an annual rota basis and currently Oxfordshire County Council is the host authority.</p>	
The current focus for the Partnership	
<ul style="list-style-type: none"> • To provide leadership for partnership working and collaboration on spatial planning, economic development, housing, transport, and general infrastructure across Oxfordshire. • Leadership of the post-SHMA (Strategic Housing Market Assessment) process in the context of the duty to cooperate <p>The purpose of the Oxfordshire Growth Board to provide governance over planning and infrastructure in Oxfordshire, the Strategic Economic Plan and investment funding streams (for example City Deal and the Local Growth Fund).</p> <p>The programme of projects it oversees currently includes major transport upgrades (e.g. A40), strategy development for spatial planning, infrastructure and the establishment of training and skills centres to enhance the employability of local people. Funding for these largely comes from Government, together with match funding from private businesses, developers and local councils.</p>	

<p>The Partnership's key achievements in the last year</p> <ul style="list-style-type: none"> • Oversight of delivery of a multi-million pound City Deal and Local Growth Deal projects, new Local Growth Fund project proposals, in particular the potential housing programmes in each district and the strategic transport infrastructure needed to support growth. • Approaching completion of various work streams in the post SHMA Strategic Work Programme, identifying and assessing spatial options for accommodating Oxford's unmet housing needs with a view to agreeing a numerical apportionment of unmet need between the districts at the September 2016 meeting. • Engagement on the consultation draft of the updated Strategic Economic Plan and associated investment plans and strategies for skills, innovation, creative, cultural, heritage and tourism sectors, and the environment including supporting the delivery of the Strategic Environment and Economic Investment Plan.
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<p>The aims for the Partnership in the year ahead</p> <ul style="list-style-type: none"> • To progress with the next stages of a joint post SHMA strategic work programme, focusing on the preparation of an Oxfordshire Infrastructure Strategy, identifying investment priorities to 2040 • To oversee the managed delivery of Local Growth Fund projects and the submission of Oxfordshire Large Local Major Schemes, once timelines are announced / confirmed by Government • To oversee the update of the Strategic Economic Plan, in the light of Local Growth Funding and any Large Local Major Schemes decisions
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<p>The key challenges for the Partnership and how these will be addressed going forward.</p> <ul style="list-style-type: none"> • To reach an agreement on the apportionment of Oxford's unmet housing need (working assumption of 15,000 homes) in the context of duty to cooperate • Maintain momentum of joint-working on post SHMA strategic work programme as districts take forward sites for unmet need through the Local Plan process • Ensuring delivery of the City Deal Programme and Local Growth Fund projects is maintained to support housing and employment growth • Managing the bidding/funding process and priorities, particularly bids for Local Growth Funding and/or funding for Large Local Major Schemes.

Partnership Name	Oxfordshire Environment Partnership
Date of completion	09/08/16
Chairman	Cllr Richard Langridge
OCC Lead Member	Cllr Nimmo Smith
OCC Lead Officer	N/A – currently lead by West Oxfordshire
Last Meeting Date	Friday 8 th July 2016
Next Meeting Date	Friday 4 th November 2016
Website Address	N/A
Governance Arrangements	<i>Terms of reference available on request</i>
The current focus for the Partnership	
<p>The Partnership's terms of reference are to help coordinate shared action on Oxfordshire 2030 pledges relating to waste, energy, climate change, biodiversity and flooding including the monitoring of commitments and actions outlined via:</p> <ul style="list-style-type: none"> • Climate Local Commitments • The Joint Municipal Waste Management Strategy • The Flood Risk Management Strategy 	
The Partnership's key achievements in the last year	
<p>1. Climate Local Commitments</p> <p><i>Local Authority Carbon Reduction Targets</i></p> <p>The Oxfordshire Environment Partnership members have collectively committed to a 3% year on year reduction in greenhouse gas emissions from their estates, in line with the Oxfordshire 2030 target to reduce county-wide emissions by 50 per cent by 2030.</p> <p>Taking all six Oxfordshire local authority estates together, the average year on year reduction in emissions between 2010/11 (the baseline year) and 2014/15 was 7.4 per cent. The data for each Authority is published annually in line with national governmental reporting requirements.</p> <p><i>Oxfordshire Partnership Carbon Reduction Commitments</i></p> <p>Whilst local authorities monitor their reductions via the Oxfordshire Environment Partnership, there are no current mechanisms in place to monitor progress toward the wider Oxfordshire 2030 target by other members of the Oxfordshire Partnership. OEP are keen to work with the broader partnership to put monitoring in place.</p> <p>A recent piece of work commissioned by the County Council indicates that action is needed locally to take leadership and achieve this target.</p> <p><i>OxFutures Project</i></p> <p>Oxfutures is an ambitious programme to lever £15 million of investment into low energy and energy efficiency projects across Oxfordshire. The programme was kick-started by a grant from Intelligent Energy Europe to Oxford City Council and Oxfordshire County Council. It is delivered by the Low Carbon Hub.</p>	

The project has brought in investment of around £4.5M so far and has been hugely successful in mobilising renewable energy projects. Share offers are currently out on two further large renewable schemes. The project will close in November 2016, and any further projects agreed by November will count towards the targets, and be delivered over the next three years. There has been very strong partnership working and flexibility. Community renewable energy projects proved to be the strength of the programme. Solar schools have also been very successful and deliver energy and educational benefits.

Low Carbon Oxford - Pathway to 2020

The Low Carbon Oxford Partnership sets emissions targets of 40% by 2020 for Oxford. Oxford City wanted to check progress to see if they were on target for this as 2020 is not far away. A Sustainable energy action plan has been produced using the Covenant of Mayors Commitment template. The city of Oxford's emissions have reduced by 12.8% between 2005 (the baseline year) and 2012, which is actually 18% in capita terms. Projections indicate that partners will be close to the 40% target, but considerable action is still needed by partners.

LEMUR

Local Energy Mapping for Urban Retrofit which is led by BioRegional, Oxford Brookes University, Cherwell District Council & Future Cities Catapult. The LEMUR project won funding from Innovate UK in 2015 to develop a solution to the significant challenges of tackling urban retrofit in the UK. It is a challenge to improve existing housing stock which is one of the worst in Europe and it is anticipated 80% of existing dwellings will still exist in 2050. The project aims to develop a data driven service for local authorities and RSLs for better targeted planning and delivery of energy efficiency. It was initially intended to enable targeting of GreenDeal funding but since the end of that funding stream the project partners are working with British Gas for a boiler replacement scheme.

2. Joint Municipal Waste Management Strategy

Food waste reduction project

Despite all households in Oxfordshire having the ability to separate food waste for recycling at kerbside, food waste continues to be a major component of the residual waste stream (refuse bin). Continual education and engagement with residents is required to reduce the amount of food waste generated and to encourage residents to recycle food waste using their special caddies.

Aside from the environmental benefits, processing food waste at an Anaerobic Digestion plant is significantly cheaper than sending it (in the residual bin) to landfill or the Energy Recovery Facility at Ardley. Better yet, the prevention of food waste in the first instance would create significant savings, both in collection and processing costs. Food waste collected via the special caddies either goes to an anaerobic digester and is processed into biogas and digestate or to an in-vessel composting plant to create soil conditioner. The biogas creates enough renewable energy to power 8400 homes across Oxfordshire (3% of Oxfordshire)

The partnership members agreed to undertake a food waste recycling engagement project (Project); a collaborative project between all six OEP members and Agrivert (anaerobic digestion contractor). This is currently at a planning stage and is designed to increase the amount of food waste captured at kerbside by removing known barriers to participation by householders.

Courtauld 2025 Agreement

All partners have agreed to sign this agreement.

WRAP (Waste Resource Action Plan) are leading on The Courtauld Commitment 2025, which is an ambitious ten-year voluntary agreement that brings together organisations across the food system, from producer to consumer, to make food and drink production and consumption more sustainable. The aim is to achieve:

- 20% reduction in food & drink waste arising in the UK
- 20% reduction in the Green House Gas intensity of food & drink consumed in the UK
- A reduction in impact associated with water use in the supply chain

Signatories of the agreement are asked to commit to the following

- Work with others to identify and develop good practices in engaging with others
- Engage with residents and colleagues to enable changes in consumption habits- for example deliver “Love Food hate Waste” Messages
- Report Annually to WRAP on what has been done to engage with residents.

3. Flood Risk Management Strategy

OEP has commended the partnership working approach of Oxfordshire’s local authorities in this important area.

Flood Risk Management Strategy

Oxfordshire’s Flood Risk Management Strategy and action plan are available online. The actions are monitored by the Oxfordshire Environment Partnership: <https://www.oxfordshire.gov.uk/cms/content/oxfordshire-local-flood-risk-management-strategy>

Flood Toolkit

A flood toolkit will be available this autumn at <https://www.oxfordshirefloodtoolkit.com/>.

The aims for the Partnership in the year ahead

1. Work with broader Oxfordshire Partnership members to measure and monitor collective greenhouse gas emissions.
2. Monitor progress on Food Waste reduction and other waste campaigns

3. Publish the Flood Toolkit
4. Monitor partners impact and actions on Biodiversity

The key challenges for the Partnership and how these will be addressed going forward.

The partnership has no dedicated administrative resource going forward. This is being shared between partners.

Partnership Name	Health and Wellbeing Board
Date of completion	26th July 2016
Chairman	Cllr Ian Hudspeth and Dr Joe McManners
OCC Lead Member	Cllr Ian Hudspeth
OCC Lead Officer	Jonathan McWilliam
Last Meeting Date	14 th July 2016
Next Meeting Date	10 th November 2016
Website Address	https://www.oxfordshire.gov.uk/cms/public-site/health-and-wellbeing-board (Public meetings - minutes are online)
Governance Arrangements	
<p>The Health and Wellbeing Board members include District and County councillors, the Oxfordshire Clinical Commissioning Group, NHS England, Healthwatch Oxfordshire and senior officers from local government. Three Partnership Boards report to it - the Older People's Joint Management Group, the Health Improvement Board and the Children's Trust.</p> <p>The Health and Wellbeing Board meets in public three times a year. The Partnership Boards meet more frequently, although not always in public.</p>	
The current focus for the Partnership	
<p>The establishment of a Health and Wellbeing Board became a statutory requirement for every upper tier local authority through the Health and Social Care Act 2012, which took effect from April 2013. In Oxfordshire a Shadow Board met from March 2012.</p> <p>The primary objective of the Health and Wellbeing Board is to work together to improve everyone's health and wellbeing, especially those who have health problems or are in difficult circumstances.</p> <p>To achieve this, the Board provides strategic leadership with the aim of coordinating health, social care and wellbeing services across the county, ensuring plans are in place and action is taken to realise those plans. All members hold each other to account, expect good results and continue to strive for good quality.</p> <p>There are national and local drivers for the transformation of the health and social care system to ensure that good quality services are available at the right time and in the right place. A focus on prevention of ill health and addressing the wider determinants of health is a feature of the work. This is reflected in the priorities and outcomes for the Health and Wellbeing Board, as set out in the Joint Health and Wellbeing Strategy 2015-19.</p> <p>The Board is responsible for an annual report on the Joint Strategic Needs Assessment (JSNA). This monitors trends in the health and wellbeing of Oxfordshire's population and assesses changing patterns of need and demand for services. As in previous years the JSNA was the basis for reviewing the Joint Health and Wellbeing Strategy, alongside learning from the last 12 months of implementing</p>	

the strategy and consultation with key stakeholders.

The Board's overall priorities for 2016-17 were not changed in this year's refresh of the Strategy. However, all outcomes and ambitions set for the year were revised and a new performance framework produced. This enables the Board and the partnership boards to monitor progress against the priorities at each meeting.

The priorities are:

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 safe

Priority 4: Raising achievement for all children and young people

Adult health and social care

Priority 5: Working together to improve quality and value for money in the health and social care system

Priority 6: 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 7: Supporting older people to live independently with dignity whilst reducing the need for care and support

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

The Partnership's key achievements in the last year

Through the work of the Board, its member organisations and the other partners, there are a number of positive developments that can be reported over the last year:

- There have been big improvements in the take up of free early education for eligible 2 years olds.
- More than 146 schools have received direct support to implement Anti-Bullying strategies.
- A higher percentage of pregnant women saw a healthcare professional in the first 13 weeks of their pregnancy - 95.8% exceeding our target of 92%.
- High coverage rates for some childhood immunisations were achieved across the county. This included the number of children receiving their first dose of MMR vaccine which remained above the 95% target, although some areas remained below 94%.
- The number of hospital admissions caused by unintentional and deliberate injuries in young people aged 15-25 years has decreased.
- The number of young people not in education, employment or training has

continued to fall.

- Over 28,000 people had help from the Community Information Network, which provides relevant, personalised information and advice about what is available to keep well and what support and care there is in local areas.
- We have continued to bring together the work of health and social care with communities and the voluntary sector - our first Neighbourhood team of community health and social care staff in Wantage and Faringdon is based with local GPs.
- The number of total delayed days decreased by 28% and delayed days for social care reasons decreased by 36% from May 2015 to May 2016. In the same period the number of delayed days increased by 25% nationally.
- The average pick up speed for home care reduced from 17 days for the same period in 2015 to 5 days in June 2016. The growth of Extra Care Housing continues and will deliver more units in 2016/17.
- People who use health and social care services report a high level of satisfaction with their care, access to information and receiving support in a timely way.
- Overall the rate of breastfeeding at 6-8 weeks is higher than the national average.
- The number of obese children in School Year 6 in Oxfordshire fell slightly and the proportion is lower than the national average.
- The number of adults who are physically inactive fell, maintaining our good position when compared to the England average.
- The number of cases where positive action to prevent homelessness was successful has exceeded the target by 5% in spite of the fact that the number of cases continue to rise.
- A high number of households in Oxfordshire received information or services to enable significant increases in the energy efficiency of their homes or their ability to afford adequate heating, as a result of the activity of the Affordable Warmth Network and their partners.
- The Children and Young People's Plan for 2015-2018 was presented to the Board in July by a group of children and young people involved in producing it. It was adopted by the Board.

The aims for the Partnership in the year ahead

The Health and Wellbeing Board agreed its priorities for the year ahead at its meeting on 14th July 2016, when it agreed the refreshed Joint Health and Wellbeing Strategy. The Strategy sets out the indicators and targets the Board will use to measure progress on achieving the priorities set out above.

Key themes include:

- Shifting services towards the prevention of ill health.
- Reducing inequalities, breaking the cycle of deprivation and protecting the vulnerable.
- Giving children a better start in life.
- Reducing unnecessary demand for services.
- Helping people and communities to help themselves.
- Making the patient's journey through all services smoother and more efficient.
- Improving the quality and safety of services.
- Streamlining financial systems, especially those pooled between organisations, and aligning all budgets more closely.

The key challenges for the Partnership and how these will be addressed going forward.

- Reviewing and refreshing the role and function of the Children's Trust, and its relationship with the Oxfordshire Safeguarding Children's Board and other key partnership boards.
- Addressing poor outcomes by targeting the population groups or areas of the county where performance is comparatively poor.
- Building on the involvement and engagement of people in Oxfordshire, including people who use services and their families and friends, working closely with Healthwatch Oxfordshire.
- Ensuring the voice of children and young people is inherent in the work of the Children's Trust.
- Learning from the development of the Sustainability and Transformation Plan for the whole health and social care system in Oxfordshire.

Partnership Name	Safer Oxfordshire Partnership
Date of completion	1 August 2016
Chairman	Cllr Kieron Mallon
OCC Lead Member	Cllr Kieron Mallon
OCC Lead Officer	Chief Fire Officer David Etheridge
Last Meeting Date	28th July 2016
Next Meeting Date	26 th November
Website Address	https://www.oxfordshire.gov.uk/cms/content/safer-oxfordshire-partnership (Public meetings – agenda is put on website one week before each meeting)
Governance Arrangements	
<p>The partnership has reviewed itself over the past year and is now known as the Safer Oxfordshire Partnership.</p> <p>The Safer Oxfordshire Partnership consists of an elected member-led Oversight Committee which provides support and challenge to an officer-led Coordination Group., This delivers the statutory community safety requirements at the county level. A key change following the review is that the partnership now has a more 'bottom-up' approach with the city/ district level Community Safety Partnerships driving forward the business needs through the efficient and effective identification, development and delivery of countywide community safety priorities.</p> <p>The Chairman attends the Oxfordshire County Council Performance Scrutiny meeting every year.</p> <p>The terms of reference for both the Committee and the Coordination Group can be found on the partnership webpage</p> <p>The partnership has also worked alongside the other countywide partnerships (Safeguarding Boards, Health & Wellbeing Board, Childrens Trust) and the city/ district level Community Safety Partnerships (CSPs) to agree a working protocol on effective liaison across these partnerships. The working protocol is also available on the partnership webpage.</p>	
The current focus for the Partnership	
<p>The partnership has recently signed off its annual report for 2015-6 and agreed its community safety agreement (CSA) for 2016-17 which identifies the countywide priorities for the partnership.</p> <p>The partnership is responsible for delivering the new Preventing radicalisation agenda and has just signed off a memorandum of understanding. Setting out the roles and responsibilities for the city/ district CSPs and Safer Oxfordshire in delivering the Prevent agenda. In addition, there is a need to support the Safeguarding Boards to develop guidance on identifying and responding to modern slavery and exploitation.</p>	

On-going activities include:

- raising awareness of Child Sexual Exploitation (CSE) through supporting the Oxfordshire Safeguarding Children's Board CSE sub-group
- supporting the coordination of domestic abuse prevention activity across the county, including FGM, forced marriage and honour-based violence
- preventing crime and Anti-Social Behaviour through the district Community Safety Partnerships
- reducing re-offending through supporting the Thames Valley-wide Reducing Reoffending Strategy and supporting delivery of the Youth Justice Strategy 2016-17 and activity to reduce the harm caused by alcohol and drugs misuse, including ex-offenders.

Priorities for 2016-17 are listed under the aims for the Partnership below.

The Partnership's key achievements in the last year

The partnership has reviewed itself so that its priorities are driven by local concerns that require county wide coordination.

The partnership contributed to the development of a working protocol setting out how countywide partnerships and the CSPs will work together to avoid duplication and gaps in safeguarding, protecting vulnerable people, and keeping communities safe.

The partnership allocated funding from the Police and Crime Commissioner (PCC) to support projects that will deliver the strategic objectives set out in the PCC's Police and Crime Plan.

The following highlights some of the activities that have been delivered using this funding to cut crimes that are of most concern to the public, reduce re-offending; to protect vulnerable people; to protect people from serious and organised crime, terrorism and internet based crime.

- Community Safety Partnerships continued to deliver their local Child Sexual Exploitation (CSE) action plans to increase awareness of the risks of CSE amongst local communities. Partnership funding was also used to commission a project to support young people at risk or perpetrating CSE in Banbury and East Oxford.
- Community Safety Partnerships delivered a range of youth diversionary projects to successfully reduce Anti-Social Behaviour and improve the safety of town centres at night
- The County Council Drug and Alcohol Team supported the Refresh Café initiative. This initiative aims to provide work/ employment-based interventions; support and real work experience to drug and alcohol users with a history of offending to reduce re-offending and sustain recovery.
- The Prevent Implementation Group secured Home Office funding to train over

400 frontline staff to identify the signs of radicalisation and make referrals through safeguarding procedures.

- Commissioned the Rose Clinic to identify and treat women who have been subject to Female Genital Mutilation (FGM).
- Delivered activities through the Youth Justice Service to prevent entry into the criminal justice service and reduce the number of first time entrants (aged 10-17) by 25.7% in the 12 months to June 2015, compared with a reduction of 11.5% nationally.
- Provided funding to train an additional 115 domestic abuse champions across Oxfordshire.

The aims for the Partnership in the year ahead

The partnership priorities for 2016-17 are to:

- Reduce Anti-Social Behaviour
- Reduce levels of offending and re-offending, especially amongst young people
- Reduce the harm caused by alcohol and drugs
- Protect those at risk of abuse and exploitation
- Reduce the risk of radicalisation and hate crime
- Reduce violence and serious and organised crime

The key challenges for the Partnership and how these will be addressed going forward.

The key challenges are:

- Ensuring the new Safer Oxfordshire Partnership works efficiently and effectively to create safer communities through support and challenge
- Implementing the working protocol through setting up a Partnership Working Group
- Supporting the development of the new “Thames Valley Reducing Reoffending Strategy 2015-18”
- Supporting the Safeguarding Boards to develop guidance on identifying and responding to modern slavery and exploitation
- Assessing compliance against the Prevent duty

Partnership Name	Oxfordshire Stronger Communities Alliance
Date of completion	2 August 2016
Chairman	Rt Revd Bishop Colin Fletcher & Cllr Rodney Rose
OCC Lead Member	Cllr Rodney Rose
OCC Lead Officer	Jonathan McWilliam
Last Meeting Date	30 June 2016
Next Meeting Date	20 October 2016
Website Address	https://www.oxfordshire.gov.uk/cms/content/oxfordshire-stronger-communities-alliance (Public meetings - minutes are online)
Governance Arrangements	
<p>The Oxfordshire Stronger Communities Alliance (OSCA) brings together 23 members from voluntary sector support providers, faith groups, representatives of local councils, the NHS, military and police.</p> <p>OSCA Partnership meetings are held three times a year.</p>	
The current focus for the Partnership	
<p>The focus for Oxfordshire Stronger Communities Alliance (OSCA) for the forthcoming year is to:</p> <ul style="list-style-type: none"> • Develop capacity and capability within the voluntary sector • Raise the profile of volunteers and increasing the numbers • Work with the sector to ensure that communities are supported through service changes such as Children's, Transport and Day Services. • Improve communication between services providing infra-structure support to the voluntary and community sector <p>This will be supported by Oxfordshire Community Voluntary Action and Oxfordshire Rural Community Council along with Oxfordshire Community Foundation.</p>	
The Partnership's key achievements in the last year	
<p>OSCA has continued to build capacity amongst the voluntary and community sector organisations it represents. It has supported more organisations experiencing financial difficulties and has worked with partners to build sustainability and capacity.</p> <p>Work has continued to support the community transport review and more recently planning for the impact of the removal of bus subsidies. Oxfordshire Rural Communities Council have supported areas wanting to develop community transport schemes by recruiting volunteer drivers in targeted areas where demand cannot be met by existing car schemes.</p> <p>The Children & Young Peoples Forum, is proving popular and continues to grow, bringing a wider awareness to the sector of disseminating good practice and understanding each sectors requirements and service provision. This has also been</p>	

a useful forum for discussion around the Children's Services changes and the impact on Children's Centres.

At the most recent meeting of OSCA the county wide Volunteering Strategy was agreed, enabling partners to:

1. Raise the profile of volunteering across the county
2. Improve public access to volunteering opportunities
3. Improve knowledge and understanding of the needs of organisations who use volunteers to deliver services
4. Improve knowledge and understanding of the needs of volunteers
5. Improve quality and range of volunteer opportunities available within the county
6. Increase numbers and diversity of volunteers across the county
7. Support volunteers to reach their potential
8. Support and enhance delivery of services through volunteers

OSCA has become more focussed in its approach to identify and manage key issues that adversely impact on the sector and the wider community. This has had a positive impact on managing delivery in communities.

The aims for the Partnership in the year ahead

The VCS and commissioners will continue to work in partnership to facilitate the sector's access to public sector contracts. This will include commissioners working with the sector to increase VCS understanding of procurement processes and develop commissioning to reduce disadvantages.

As the trend for single contracts continues, OSCA will need to provide the infrastructure for VCS partners to collaborate and form consortia to ensure they have the experience, capacity and financial reserves to bid for contracts.

OSCA members continue to maximise funding opportunities for the county. Members will continue strong links with the Oxfordshire Local Enterprise Partnership (LEP), Oxfordshire Community Foundation and other funders.

OSCA will continue to be a 'critical friend' to public sector organisations implementing policy changes, providing advice and challenge in relation to impact on the sector and the wider community.

The key challenges for the Partnership and how these will be addressed going forward.

- Funding streams for the VCS are continually being reduced at a time when there is an increasing demand for their services. OSCA will address this challenge by promoting access to new funding streams and closer partnership working.
- OSCA will need to build capacity and resilience in the sector to be able to

effectively compete in a competitive market place for commissioning services

- VCS organisations are under increasing time and financial constraints and often don't have the capacity for forward thinking. Projects "Charity Mentors" and "Future Building Fund" aim to address this by building capacity and closer links with the business sector to widen the pool of resources accessible to the VCS.

Partnership Name	Oxfordshire Safeguarding Children Board
Date of completion	25 th July 2016
Chairman	Paul Burnett
OCC Lead Member	Cllr Melinda Tilley
OCC Lead Officer	Hannah Farncombe
Last Meeting Date	12 th July 2016
Next Meeting Date	10 th November 2016
Website Address	www.oscb.org.uk
Governance Arrangements	
<p>The Oxfordshire Safeguarding Children Board (OSCB) is led by an independent chair and includes representation from all six local authorities in Oxfordshire, as well as the National Probation service, the Community Rehabilitation Company, Police, Oxfordshire Clinical Commissioning Group, Oxford University Hospitals NHS Trust, Oxford Health NHS Foundation Trust, schools and Further Education colleges, the military, the voluntary sector and lay members.</p> <p>The Board meets 4 times per year and is supported by an Executive Group that meets 4 times per year.</p> <p>There are three area groups to ensure good communication lines to frontline practitioners.</p>	
The current focus for the Partnership	
<p>The OSCB remit is to co-ordinate and to ensure the effectiveness of what is done by each agency represented on the Board safeguard and promote the welfare of children in Oxfordshire. This is achieved through:</p> <p>(1) Co-ordination of local work by:</p> <ul style="list-style-type: none"> • Developing robust policies and procedures. • Participating in planning services for children in Oxfordshire. • Communicating the need to safeguard and promote the welfare of children and explaining how this can be done. <p>(2) To ensure the effectiveness of that work by:</p> <ul style="list-style-type: none"> • Monitoring what is done by partner agencies to safeguard and promote the welfare of children. • Undertaking Serious Case Reviews and other multi-agency case reviews and sharing learning opportunities. • Collecting and analysing information about child deaths. • Publishing an annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Oxfordshire. 	
The Partnership's key achievements in the last year	
<p>Learning and Improvement: The OSCB worked on five different serious case reviews. Three reviews were completed and published. Including a joint domestic homicide review / serious case review. For each review a learning summary was</p>	

produced highlighting key messages for practitioners and managers.

The OSCB ran two learning events and an annual conference in 2015/2016 covering a range of themes emerging from local serious case reviews and audits such as child sexual exploitation, peer violence and domestic abuse, adolescents and risk. These were attended by over 800 local practitioners, with a mixture of frontline staff, volunteers, management, and board members. Practitioners said, *“It has given me time to reflect on the families that I work with and think who may best support them”*

Quality Assurance: Multi-agency audits reviewed over 25 cases from a perspective. The purpose was to check how well agencies worked together on issues of domestic abuse, child sexual exploitation and ‘Education, health and Care Plans’ for children and young people with learning difficulties or disabilities (aged 0 to 25). In addition, an audit was undertaken on the multi-agency usage of the child sexual exploitation screening tool – a sample of 178 screening tools was reviewed followed by an in-depth look at 20 completed tools.

Training: The OSCB delivered over **150** free safeguarding training and learning events plus online learning. In 2015/16 the training reached over **9000** members of the Oxfordshire workforce. The training is overseen by a multi-agency subgroup. Over 85% of delegates report that they have found the training good or excellent. Most of the training is delivered by a volunteer training pool comprising members of the children’s workforce and is free to practitioners.

Communications: The OSCB website was kept updated and used to promote key messages. The OSCB delivered termly newsletters to over 4000 members of the multi-agency workforce, which was a greater number than last year. The OSCB Safeguarding in Education subgroup released termly e-bulletins for early years, educational and further education settings.

Safeguarding procedures: work took place on procedures relating to child death processes; information sharing; male circumcision; modern slavery; child sexual exploitation; coercive behaviour and the Mental Capacity Act amongst others.

Scrutinising the effectiveness of services: The OSCB reviewed work to support vulnerable groups and held lead officers to account with respect to:

- Early Help
- Vulnerable learners
- Disabled children
- Children at risk of CSE
- Young people with a range of complex needs

Child Sexual Exploitation (CSE): The OSCB has a strong CSE subgroup led by the Oxford Commander for Thames Valley Police. In July 2015 the OSCB published the stocktake report on progress made by agencies in tackling Child Sexual Exploitation across the County. In March 2016 this was tested again through the Joint Targeted Area Inspection. The headline judgement was that Oxfordshire now has *‘a highly developed and well-functioning approach to tackling exploitation’*.

The aims for the Partnership in the year ahead

1. Ensure that local partnership arrangements are understood and that the 'front door' for safeguarding concerns for children provides a swift and robust response to all children.
2. Protecting younger children from the harm of neglect and parental risk factors.
3. Protecting older children from harm by maintaining a multi-agency focus on issues such as peer on peer abuse, online and LGBT bullying, self-harm and suicide.
4. Testing if learning is embedded across the child protection partnership.

The key challenges for the Partnership and how these will be addressed going forward.

All challenges are identified in the Business plan. Board business is tightly driven through processes such as an action log, challenge log, risk register and exception reporting against the Business Plan.

In summary:

The Chair has developed local strategic relationships to ensure that safeguarding risks in the child protection partnership are understood and managed effectively at the highest level. Safeguarding Summits take place on a bi-annual basis for the OSCB to engage with partners at a strategic level. This coming year will include a joint summit with the adults' board as well as an additional workshop on taking forward the development of the local safeguarding children board following with the 'Wood Report' published in May 2016.

The Board has set a clear schedule of reporting to ensure that key safeguarding issues are challenged and practice is improved. The focus this year will be to ensure that front door services (including the MASH) are evaluated and improve Early Help is developed and effectively implemented as part of the transformation of services in Oxfordshire, that the work on neglect retains a strategic profile and that safeguarding training continues to be of a high quality, leading to improved knowledge in the safeguarding system. These priorities are particularly important in the context of reduced public sector funding and the potential impact this may have on safeguarding children, young people and families.

The Board has a quality assurance programme in place led by a subgroup, which tests how well learning from case reviews is embedded into practice across the safeguarding system through multi-agency audits and scrutinises how well partner agencies' safeguarding arrangements can demonstrate change.

Partnership Name	Oxfordshire Safeguarding Adults Board
Date of completion	15 th July 2016
Chairman	Sula Wiltshire (Interim Chair)
OCC Lead Member	Cllr Judith Heathcoat
OCC Lead Officer	John Jackson
Last Meeting Date	23 rd June 2016
Next Meeting Date	22 nd September 2016
Website Address	www.osab.co.uk
Governance Arrangements	
<p>The board includes members from all statutory agencies, including: Oxfordshire County Council, Thames Valley Police, NHS Oxfordshire, Oxford Health NHS Foundation Trust and the Oxford University Hospitals NHS Trust.</p> <p>The Board has working relationships with other Boards and partnerships across the County detailed in the Joint Working Protocol covering the Health & Wellbeing Board, the Oxfordshire Safeguarding Children Board and the Community Safety Partnerships (district and county level).</p> <p>Within OCC, the Annual Report goes to:</p> <ul style="list-style-type: none"> • Performance Scrutiny • Health & Wellbeing Board • Annual Briefing for all Councillors 	
The current focus for the Partnership	
<p>The purpose of the Oxfordshire Safeguarding Adults Board is to create a framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety. Safeguarding Adult Boards became statutory bodies on 1st April 2015 following the implementation of the Care Act 2014.</p> <p>Aims:</p> <ul style="list-style-type: none"> • Ensure that all incidents of suspected harm, abuse or neglect are reported and responded to proportionately, and in doing so: • Enable people to maintain the maximum possible level of independence, choice and control • Promote the wellbeing, security and safety of vulnerable people consistent with their rights, capacity and personal responsibility, and prevent abuse occurring wherever possible • Ensure that people feel able to complain without fear of retribution • Ensure that all professionals who have responsibilities relating to safeguarding adults have the skills and knowledge to carry out this function • Ensure that safeguarding adults is integral to the development and delivery of services in Oxfordshire. <p>There are six sub groups which report to the Safeguarding Adults Board:</p> <ul style="list-style-type: none"> • Policy and Procedures: To oversee the development and implementation and 	

review of local policies and procedures that ensure: the abuse of vulnerable adults is identified where it is occurring; there is a clear reporting pathway; that there is an effective and coordinated response to abuse where it is occurring; that the needs and wishes of the vulnerable adult are central to the adult protection process

- **Training:** To provide a comprehensive multi agency training programme to support single agency training in the areas of prevention, recognition and responsiveness to abuse and neglect. This is shared with the Children's Board
- **Safeguarding Adult Review :** To provide assurances to the OSAB that recommendations and learning from all relevant serious case reviews (with multi agency characteristics) have been considered, and that the relevant learning and recommendations are being implemented.
- **Performance, Information & Quality Assurance:** To receive data on agencies' performance and to undertake audits to establish agencies' effectiveness in safeguarding adults at risk.
- **Vulnerable Adults Mortality Panel:** The formation of this is group was in response to the concerns raised through the Mazars report (and supported by central government) regarding how deaths of adults living with a learning disability were scrutinised. The group's first meeting will be in autumn 2016 and the role of the group is two-fold. Firstly, the group will review the deaths of those with a learning disability that occurred between April 2011 and March 2015. Secondly, the group will act as the ongoing scrutiny panel for any new deaths of those with a learning disability, much the same as the Child Death Overview Panel operates in the Children's Board.

The Partnership's key achievements in the last year

- In 2015 the Board participated in the LGA Peer Review process. There were a number of recommendations and an extensive action plan developed as a result of this. Currently the only outstanding action is the development of the multi-agency training, which will go live by November 2016. The 2015-16 Annual Report has been finalised and will be published by September 2016.
- The Board has seen an increase in cases coming to the Board for consideration for a SAR. The timeliness of these referrals has also significantly improved and average notification has dropped to within 10 days of the incident.
- The new OSAB website has been launched (www.osab.co.uk) and has proved very successful. The Board's website hosts direct links to the Safeguarding Referral Forms for professionals and members of the public. The thresholds and procedures documents are easily located. Feedback from professionals has been positive and responses to improvements have all been actioned in a timely fashion.

The aims for the Partnership in the year ahead

The Board's priorities for the coming year have been aligned with the Making Safeguarding Personal agenda.

Empowerment

The Board will continue to work towards supporting people to manage risk in their own lives. This should be clear in all stages of Oxfordshire's safeguarding adults procedures.

There will be an emphasis on reducing focus on process and increasing focus on the individual. The Board will also ensure that there is a greater public awareness of safeguarding adults, while also managing expectations. A coordinated response is important to help increase the safety of vulnerable adults.

Protection

The Board will continue to work towards ensuring safeguarding adults procedures respond to abuse or neglect. We will seek assurance that care and support is fully compliant with the Mental Capacity Act.

This will be achieved by ensuring that there is a full range of policies, procedures and guidance in place to enable partner organisations to work together to respond to abuse and neglect. These policies, procedures and guidance will be reviewed regularly to reflect emerging developments in national guidance and legislation as well as national, regional and local learning, and new approaches to safeguarding practice. The Board will provide information about what abuse and neglect is, how to recognise the signs and what they can do to prevent and then seek help and support.

Proportionality

The Board will continue to work on ensuring that safeguarding adults policies, procedures and guidance are used in appropriate circumstances to inform a proportionate response to the concerns being raised.

This will be achieved by ensuring safeguarding adults policies, procedure and guidance are clear and explicit about the definitions and thresholds for intervention and what the potential alternatives are if these thresholds are not met. The Board will also ensure that thresholds are consistently applied by all partner agencies.

Prevention

The Board will seek assurance from all partner agencies that prevention is a core element in the development, commissioning and delivery of services. This includes raising awareness of the possibility of abuse that staff is equipped to recognise early signs.

This will be achieved by ensuring the right people are recruited through safe recruitment mechanisms and that all staff receive appropriate training. Strong risk management and early intervention will support those with care and support needs and reduce the risk harm.

Partnership

The Board will develop joint working practices between and across organisations that promote coordinated, timely and effective responses for the individual at risk. The partnership aims to foster an approach that places the welfare of individuals above the needs of the system and promotes joint planning.

This will be achieved by ensuring the working relationships between partner agencies, including District Councils, are developed and sustained at a strategic and operational level and links to wider networks or Boards are clear. Learning from reviews will be shared amongst partner agencies and integrated in practice.

Accountability

The Board will work to ensure that the roles of all agencies and staff and their lines of accountability are clear. Agencies across the partnership will recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements.

This will be achieved by using a self-assessment framework for the Board and partner agencies. The Board will improve the performance management information available on safeguarding adults. This will include feedback from individuals who have been subject to safeguarding adults procedures. Board assurance activity will include assessing whether risk management is proportionate and coordinated.

The key challenges for the Partnership and how these will be addressed going forward.

There has been a substantial increase in the number of safeguarding referrals raised. As a result, Adult Social Services have pulled together all the safeguarding work into a single Safeguarding Service covering the whole county. The new structure goes live in October 2016. The referral mechanism into the service will not change.

The increased rate of referrals for consideration for a SAR has meant we have gone from no active SARs in 2014-15 to currently having three SARs underway. The costs of conducting such reviews can be high so we are currently piloting a new method based on the Appreciative Inquiry model of case reviews. This model focusses less on report writing and more on bringing together the practitioners involved to discuss the case and work through what worked well, what didn't work so well and how this can be prevented in future cases.

Partnership Name	Oxfordshire Strategic Schools Partnership Board (SSPB)
Date of completion	27.07.16.
Chair	Rebecca Matthews
OCC Lead Member	Cllr Melinda Tilley
OCC Lead Officer	Chris Malone, Strategic Lead, Education Quality
Last Meeting Date	08.06.16.
Next Meeting Date	28.09.16.
Website Address	n/a communications through Schools News
Governance Arrangements	The Board provides regular updates to the Schools Forum, to Education Scrutiny committee and to the CEF Directorate Leadership Team.
The current focus for the Partnership	
<p>Oxfordshire's Strategic Schools Partnership Board brings partners together to promote the development of sustainable school to school support across the county.</p> <p>The Board holds a small budget. Commissions are based on priorities identified by the Board in the context of Oxfordshire's Education Strategy 2015 - 18 and 'Equity and Excellence', supporting the aspiration that all Oxfordshire schools should be good or outstanding.</p> <p>In order to meet this aspiration, a number of priorities have been identified and agreed by the Board:</p> <ul style="list-style-type: none"> • Close the performance gap between vulnerable learners and their peers • Improve achievement of those with SEND • Improve attendance • Support effective recruitment and retention • Encourage higher quality alternative provision • Reduce fixed term and permanent exclusions • Support development of leaders and managers in schools and settings <p>After one year of working together, members of the Board have established effective ways of working, there is good commitment to attending meetings and a level of honest and challenging discussion.</p>	
The Partnership's key achievements in the last year	
<p>Key achievements include:</p> <ul style="list-style-type: none"> • establishing this Board, engaging schools and partners so that the work includes all key partners in the current educational landscape in Oxfordshire • the appointment, through open recruitment process, of an independent chair for the year ahead • a recruitment and retention research project by Oxford University and Oxford Brookes University to be disseminated through a conference event in the autumn 	

2016

- the establishment of the Operational Group with supporting terms reference and a protocol for ways of working. This group manages the school improvement function
- development of the KEEP website to disseminate effective practice for school to schools support.

The aims for the Partnership in the year ahead

Much of the first year has been spent managing the practicalities of terms of reference, membership and various protocols, but these are now established and working well. Success from the various commissions will be monitored to measure impact regularly.

The viability and longevity of the Board will depend on the financial model that can be ensured for the future.

Through the year ahead the Board will be focusing on holding partners on the Operational Group to account, and on commissioning further work to address key priorities.

The key challenges for the Partnership and how these will be addressed going forward.

Current challenges include:

- reviewing the remit and scope in the light of the Government's White Paper ['Educational Excellence Everywhere'](#) and subsequent policy changes
- in line with national policy, shifting the operational school improvement function from the local authority to partners, quality assuring this effectively, while retaining accountability to Ofsted.
- improving strategic interrogation of pupil data, supported by the new data sharing protocol, and acting upon findings
- identifying impact of the work of the Board and disseminating to the education community
- clarifying the future viability of the Board as a commissioning body, as budget is time-limited, and establishing the Board's role as a broker of partnership resource

These challenges will be addressed through engagement of partners in strategic decision-making (SSPB), in engaging all schools in addressing the priority areas, and in providing school improvement services to maintained schools causing concern, through the Operational Group.

Partnership Name	Oxfordshire Early Years Board
Date of completion	27.07.16.
Chair	Sarah Steel
OCC Lead Member	Cllr Melinda Tilley
OCC Lead Officer	Chris Malone, Strategic Lead, Education Quality
Last Meeting Date	12.05.16.
Next Meeting Date	22.09.16.
Website Address	https://www.oxfordshire.gov.uk/cms/content/early-years-board
Governance Arrangements	The Early Years Board provides regular updates to Schools Forum, and to the CEF Directorate Leadership Team. It operates parallel to the Strategic Schools Partnership Board (SSPB).
The current focus for the Partnership	
<p>The Early Years Board brings together international, national and local early years experts. Current work includes:</p> <ul style="list-style-type: none"> • strategic leadership for early education in Oxfordshire (using data and intelligence to prioritise and influence) across schools, settings (day nurseries and pre-schools) and childminders • systems leadership: supporting outstanding practitioners to lead quality improvement in early education in Oxfordshire, and developing sustainable local networks, or 'communities of practice' • narrowing the gap in Oxfordshire between outcomes for economically disadvantaged pupils and their peers at age five. 	
The Partnership's key achievements in the last year	
<p>Key achievements include:</p> <ul style="list-style-type: none"> • the engagement of key national figures in helping to shape early education in Oxfordshire: Kathy Sylva and Sandra Mathers (Oxford University), Chris Pascal and Tony Bertram (Centre for Research in Early Childhood), Neil Leitch (Chief Executive of the Pre-School Learning Alliance), Jan Dubiel (National Director Early Excellence) and Beatrice Merrick (Chief Executive Early Education). • close joint working between Oxfordshire's Early Years Teaching Schools and the council Early Years Team. • engagement with Oxfordshire's Professional Lead for Health Visiting, who now sits on the Board, enabling high level discussion on the effectiveness of integrated assessment of children at age two • the election of the Chair of the Early Years Board (Sarah Steel, Managing Director Old Station Nurseries). Sarah has recently been listed in Nursery Management Today Magazine's 'Top 10 Most Influential' list for the Early Years sector in the UK in recognition of her work for the National Day 	

Nurseries Association and within both Oxfordshire and Gloucestershire local authorities.

- the development of a systems leadership approach to early education in Oxfordshire, with outstanding practitioners working with other schools and settings to improve quality. A launch event was hosted on 5th November 2015 attended by 100 delegates. There are currently two cohorts of learners on 'systems leadership' training, including leaders from schools, children's centres, settings and childminders. A three year evaluation has been commissioned from Kathy Sylva and Sandra Mathers at Oxford University, to capture impact and what works well.
- high level scrutiny of current early years assessment arrangements. This resulted in a decision to highly recommend that all schools in the county with a reception class continue to assess children's attainment at the end of the Foundation Stage (at age 5) in 2016/17 even though this assessment ceases to be a statutory requirement on schools in July 2016.
- the commissioning of phonological awareness training in the north, central and south of the county in response to data concerns and challenge by Ofsted.

The aims for the Partnership in the year ahead

The Early Years Board aims to:

- continue to offer national expertise to help to steer policy for early education in Oxfordshire
- embed the systems leadership approach described above
- address the large attainment gap in Oxfordshire between economically disadvantaged children and their peers, for example through the 'School Readiness Steering Group'
- advise on preparations for delivery of the 30 hours childcare offer in Oxfordshire.

The key challenges for the Partnership and how these will be addressed going forward.

Current challenges include:

- implementation of the 30 hours childcare offer in Oxfordshire from September 2017
- financial viability of providers in the private and voluntary sectors
- demands on outstanding professionals and reliance on their 'professional generosity' to support other providers in their improvement journey
- uncertainty around future funding through the Dedicated Schools Grant

The September Board meeting includes agenda items addressing these challenges.

**DIRECTOR OF
PUBLIC HEALTH
FOR OXFORDSHIRE**

**ANNUAL REPORT
IX**

***Reporting on 2015/16
Produced: July 2016***

Contents

Foreword.....	3
Chapter 1: The Demographic Challenge.....	4
Chapter 2: Building Healthy Communities	17
Chapter 3: Breaking the Cycle of Disadvantage	22
Chapter 4: Lifestyles and Preventing Disease Before It Starts.....	59
Chapter 5: Mental Health	74
Chapter 6: Fighting Killer Diseases	81

Foreword

Every Director of Public Health must produce an Annual Report on the population's health.

This is my 9th Annual Report for Oxfordshire.

It uses science and fact to describe the health of Oxfordshire and to make recommendations for the future.

It is for all people and all organisations.

I hope that it is found to be interesting, but, more than that I hope it is found to be useful in shaping the County's services for the future.

I am responsible for its content, but it draws on the work of many too numerous to name. I thank you all for your help, support and encouragement.

With best wishes,

Dr Jonathan McWilliam
Director of Public Health for Oxfordshire.
July 2016

Chapter 1: The Demographic Challenge

Main messages in this chapter:

- **The demographic challenge is about all ages, not just older people.**
- **However the growth in the number and proportion of older people in the population remains the biggest challenge to health and to services.**
- **Services will need to change to respond to the challenge – doing nothing is not an option.**
- **The change is not even across the County – service change will need to be tailored to different localities – there is no ‘one size fits all’ solution.**
- **The demographic challenge affects all of us now. Its effects can be felt on our busy roads and through plans for housebuilding in the County.**
- **Because of its relatively ‘old’ population profile, Oxfordshire will be affected more and sooner than elsewhere.**
- **The nature of the population will change too- for example the population will become increasingly diverse.**
- **New patterns of disease and new forms of inequality will follow and we need to be ready to tackle these.**
- **Shifting from a focus on treatment to a focus on prevention will be key.**

In this chapter I want to focus on health and change in our population and what this means for services and what it may mean for each one of us as individuals.

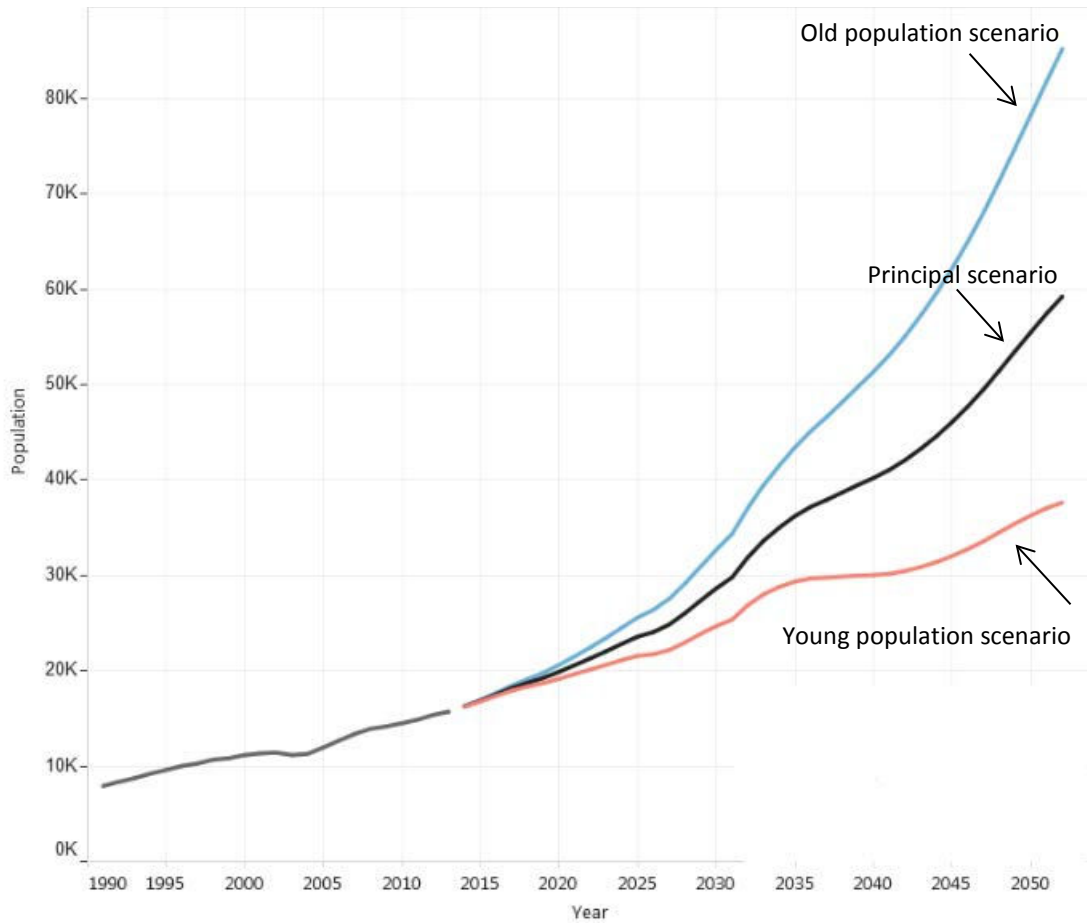
The demographic challenge isn't just about older people – there are issues for all age groups and for the changing composition of the population itself, particularly linked to changes in ethnic group composition. In this chapter I will look at each of these factors in turn.

The overall conclusion is that the demographic challenge is a real game-changer for services and that there is no ‘do nothing’ option: change is inevitable.

The ageing population

Everyone knows that the population is ageing, and this remains by far and away the biggest challenge to all current services and is the biggest health issue in the County. The chart below shows the picture well for those aged 85 and over in Oxfordshire, looking forward as far as 2050.

Change in Oxfordshire's older population (age 85+)



Source: ONS population estimates/ Oxfordshire County Council Research & Intelligence long-range projections (autumn 2014)

It shows that:

- The 85 plus population is set to increase by around 7,800 people between 2014 to 2026.
- That is an increase of 48% - a huge increase.
- There is uncertainty about the absolute numbers, as no one is sure how long people will live for in the future. The top line shows the maximum growth scenario, the bottom line the minimum and the middle line the most likely. The most dramatic projection to 2050 shows that there may be 75,000 people aged 85+ living in Oxfordshire compared with around 16,000 at present.
- If this even comes close to being an accurate projection it will completely change the nature of society, and services, as we know them.

The **proportion** of older people differs from place to place across the County and this will be significant in terms of the shape of future services.

The balance between those contributing relatively more to the tax-base (i.e. those of working age) compared with those who are over 75 affects affordability of services going forward. I know that older people make a significant contribution to the economy through taxation, but not at the same rate as those in pre-retirement years. A higher proportion of older people means that services funded from taxation will become progressively more stretched.

This isn't a static situation. **An 'ageing population' means that both the number and proportion of older people in the population are changing.** This is a crucial point. If all ages were increasing at the same rate it would mean that we would all have less space to live in but factors such as the tax-base for funding services would stay the same, i.e. services can be 'more of the same but more of them'. It is a more affordable scenario. **However, if the proportion of older people also changes it affects the balance of diseases that need to be treated, the availability of carers and the range and shape of services that need to be offered.**

This means that staying as we are simply isn't an option and things must change – it is a simple and inevitable fact.

The table below shows the proportion of the population aged 65+ in the County as a whole and in Districts using 2014 data.

Number of people aged 65 and over in Oxfordshire and its districts

Area	Number of people aged 65+	% of area's population
Cherwell	24,500	17%
Oxford	17,800	11.3%
South Oxfordshire	27,300	19.9%
Vale of White Horse	24,400	19.5%
West Oxfordshire	21,600	19.9%
Oxfordshire Total	115,600	17.2%

Source: ONS mid-year population estimates, 2014

The table shows that:

- Overall, around 17% of the population are aged over 65.
- In South Oxon, Vale and West Oxon the figure is higher than 19%
- In the City the figure is markedly lower at around 11%.

Looking even more closely at the proportion of over 65s shows that some wards top the 25% mark for people aged over 65, and Burford hits over 32%. The table below sets out the Oxfordshire wards topping 25% of residents aged 65+.

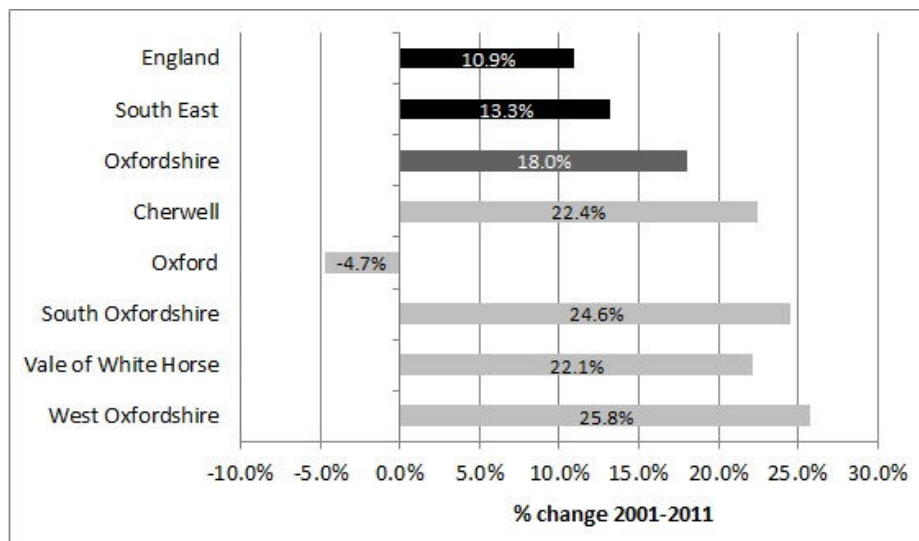
Oxfordshire wards where older people make up more than a quarter of the population

Ward and District	Number aged 65+	% of ward's population
Burford, West Oxfordshire	630	32.5%
Goring, South Oxfordshire	1654	28.7%
Henley North, South Oxfordshire	1560	27.8%
Greendown, Vale of White Horse	654	27.3%
Sonning Common, South Oxfordshire	1478	27.1%
Ascott and Shipton, West Oxfordshire	544	26.9%
Cropredy, Cherwell	715	26.1%
Deddington, Cherwell	692	25.9%
Woodstock and Bladon, West Oxfordshire	1080	25.7%
Blewbury and Upton, Vale of White Horse	542	25.7%
Adderbury, Cherwell	745	25.2%
Milton-under-Wychwood, West Oxfordshire	525	25.2%
Kennington and South Hinksey, Vale of White Horse	1141	25.0%

Source: ONS mid-year population estimates, 2014

Not only is the proportion of older people different in different places, the proportion is also changing at different speeds. The table below shows how the number of people aged 65+ has already increased dramatically in the County and four out of five Districts between 2001 and 2011.

% change in the number of older people in Oxfordshire and its districts (2001- 2011)



Source: ONS, 2001 and 2011 Censuses

It shows that this affects Oxfordshire more than the national and regional pictures – the national and regional increases are around 11% and 13% respectively compared with a huge 18% for Oxfordshire as a whole and topping 22% in Cherwell, South Oxfordshire, Vale and West Oxfordshire.

The City is very different – more younger residents means that the number of 65+ residents fell by almost 5% in the same period.

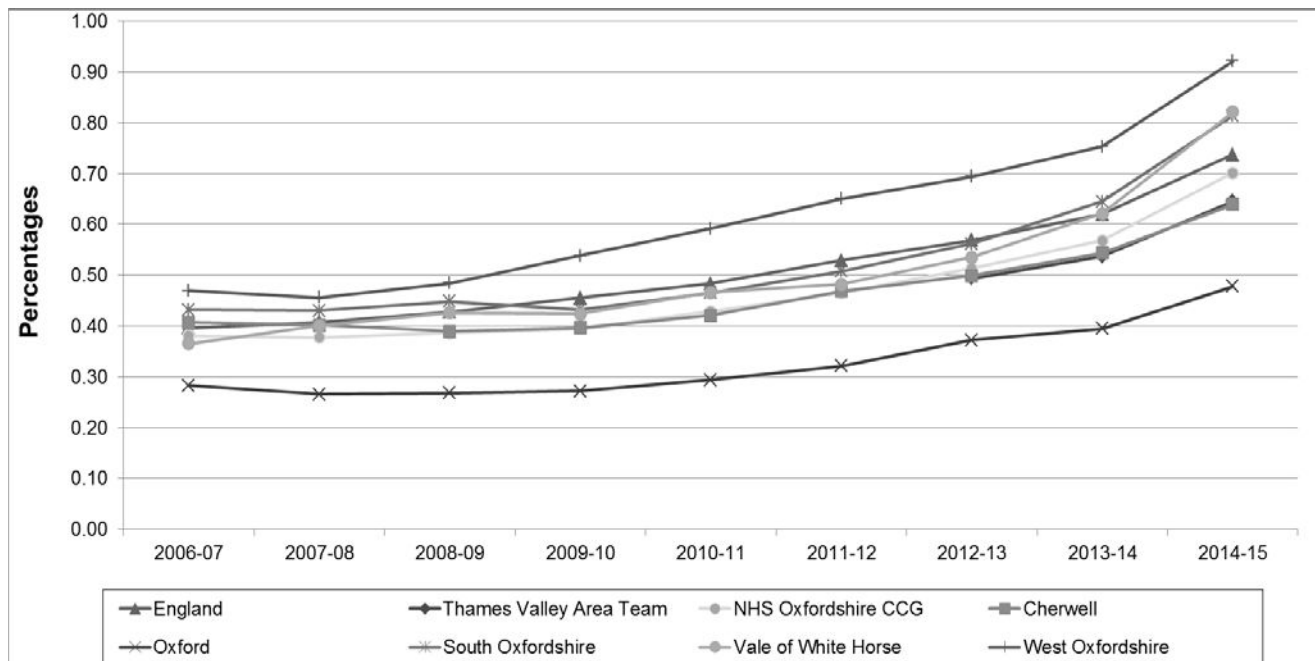
This means that the need for change to services will hit Oxfordshire harder and faster than elsewhere in the country. This puts more pressure on the ‘Oxfordshire £’ and means that our services will be hit harder and sooner than elsewhere, making the case for change even more compelling.

The differences between different Districts also show that **the right range of services for the future will not be ‘one-size fits all’**. Taking into account journey times and distances from health facilities and hospitals means that each locality will need a tailor-made service.

An ageing population means that patterns of disease are changing.

This applies to many chronic diseases such as diabetes, but most topically to dementia. Previous reports have looked at the good developments in detecting and treating dementia in the County and the potential for preventing dementia from a healthy diet, keeping the mind active and exercising more. Upward trends in the detection of dementia are shown in the chart below.

Percentage of patients with a recorded diagnosis of dementia in the GP registered population - 2006/07 to 2014/15



It should be noted that this measures the percentage of dementia in a population – the figure for the City is low because the percentage of older people is lower than elsewhere – it is the rising trend in detection that is important and this should be welcomed.

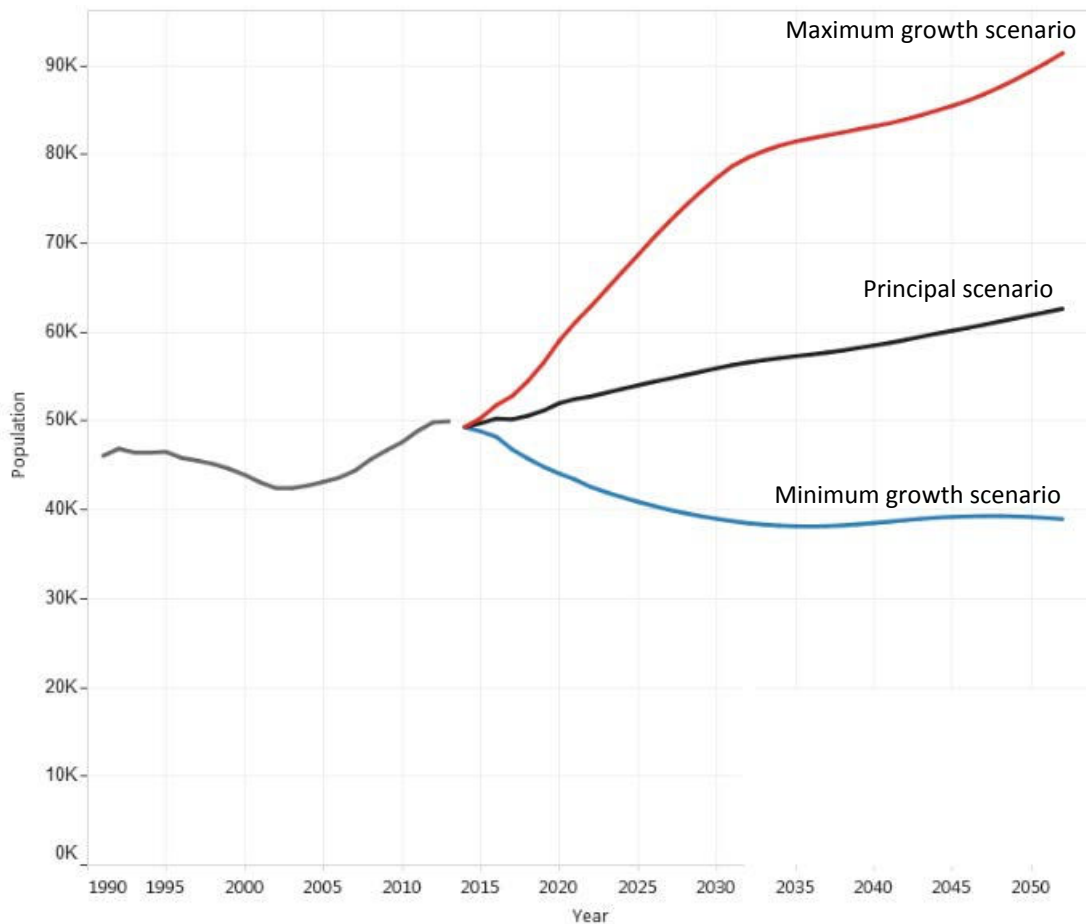
The Demographic Challenge and younger age groups

Population growth due to new housing will tend to swell the number of younger families in the county. The **long range population projections** take into account ambitions for **93,560-106,560**

new homes between 2011 and 2031, as set out in Oxfordshire’s Strategic Housing Market assessment

According to the County Council’s principle population projection (the most likely scenario), the number of 0-5s in the population is set to increase from 49,600 in 2014 to 54,400 in 2026 (a rise of around 10%). However, there is considerable uncertainty around these figures, as is clear from the chart below. The actual number will depend on a range of factors, including future birth rate, migration patterns, and housing developments on the ground.

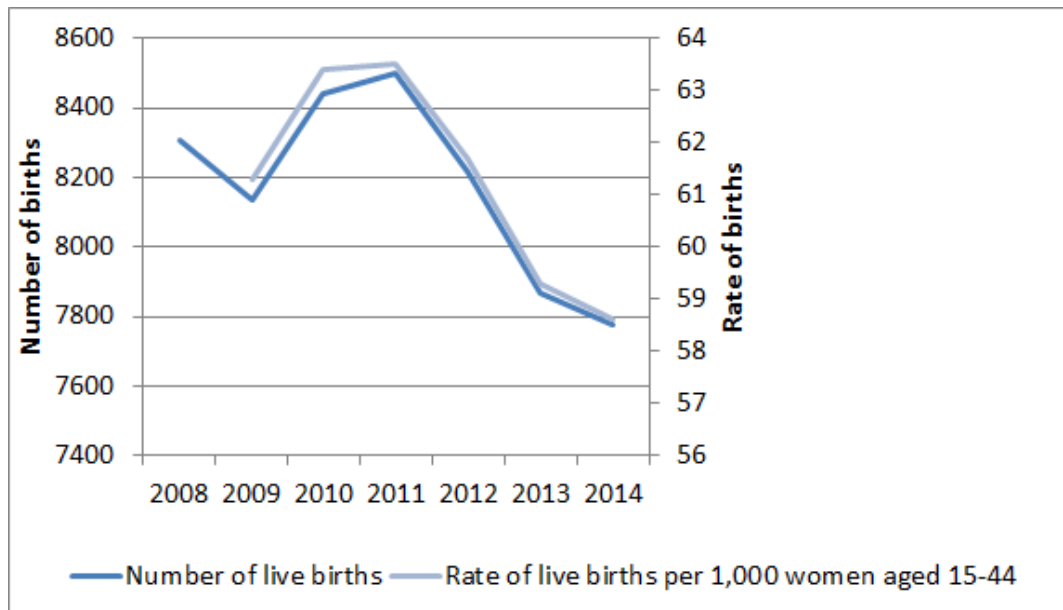
Change in Oxfordshire’s population aged 0-5 (inclusive)



Source: ONS population estimates/ Oxfordshire County Council Research & Intelligence long-range projections (autumn 2014)

The impact of growth due to future housing developments is demonstrated by comparing this growth with the underlying local birth rate which has been falling steadily for the last few years as shown in the chart below. In 2014 there were 7,775 live births to Oxfordshire mothers, representing a rate of 59 babies being born per 1,000 women aged 15-44 each year.

Number and rate of live births in Oxfordshire (2008-2014)



Source: Office for National Statistics Birth Statistics

The expected growth in young families in the County will have obvious implications for provision of health care, midwifery services, health visiting services and school provision and a much wider range of services. All of this will need to be funded from a shrinking tax base.

This is a further reason why change is inevitable.

We will simply have to find new ways to provide services.

If we didn't have growth from housing and more people moving into the County, would the population grow or shrink?

A statistic called the total fertility rate (TFR) or completed family size (CFS) gives the answer. It adds up the number of children women will have in their reproductive lifetime on average. A figure over 2.1 children per woman means the population size is steady – i.e. people replace themselves through childbirth.

A figure lower than 2.1 means the population will fall and over 2.1 means the population will grow, all else being equal. Of course this is an average. Women having 3 or 4 children make up for those having none or one.

The current figures are:

- Oxfordshire: 1.75
- England: 1.83

This means that if nothing else happened, the Oxon population would naturally fall, and it would fall faster than the England rate.

This shows that population growth stems from housing and net migration into the County.

More People in the Same Space Means Inevitable Change

As we have seen, the net population of Oxfordshire is set to increase and to carry on increasing.

Simply having more people in Oxfordshire will impact on services, travel, housing stock house prices and the nature of the local workforce.

The implications of having more people living in Oxfordshire are:

- **There will be more pressure on existing services and increased demand for new services and new ways of delivering services.**
- **It will be more difficult to travel around the County** if things remain as they are. Travelling to Oxford hospitals for tests or outpatients (and finding a parking space) can already be challenging and may become more so. New options will have to be found which are more local or use online technology.
- **Mobile services like home care and district nursing will need to be organised** to cope with traffic congestion and the areas professionals can practically cover in a day will shrink.
- **The housing stock will need to change to meet the needs of an ageing population** as well as for young families. This means that we will need to develop more options like extra care housing. Older people may demand a different model of housing, and may well wish to group together for mutual support and to reduce the costs of care. It is possible that more people will want to trade in their existing home as they age for a place in purpose-built communities which provide company, care and medical support as seen in other countries.
- The debate about prevention may well change considerably. In the future **preventative services may become a matter of economic necessity**. People may well take prevention of disease and the imperative to adopt a healthier lifestyle more seriously as a means of self-defence and an economic tool. Once the link is firmly made in people's minds between piling on the pounds and a less-rewarding and less wealthy old age, we may see a sea-change in the way in which diet and exercise are viewed by people in their 40s 50s and 60s. **In the future, prevention of disease and investing in a healthy lifestyle may well be taken as seriously as pension planning is now.**

'We' are not the same 'We' as we were.....

In looking to the future it is important to note that the population structure is changing in other ways too. In a very real sense, collectively, 'we' are not the same type of population as 'we' were twenty years in the past or will be twenty years from now. Our habits, beliefs, and use of technology will all change patterns of health, sickness and expectations.

Add in change due to changing ethnic mix and we are looking at completely new scenarios. These issues are picked up in detail elsewhere in the report. In summary the main impacts are as follows:

Re changing lifestyles:

The major changes may well be about diet and activity. Both increasing obesity and decreasing activity as independent factors result directly in more chronic disease, diabetes and cancers. Alcohol consumption leads to a wide range of diseases and cancers and fuels obesity. The trend for alcohol consumption to creep up as we get older is a cause for concern. Any alcohol intake increases the risk of cancer as the Chief Medical Officer has recently pointed out, but the greatest effect in terms of numbers might be seen through the high calorie content of alcohol as a factor in middle-age weight gain.

Re the changing face of health and care technology:

A summary of recent trends shows the following:

- more can be done locally and remotely to diagnose, monitor and treat disease and care needs
- drugs to combat heart disease and cholesterol have helped to reduce deaths from heart and circulatory disease. New drugs now in the pipeline may help.
- new treatments are developed all the time fuelling both expectation and cost of services. The cost of new health technology and drugs outstrips baseline inflation rates. Recouping the research and development costs that go into new treatments makes them very expensive initially.

Re the changing ethnic mix of the population:

- The figures are given in full in chapter 3. I want to focus here on the impact of changing ethnicity on ageing. The ageing population will increasingly be ethnically diverse. This means that the pattern of disease will change. For example, people from parts of Asia and the Indian sub-continent are more prone to develop diabetes and its complications at lower levels of obesity. We haven't yet seen the impact of this, but it will become a more significant factor.
- In 2011, the ethnic mix of over 65s for the whole County was: 94% White British, 4% White Non-British and 2% Black and other Minority Ethnic Groups.
- This contrasts with the picture seen in the City which has a more diverse population. Around 7% of City residents aged 65+ are Asian, Black and other Minority Ethnic Groups – 5 percentage points more than the County average. This trend will continue and will be seen in all parts of the County.

The Demographic Challenge: Putting It All Together

We have seen that many factors in the population are changing – it is not just about change in older people.

We have looked at the implication of simply having more people. Other factors will change as well, for example:

New patterns of Inequalities may emerge

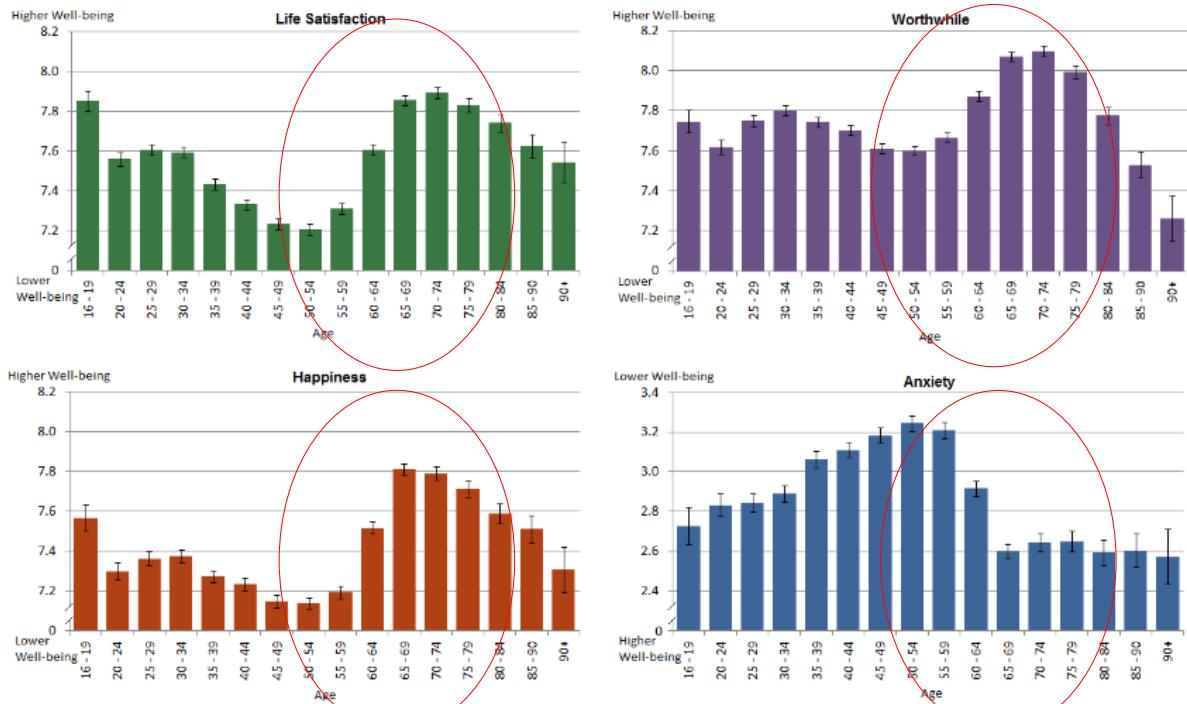
It is likely that new forms of inequality will emerge. For example we may start to see:

- ***Inequalities of support and companionship*** – having supportive networks and a peer group to lean on is like cash in the bank. We know that isolation and loneliness lead to all manner of worse health outcomes. The people who have supportive networks will simply do better and those who do not will be more at risk.
- ***Inequalities of take-up of lifestyles which prevent disease*** may be another key inequality to emerge. Those who make a series of small changes to their daily lives – simple things about more exercise, better diet and drinking less – will tend to have better health en masse than those who do not. Again, it is like cash in the bank – an inequality may emerge between those who create their own personal plan for improving their lifestyle and those who do not– it's like backing yourself in life's race to improve your odds of a healthier life.
- ***Inequalities in health knowledge***. If you don't know something might be bad for you, you can't make the choice to do something about it. Simple messages like '5 a day' do hit home and do change people's behaviour in the long term. We can see this for sure when supermarkets start to market '5 a day' products because there is a demand for them. This isn't about preaching and nannying – it's about informing local people about health issues so that they can make their own decisions within their means. Everyone can make small positive changes – taking the stairs more often or eating the odd apple instead of a chocolate bar – but not if they don't know it might be a good idea.

But it isn't by any means all bad news – the up-side of older age

UK data asking people about their levels of satisfaction with life, happiness and anxiety shows some surprising and hopeful results for older people. The results are shown below in 5 year age bands from age 16 onwards below.

Average personal wellbeing ratings in the UK, by age (pooled data for 2012-2015)



Source: Office for National Statistics

The results show:

- All measures of happiness and wellbeing dip in the 30s, 40s and 50s and then leap up around retirement age.
- Anxiety levels do the opposite – they are high in adults of working age and then fall dramatically.
- As older age increases, life satisfaction and happiness do fall, but anxiety does not increase.

Factors stated by people in the survey as reasons for poorer mental wellbeing in the over 50s are (in order): financial difficulties; having long term illness or disability; being unemployed or retired; being divorced or separated; having a mortgage and living in an urban area.

I don't pretend to be able to interpret these statistics, but they do seem to give something of a clue about the recipe for increasing the odds of a contented old age which seem to be something like: enough money to get by, positive relationships, being in generally good health, a lack of day to day worries and having a sense of purpose.

When will the demographic challenge kick in? The future is already upon us.

The effects of these changes have already begun – we all know it – you just have to look around you to see:

- At some times of day it is hard to make journeys on our major roads
- Hospital parking is more difficult
- GP services have changed radically – for most people there is no such thing as ‘my own Doctor’
- The health and social care sectors are short of cash
- The retirement age is getting later
- Pensions are under pressure
- Half of adults are now overweight
- Health scares have changed – once it was all about heart disease and ulcers, now it’s dementia and diabetes
- Some parts of the County are now multi-ethnic communities
- So many things are done on-line with new technology
- Radical service changes are being formulated as we speak.

So, all in all, the inescapable conclusion is that it isn’t about whether services and our approach to disease changes; it’s about how we must change.

What Can We Do to Meet the Demographic Challenge Head-on?

Mixing common sense and clinical evidence suggests that we should do the following 8 things:

- 1. Do more to prevent disease from starting in the first place**
- 2. Re-shape health and social care**
- 3. Use housing growth to build communities which encourage good health**
- 4. Level up inequalities**
- 5. See mental and physical health as a continuum, not as two separate things**
- 6. Help carers, community groups, voluntary groups, volunteers and faith groups to bridge the gap between statutory services and what people can do for themselves**
- 7. Join up services better to give a better start in life**
- 8. Protect people from ‘unseen threats’ such as infectious disease, emergencies and disasters**

The chapters in this annual report deal with many of these points.

Chapter 2 reports on building health communities through the Healthy Towns Initiative

Chapter 3 takes a close look at disadvantage and inequalities, focussing on children

Chapter 4 looks at how we can prevent more disease from starting

Chapter 5 focusses on current mental health issues

Chapter 6 reports on infectious diseases and emergencies

With regard to re-shaping services, the NHS is about to embark on a major service consultation about the future shape of health services in the County. It will be vital to engage the public in this, as every one of us has a part to play in the changes that are inherent in the demographic challenge.

What did we say last year and what has happened?

Last year the recommendations focussed on the need for the NHS to plan for the increasing number of older people in the population, the rise in dementia and to take account of loneliness as a risk factor for older people's health. The need to integrate health and social care was also highlighted, as was the need to further improve NHS Health Checks.

This to a large extent has happened – the NHS is currently preparing a major public consultation on service change which will take these factors into account. This is scheduled for the Autumn.

Progress on NHS Health Checks is covered in chapter 4.

Recommendations

1. The major NHS service consultation about 'care closer to home' should be debated thoroughly and the views of the public and partners taken into account. The extent to which the proposals meet the need to re-shape services to meet the demographic challenge should be a major consideration.
2. The Health Overview and Scrutiny Committee and Healthwatch should consider the consultation carefully and take the issues covered in this chapter into account in their responses.
3. The County Council and the Clinical Commissioning Group should consider the factors in this chapter in shaping plans to integrate health and social care and should do more to prevent disease from starting.

Chapter 2: Building Healthy Communities

Main messages in this chapter

- **If we are to meet the demographic challenge we need to get health issues into local planning of housing, communities and transport schemes.**
- **The Healthy New Towns initiative gives this work an excellent boost in Oxfordshire.**
- **The challenge will be to apply the lessons learned to local planning across the board.**

What can we do to plan, design and build healthier places.

Last year I looked in detail at the intertwined relationship between health, housing, transport, environmental factors and community planning.

In particular I focussed on the complexities of getting health issues into the local planning system with network of Councils, developers, developer contributions, appeals etc.

This year I want to be a little more positive and look at some local work that may help to point the way forward - the Healthy Towns initiative.

This is an important step towards meeting the demographic challenge head on.

In general, the penny seems to have dropped that if we are to combat the demographic challenge we have to think differently about community planning and be more sophisticated about building in healthy features such as cycle paths and community spaces as well as making provision for homes that adapt as one ages, and homes that can be afforded by the lower paid hospital and care workers we depend on.

This is more easily achieved in new developments where we start with a blank sheet of paper – trying to add things like cycle routes to existing medieval road layouts is another matter altogether.....

The Healthy Towns initiative

This idea is being showcased in a Government initiative called the NHS Healthy New Towns initiative via a number of pilot sites. It is about putting 'health' at the forefront of the design of new communities.

We are the only County in the country to have two sites chosen to become part of this, which is a real achievement. The 'Healthy Towns' initiative is led by the NHS in close collaboration with Local Government. District, City and County Councils have all been involved, as has the local NHS and the Public Health team. There is also the bonus of expert help from Government Departments and a grant from the NHS.

In a nutshell the Healthy New Town Programme aims to make it easier for people to make healthier choices for themselves and their families.

Being part of the NHS Healthy New Towns Programme puts Oxfordshire on the map as one of the leaders in getting health into planning.

We have two NHS Healthy New Town sites in Oxfordshire, one in Bicester and one in Barton Park. The sites were selected from an original 114 applications and were announced in March 2016. Bicester has 26,000 new homes that will be available across the whole town, of which 13,000 will be new homes including the exemplar Elmsbrook at NW Bicester Eco development. Barton Park has 885 residential units planned. The two sites are very different but there is much we can learn from these differences as well as sharing the learning from the similarities.

The Barton Park programme is developer and City Council led, with housing to be built alongside the existing Barton area which is an area of significant social disadvantage. Integration of both parts of Barton will be essential to spread the benefit of this new approach.

The idea is to design communities where:

- walking to school or cycling to work become the default option
- public spaces are dementia-friendly from the outset
- health services are joined up with other local services, using digital technology to promote health
- houses can be adapted to meet the needs of people as they age.

It is worth dwelling on some of the details in the **Barton Park** initiative which include the building of a new school which is expected to link with the existing school in Barton. The school will also have community space which will provide an area for social activities, clubs, groups and activity sessions to keep people active and to reduce isolation and encourage mental wellbeing. It is hoped that these will link to the existing community facilities such as the Barton Neighborhood Centre. Being a part of the school also means that a community 'hub' is created where there is an opportunity for more contact between a wide range of people.

There will also be a civic area which will include shops and further opportunities for social contact with others.

The football pitch provision is planned to be upgraded. It is expected that some of the pitches will be artificial turf and so available to play on for longer during the year. The pitches will mean that pupils at the school will be able to keep active and play sports, but they will also provide a community facility for local clubs to use.

There are also plans for upgrades to the allotments which will serve the whole community, both existing and new. Working on allotments will help people to be active, enjoying the fresh air and socialising with others, as well providing the means for healthy food to be grown.

Green routes are planned where people can walk through attractive areas for pleasure or to reach facilities and services in other areas of the development. Some sections will also link to footpaths leading out to the open countryside, which will make it easier for people to be active and enjoy the outdoors without having to travel in the car to get there.

It is planned that there will be play areas where children can be active outside in open spaces. A 'trim trail' will be created which will link to the existing green area in Barton. It is also expected that there will be upgrades to the GP practice in the existing Barton area which will serve both the existing and new communities.

The development will be designed to 'fit in' with the area, with the use of design materials local to Oxford where possible. It is planned that the streets will be designed so that choosing to cycle or walk is easier than choosing to drive. Cycling and walking instead of using the car boosts physical health and mental wellbeing and makes socializing easier which reduces isolation.

The programme at **Bicester** is focusing on the whole town and how the new housing can improve the health and wellbeing of all residents. This is based on a broad partnership of around 21 organisations and, along with the developer, includes Local Authorities, health service commissioners, universities, businesses and many more. The plans include:

- options for people to choose healthier ways to travel through cycling, walking or using these in combination with public transport
- more opportunities for social interaction with others
- green space such as parks and walkways and cycle networks which will give people safe and attractive areas to walk or cycle through and will make these methods of transport more appealing.
- Homes designed so that people can live independently for as long as possible. The houses will have features such as good insulation to prevent them from becoming damp, to keep people warm and well and to reduce the amount of money that they will need to spend on heating bills.
- It will be easier for people to eat healthily by ensuring that there are adequate cooking facilities in people's homes, with easy access to shops and plans to provide opportunities to grow food locally.
- Some of the community facilities and services will be located in shared buildings or in the same area so that resources can be shared and they are easier for people to get to them and use them.
- Well-designed community spaces that are attractive and easy to access will give people more opportunities to have contact with others to help reduce isolation and improve mental wellbeing.

Technology will be key in NHS Healthy New Towns. The Elmsbrook Eco development in Bicester will consist of 393 houses which will be installed with digital tablets known as 'Shimmy's'. The tablets will enable households to have access to a range of information. This could include community information such as opening times of services, dates of local events, contact details of services and can carry reliable health information and messages. The Shimmy could also have a feature to let people know 'live' travel options e.g. when the next bus will be, how long it would take to walk to their destination and the routes they could take to make it easier for people to choose travel options that don't automatically mean getting in the car.

There will also be an element of home energy efficiency on the Shimmy where people could monitor temperatures and the amount of energy that they are using in their homes. There are also plans to improve access to health care through the Shimmy such as appointment booking, remote consultations and electronic monitoring of people's vital signs.

That's all well and good, but will it happen and is it generalizable?

This is the big question and the proof of the pudding is in the eating. We will have to wait and see which of these features can be achieved and which make a real difference.

Fancy developments with some Government funding are fine, but what about the 1000's of other developments being proposed across the County? No-one knows the answer, but the Healthy Towns initiative could mark a turning point. Health is now on the map in terms of local planning, and there are many ideas coming from the Healthy Towns development that could be built in to other areas.

Of course the market will have an influence – if these developments prove to be popular, there could be a commercial incentive for developers to build them in elsewhere.

The key is to realise that that we need this type of development if we are to cope with the demographic challenge.

Also the ideas may only be really viable in medium and large size developments. If we continue with 'pepper-pot' developments of a few houses here and there it may be difficult to spread the benefits.

The NHS is alive to the issue of getting health into planning. Proposals for changes to health services are likely to look towards more efficient use of public buildings – the same goes for changes to library services, schools and other public amenities.

The NHS's Sustainability and Transformation Plan is talking about finding ways to work with Local Government in Oxfordshire, Buckinghamshire and Berkshire on local planning as a matter of course.

Various options for Unitary Local Government are currently being debated in the County. It is clear that a Unitary approach would make this sort of planning easier as planning, road building, housing, environmental health, social care and public health functions would all be run by one organisation.

There is far to go and this journey has just begun, which is just as well as we will need to pull together in this way if we are to tackle the demographic challenge while managing a tightening public purse.

What did we say last year and what has been done about it?

Last year's report introduced the topic of 'getting health into planning' and looked at the health issues such as the effect of pollution and the importance of cycling in some detail. The recommendations were all about taking this work further and the Healthy New Towns initiative means that good progress has been made.

Recommendations

1. The Healthy New Towns initiative should be monitored closely and lessons learned should be generalised within the current and future planning system.
2. The NHS through its Sustainability and Transformation Plan should carry out more detailed work with Local Authorities to get health issues into local planning as a routine activity.

Chapter 3: Breaking the Cycle of Disadvantage

Main messages in this chapter

- **Disadvantage and Inequalities remain a major issue for the Public Health of Oxfordshire.**
- **There has been a further modest reduction in disadvantage overall and this is to be welcomed.**
- **We await the findings of the independent Commission on Health Inequalities for Oxfordshire– it will be published later in the year.**
- **There has been steady progress against last year’s recommendations.**
- **Because children’s services are changing we need to establish a firm baseline of indicators now so that we can measure any future changes. A basket of indicators is set out here.**
- **It is vital that this topic is kept under close review**

We are in between two important developments:

1. Last year this report reviewed thoroughly all aspects of disadvantage in the County and drew the conclusion that, overall, useful progress had been made but there was more to be done,
2. By next year the Health and Wellbeing Board’s Independent Commission on Health Inequalities will have reported, having sifted the evidence with a fresh pair of eyes which should help to point the way forward.

This year therefore I want to do 3 things:

1. Review progress on last year’s recommendations in detail
2. Report on new data which has emerged during the year
3. Concentrate on children and young people by proposing a set of indicators to monitor changes to children’s services in the future

Detailed review of last year’s recommendations

Because this topic is so important to improving health, I am going to repeat the detail of last year’s recommendations and formally review progress on each one:

The recommendations came in two parts – short term and long term:

Review of Short term recommendations made last year:

Each recommendation from last year is set out in full and is followed by a progress report:

Recommendation 1 said:

The Health and Wellbeing Board should carry out its plans to sponsor a more detailed review of disadvantage, and should use the analysis in this report as a source of information. This analysis should inform the Joint Health and Wellbeing Strategy, Local Authority plans, the Clinical Commissioning Group's 5 year plan and the work of the NHS and County Council Systems Leadership Group and Transformation Board.

Progress report:

Good progress has been made. The Health and Wellbeing Board has sponsored an independent Commission on Health Inequalities and the work is due to report in the Autumn. It has taken evidence from a wide range of sources and has had access to local data.

The NHS's 5 year plan is being implemented through a 'Sustainability and Transformation Plan' (STP), which is including prevention and health inequalities as a major concern to be addressed. The NHS has determined that this plan should cover Oxfordshire, Buckinghamshire and the West half of Berkshire.

Making plans is all well and good – it will be important to make sure this is followed by real action.

Recommendation 2 said:

All agencies should maintain current programmes which are successfully reducing disadvantage. These include:

- Teenage pregnancy
- The Thriving Families programme
- Work with schools to improve school results
- The promotion of breastfeeding
- Improved dementia services
- Improved mental health services.

Progress Report

Satisfactory progress has been made on all of these programmes – many will form part of the NHS's Sustainability and Transformation Plans (STP) mentioned above.

Further information on school results, teenage pregnancy and the Thriving Families programme are included later in this chapter.

Recommendation 3 said:

All agencies should target the causes of disadvantage which are static or increasing.

Specifically:

- The Health Improvement Board should continue its efforts to prevent homelessness through partnership working
- GPs and the Public Health team should target NHS Health Checks to improve take up by ethnic groups and manual workers
- Partnership work to eradicate Female Genital Mutilation should continue.

Progress report:

The Health Improvement Board is currently grappling with the issue of homelessness through a multi-agency sub-group. We await the results, but the problem is being pursued in detail.

NHS Health Checks were reviewed to make sure that there are no inequalities in the invitations sent out to people. Next year will see plans come forward to increase uptake in priority groups where disease levels are higher such as manual workers and ethnic minority groups.

Work to prevent Female Genital Mutilation (FGM) has continued successfully as planned. A study has been set up to work with communities with high levels of FGM to find out more about why the practice might be sustained in a UK context. There is currently a dearth of factual information about this because of the sensitivity of the topic. The more we know, the more we can prevent FGM at source. Community researchers have been trained to work with their own communities to tackle the factors that motivate people to consider FGM.

The project will be completed in late 2016 and the findings reported to the FGM partnership group and the Children's Safeguarding Board.

Recommendation 4 said:

Contract specifications for services being renewed should carefully consider how to target areas in the bottom 20% 'Index of Multiple Deprivation' and areas of high child poverty so as to give a good service across the county and a specific service to meet the needs of these areas.

Progress Report:

The issue of placing 'smarter' NHS contracts for services so that areas of high social disadvantage can be targeted has been proposed as part of the 'prevention' plan as part

of the NHS's Sustainability and Transformation Plans (STP). We wait to see developments. This is important and we need to keep a watching brief on progress.

Recommendation 5 said:

NHS Trusts and General Practice should consider how to give additional help to those in the target groups listed above when they come for help for any condition. This consideration should be built into the Health and Wellbeing Board's planned work on disadvantage and specific recommendations should be made.

Progress Report:

This is another strand of what is proposed in the NHS's Sustainability and Transformation Plans (STP). Again, the proof of the pudding will be in the eating and we need to keep monitoring progress.

Longer term recommendations from 2014/15:

Recommendation 1 said:

Recommendations regarding housing and the design of communities so as to combat isolation, loneliness and to break the cycle of disadvantage in specific areas should be progressed.

Progress Report:

The Healthy Towns initiative described in Chapter 2 has given a real boost to this strand of work.

Making real progress on the mixture of housing stock available, designing communities which encourage social contact and building new developments that can be adapted easily as residents age, will probably require a resolution to the current 'unitary debate' going on in the County at present.

The real change is that these topics are now 'on the agenda' as mainstream issues whereas they were given scant regard in previous decades.

Recommendation 2 said:

The Local Enterprise Partnership, Local Government, Local Employers and Oxford University should continue to work together to secure central government funding to provide the infrastructure to favour continued economic prosperity and high levels of employment.

Progress Report:

We work well together as partners in Oxfordshire on these topics and our County remains one of those which contributes positively to the national economy. Making real progress on this topic will also require resolution of the 'unitary debate'. The intense debate in the County about devolution and unitarisation has had the beneficial effect of bringing

forward ambitious thinking about how to attract national funding to drive the economy forward.

Recommendation 3 said:

The Health Overview and Scrutiny Committee should consider scrutinising the extent to which reducing disadvantage and inequality are built into the plans of the Clinical Commissioning Group, General Practice and NHS Trusts.

Progress report:

The Health Overview and Scrutiny group has considered issues of inequity in specific services – the committee has had its plate full in considering major health service plans, CQC and Healthwatch reports, changes to community hospitals and other urgent issues. The time for the Health Overview and Scrutiny Committee to consider inequalities in the round will be when the NHS puts forward its Sustainability and Transformation Plans (STPs) in the Autumn and the Commission on Health Inequalities publishes its findings later in 2016.

Recommendation 4 said:

Healthwatch should be invited to consider monitoring the inequalities identified in this chapter as part of its on-going work programme.

Progress Report:

Healthwatch have continued to champion topics related to inequalities during the year and have helped give voice to those who might otherwise go unheard, including through the Health and Wellbeing Board and the Health Scrutiny Committee. Healthwatch have also been able to contribute constructively to the Commission for Health Inequalities while preserving their neutrality. Their commentary on the published report will be valuable.

Breaking the Cycle of Disadvantage part 2: Update on data produced during the last year

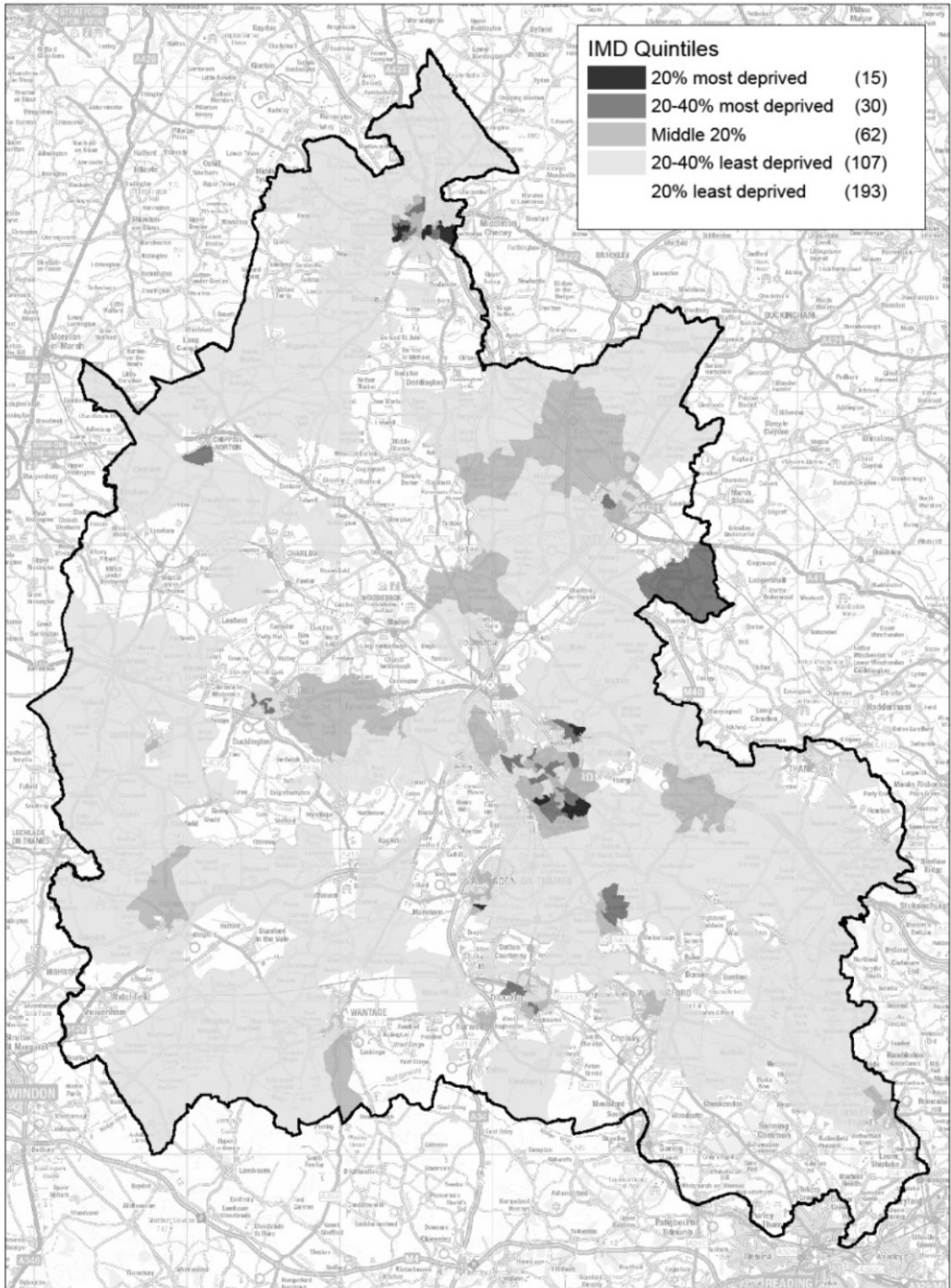
Measuring overall geographical disadvantage – the ‘Index of Multiple Deprivation’ (IMD)

The best overall measure of disadvantage in the County – the ‘Index of multiple deprivation’ (IMD) has been updated.

This measure uses 37 indicators spanning seven broad types of disadvantage. These indicators are used to calculate an overall Index of Multiple Deprivation (IMD). The indicator looks at 407 small areas within Oxfordshire and compares them with national figures.

Overall, Oxfordshire has relatively low levels of disadvantage. It is the 11th least deprived of 152 upper tier local authorities in England (up from 12th least deprived in 2010). ***However, as we know, there is significant variation across different parts of the county.*** The map below tells the story – the areas in Oxfordshire which fall within the 20% most disadvantaged in England are shaded the darkest and the areas which fall within the least disadvantaged 20% of areas are not shaded at all.

Overall map of multiple disadvantage in Oxfordshire



Source: DCLG English Indices of Deprivation 2015

The map shows that:

- Most of Oxfordshire’s 407 small areas are less disadvantaged than the national average.
- 110 are among the least deprived 10% nationally.
- Overall, nearly half (46%) of the county’s population lives in areas that are among the least disadvantaged 20% in England.
- More than four in five residents (82%) live in areas that are less disadvantaged than the national average.
- Of course this does not mean that there is no disadvantage in those areas – individual communities such as Berinsfield for example are ‘masked’ by being included in larger more affluent areas, and many rural communities can tell the same story.
- 13 areas are among the 10-20% most disadvantaged (down from 17 in 2010).
- Two areas are among the 10% most disadvantaged in England. These are in Oxford City, in parts of Rose Hill and Iffley ward, and Northfield Brook ward. In 2010 only Northfield Brook was among the 10% most disadvantaged areas.

The most disadvantaged areas are concentrated in parts of Oxford City and Banbury with one in Abingdon. They are set out in detail in the following table, along with their national ‘ranking’ – a sort of league table of all 34,844 small areas in England, where the lower the number, the greater the disadvantage.

Small areas in Oxfordshire among the 20% most disadvantaged nationally

Small Area	Ward	District	Deprivation Decile	Rank position in England (where 1 is the most deprived and 32,844 is the least disadvantaged)
Oxford 016E	Rose Hill and Iffley	Oxford	10% most deprived	2,578
Oxford 018B	Northfield Brook	Oxford	10% most deprived	3,078
Cherwell 004A	Banbury Grimsbury and Castle	Cherwell	10-20% most deprived	4,701
Cherwell 004G	Banbury Grimsbury and Castle	Cherwell	10-20% most deprived	6,520
Cherwell 005B	Banbury Ruscote	Cherwell	10-20% most deprived	6,173
Cherwell 005F	Banbury Ruscote	Cherwell	10-20% most deprived	6,299
Oxford 005A	Barton and Sandhills	Oxford	10-20% most deprived	4,722
Oxford 005B	Barton and Sandhills	Oxford	10-20% most deprived	5,319
Oxford 016F	Rose Hill and Iffley	Oxford	10-20% most deprived	6,182
Oxford 017A	Blackbird Leys	Oxford	10-20% most deprived	5,225
Oxford 017B	Blackbird Leys	Oxford	10-20% most deprived	3,785
Oxford 017D	Northfield Brook	Oxford	10-20% most deprived	6,523
Oxford 018A	Blackbird Leys	Oxford	10-20% most deprived	4,293
Oxford 018C	Northfield Brook	Oxford	10-20% most deprived	3,553
Vale of White Horse 008C	Abingdon Caldecott	V White Horse	10-20% most deprived	5,936

Source: DCLG English Indices of Deprivation 2015

In general, the areas of Oxfordshire that were identified as the most deprived in 2010 remain the most deprived. However, in Oxford City, one area in Holywell ward, and another in Littlemore, have moved out of the 10-20% most deprived. However, one in Rose Hill has moved *into* the 10-20% category.

In Banbury, one area in Ruscote ward has moved out of the 10-20% most deprived.

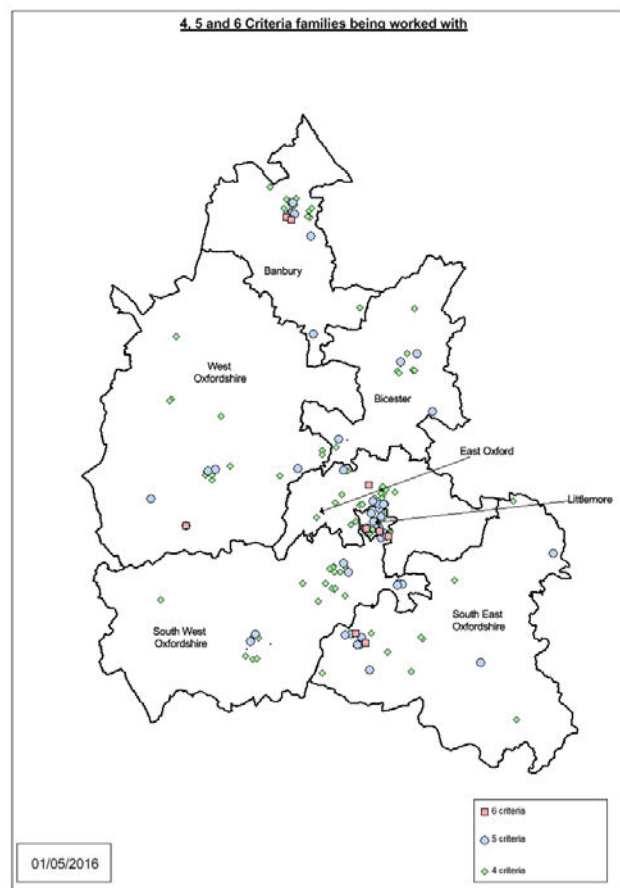
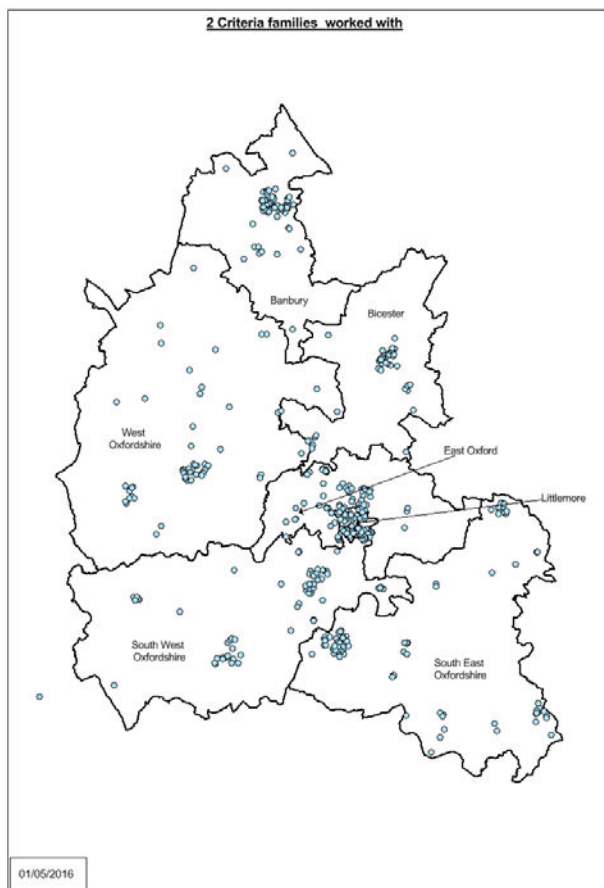
Conclusion: Breaking the cycle of disadvantage in Oxfordshire is all about targeting services to level the experience of all up to the best. Disadvantage in small areas of the County remains the biggest challenge, and services need to be designed to focus on them.

We can get more insight into the spread of individual high-need families by looking at the 'Thriving Families' data below.

Thriving Families Data (The national Troubled Families programme)

This national programme measures 6 indicators of high need in whole families and then focusses services to help them, aiming to break the cycle of disadvantage, get children back into school, adults into work and save the state money.

The families identified can be mapped depending on how many of these 6 criteria they meet. The maps are revealing. I have included 2 of the maps below, one for families with any 2 factors and one map for families with higher needs with 4, 5 or 6 factors:



Comparing the 2 maps shows:

- Families with any 2 of the 6 criteria are spread across the County in rural and urban areas, with clusters in more populated areas.
- Families with 4, 5 or 6 criteria, and therefore greater need, show less 'scatter' and are more concentrated in urban areas, especially Oxford and Banbury.

These maps illustrate well the practical difficulty of planning services on the ground in Oxfordshire – yes, there are needs across the whole County, **but** they are focussed on the main population areas and do cluster in the bigger towns.

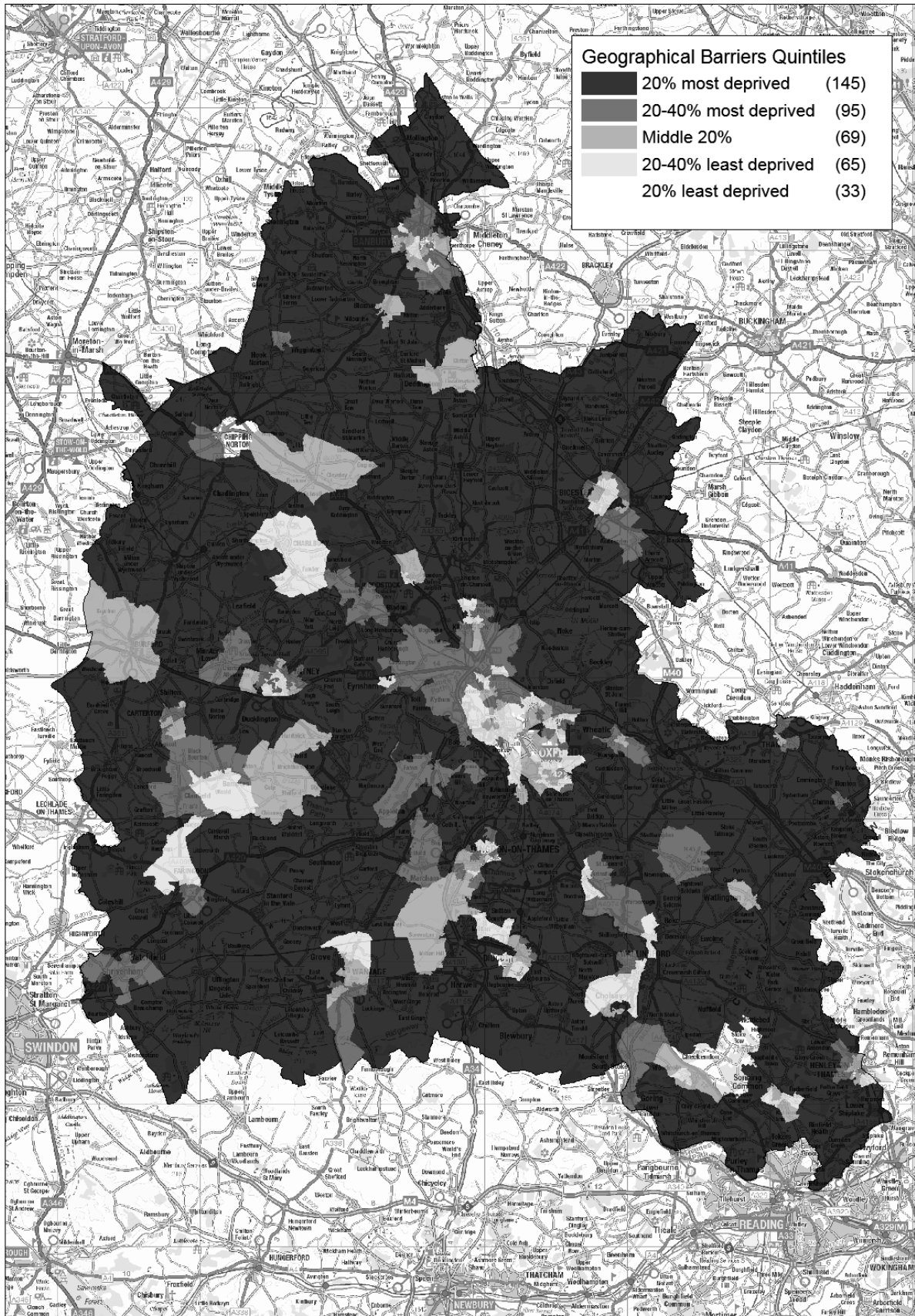
Conclusion: Because the 'Thriving Families' programme is reaching out to all parts of the County, urban and rural, and because it achieves demonstrable results, it is likely that this represents a decrease in disadvantage.

However, the true cycle of disadvantage is passed down from one generation to the next. This will be more likely to happen in communities where many disadvantaged people live together. So, to break the cycle we do need to focus efforts on such communities.

Rural Disadvantage

The other major cause of disadvantage in the County stems from its rural nature. This means that some areas have more difficulty in accessing services as well as having a high proportion of older people. This is shown in the map below in a measure called 'geographical barriers. It takes into account the many challenges posed by rurality in terms of accessing services. It was updated in 2015.

This index is based on road distances to post offices, primary schools, GP surgeries, and general stores or supermarkets.



The map shows that **the majority of Oxfordshire’s 407 small areas are more deprived than the national average**. 85 are among the 10% most deprived nationally and are concentrated outside the main urban centres. A further 60 small areas are in the 10-20% most deprived nationally.

The implications of this were discussed in chapter 1. This is where the demographic challenge will be felt the most and services will need to be re-designed to meet the needs of these communities.

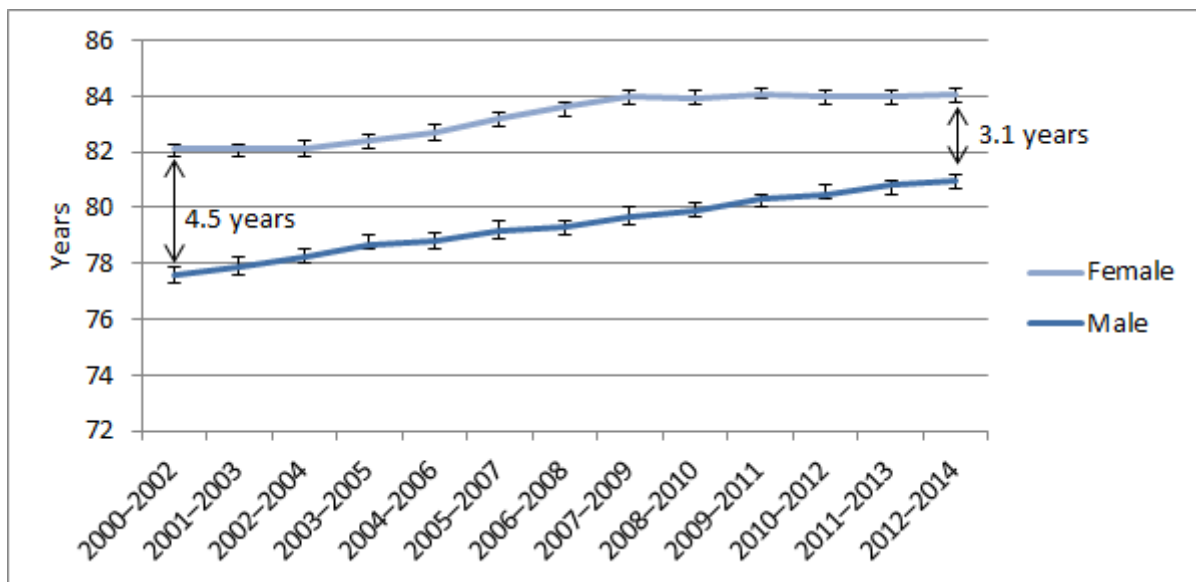
Conclusion: The rural nature of Oxfordshire presents a real challenge to providing services fairly across the County and this form of disadvantage needs to be monitored closely.

Reduction in the ‘life-expectancy gap’ between males and females.

Life expectancy at birth predicts the average number of years a person born could expect to live if they were to experience their local area’s death rates in the future. It is an estimate, but a useful general indicator of life chances in general.

Male life expectancy continues to edge upwards to 81 years, closing the gap on females. Males lag behind by 3.1 years – it was 3.2 years last year. Female life expectancy however seems to have plateaued at 84 years on average. It is still too early to suggest why this might be.

Male and female life expectancy at birth in Oxfordshire, 3-year rolling data for 2000-02 to 2012-14



Source: Office for National Statistics. NB the vertical axis starts at 72 years, not 0 years.

For the 2012-14 period, life expectancy for both sexes was higher in Oxfordshire than the national average. *Male* life expectancy was also higher than the regional average (whereas *female* life expectancy was similar to the regional average).

Conclusion: we need to keep this indicator under review, especially as it may indicate a levelling off female life expectancy.

Healthy life expectancy

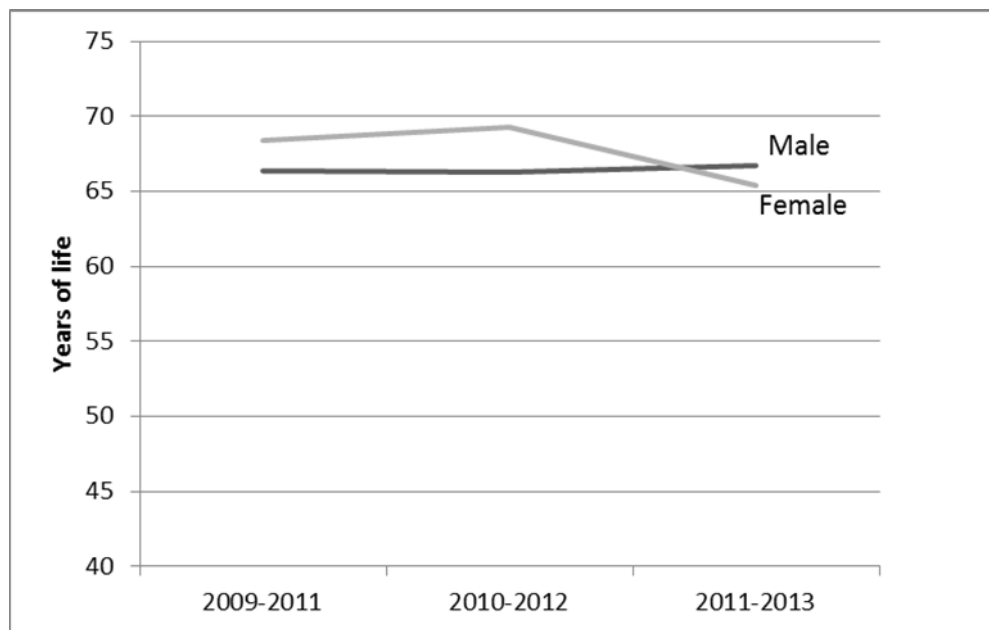
The question then arises, ‘so how long can I expect to live in good health’. To answer this we have **healthy life expectancy** figures. Nationally, overall life expectancy has been increasing faster than healthy life expectancy in recent years; ***this means people may have more years living in ill-health in the future.***

Males do better than females this time – males can expect nearly 67 years of good health on average and the figures are steady year on year, whereas the figure for females is just over 65 and has fallen slightly and is now lower than for men.

Again, no one is sure quite why this is, but it is important to keep a watching brief.

Healthy life expectancy in Oxfordshire is above the national average for both sexes and close to the Regional average.

Healthy life expectancy at birth in Oxfordshire (2009-11 to 2011-13)



Source: Office for National Statistics subnational health expectancies. NB vertical axis starts at 40 to aid legibility.

Conclusion: This data sounds another note of concern for women’s health as a whole and we need to monitor the situation closely

Changes in the ethnic minority population

It is worth reviewing the changes in the ethnic minority population again, as this shows a need to provide a wider range of services in the future if disease is to be prevented and detected early. Comparing the last two censuses, Oxfordshire's Black and Minority Ethnic (BME) communities numbered 59,800 in 2011, - just over 9% of the population. This was nearly double the 2001 proportion of just under 5%, and resulted from growth across all of the county's BME communities.

People from Asian backgrounds constituted the largest BME group, numbering 31,700, or almost 5% of the county's population (up from 2.4% in 2001). Most came from Indian backgrounds (1.3% of the population) or Pakistani backgrounds (1.2%).

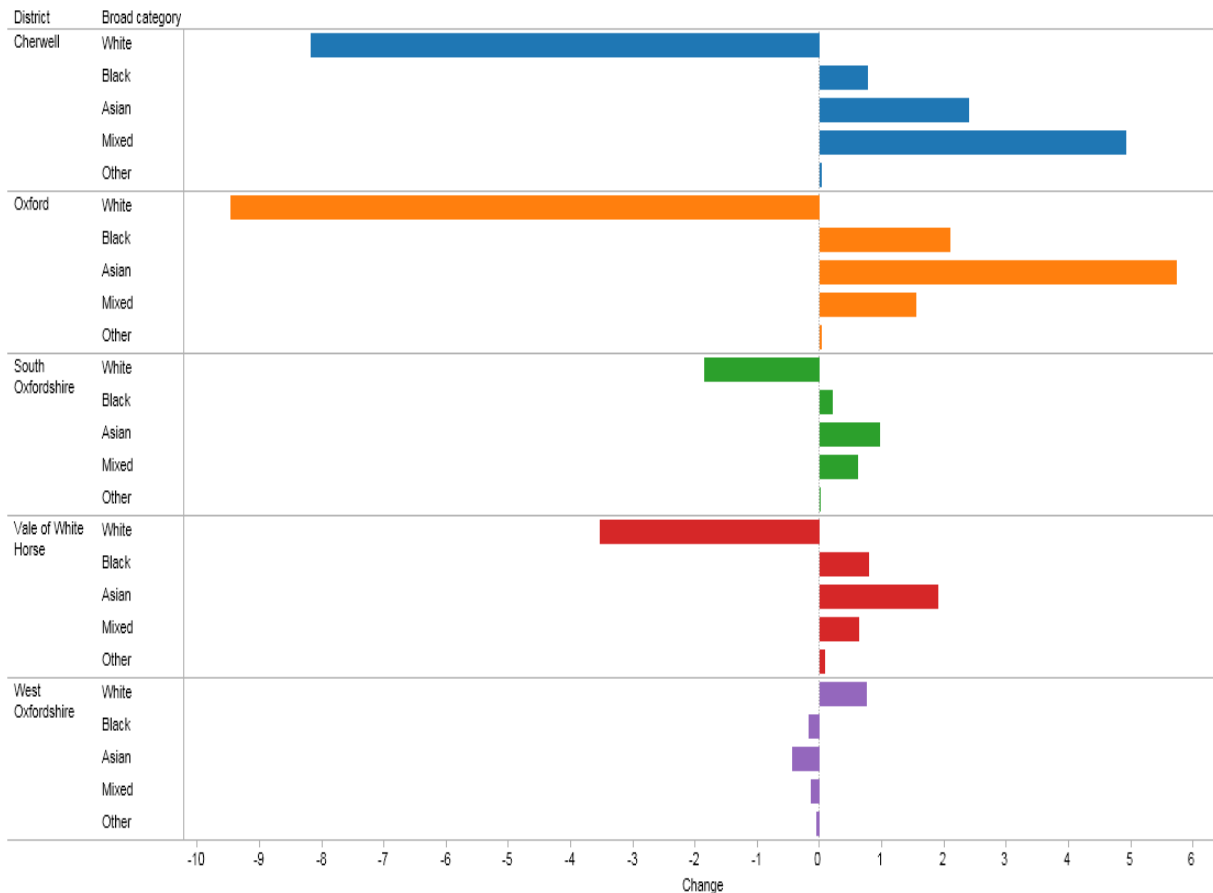
There were 13,200 people from mixed ethnic backgrounds, accounting for 2% of the population (up from 1.2% in 2001).

The number of people from all Black ethnic minority groups was 11,400, or 1.8% of the county's population (up from 0.8% in 2001).

The chart below shows the percentage increase or decrease in the main BME groups between the censuses. The chart shows that:

- Oxford and Cherwell saw the largest increases in the proportion of the population made up by BME communities between 2001 and 2011.
- There was a 6% increase in the proportion of people from Asian backgrounds in Oxford, the largest increase of any of the broad categories.
- Cherwell saw a 5% increase in the proportion of people of mixed ethnic backgrounds.
- Vale and South Districts showed modest rises.
- The proportion of the population made up by ethnic minorities fell slightly in West Oxfordshire.

Change in the proportion of the population made up by ethnic groups



Source: Oxfordshire Insight, data taken from 2001 and 2011 ONS Census surveys

Conclusion:

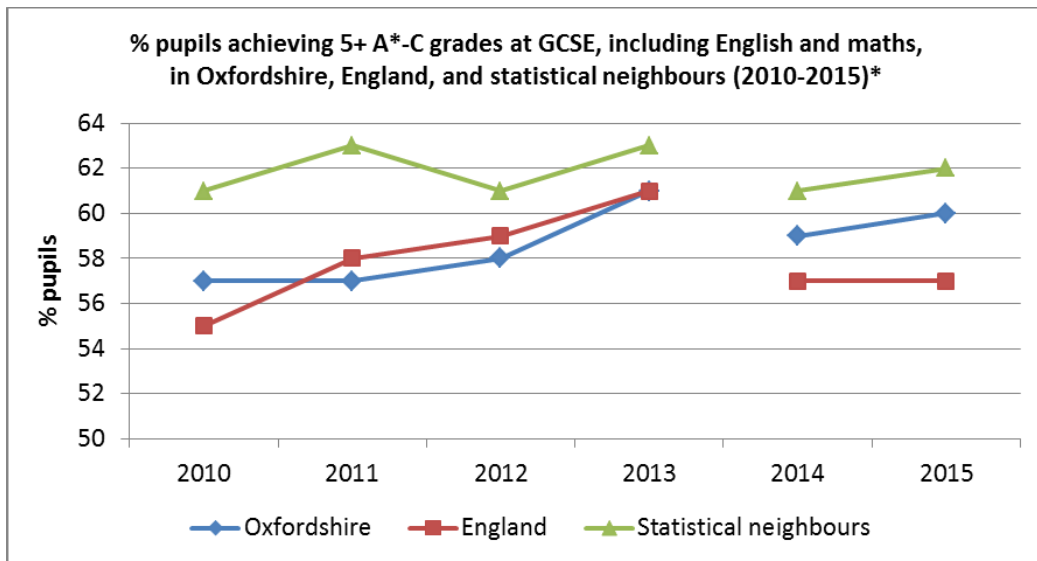
The increasing diversity of Oxfordshire’s population remains a key factor in tackling disadvantage through targeting services.

School results at GCSE (typically children aged 15)

These are important measures of the life-chances of children and I report on them each year.

2015 was a good year overall, with **60% of pupils achieving five or more A*-C grades at GCSE, including English and maths. This was above the England average of (57%).**

This is very good news because the chart shows an increase in good results above the national figures. There is further to go as the results were below the average across Oxfordshire’s statistical neighbours (similar Counties) by 2 percentage points.



Source: Department for Education

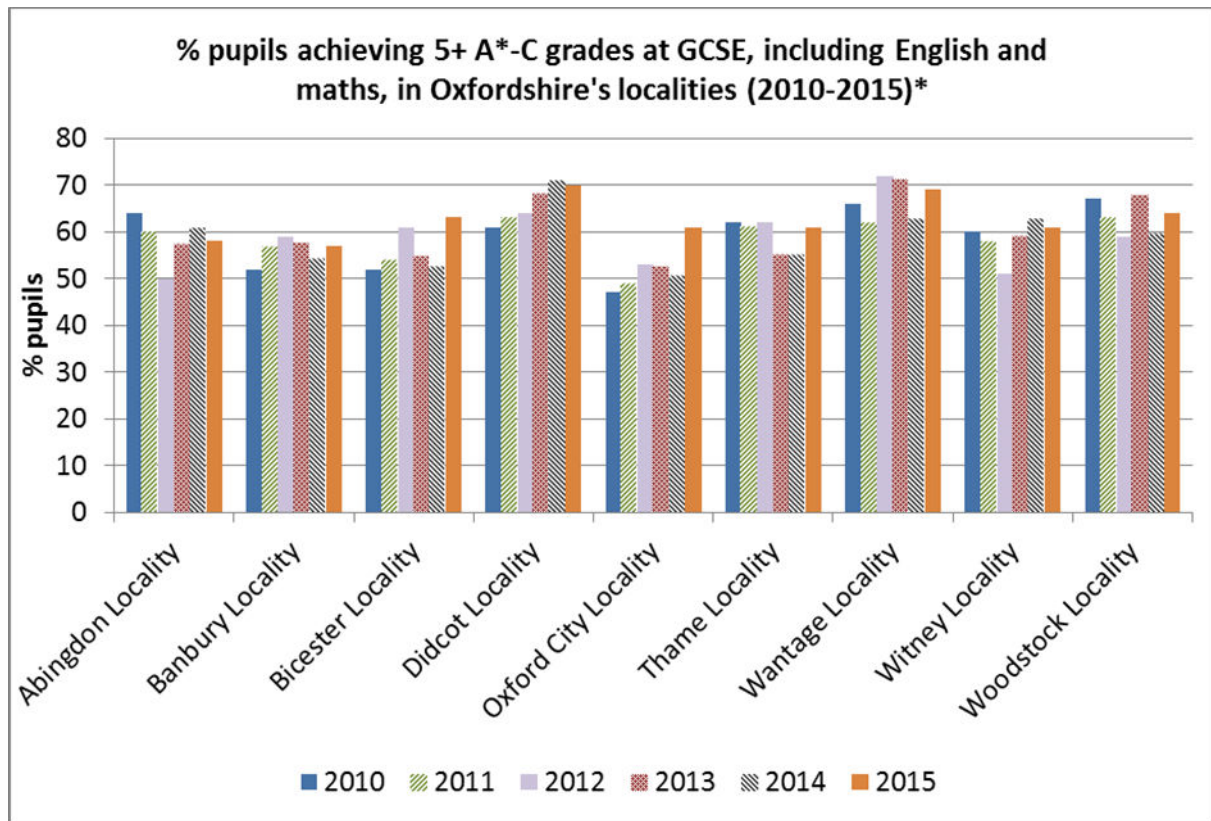
*Before 2014 the measure was based on best entry; from 2014 it is based on first entry

**NB vertical axis starts at 50 to aid legibility.

However, this good news must be tempered when we look at results for **children eligible for free school meals** which we can use as a rough measure of poverty - 31% of pupils known to be eligible for free school meals achieved five or more A*-C grades at GCSE, including English and maths, compared with 62% of other pupils (a gap of 31 percentage points). This was slightly worse than the England average by 2 percentage points, but it was higher than our statistical neighbours by 1%.

School results at GCSE by locality

There is some good news here too. The chart below tells the story with results at GCSE shown by locality for the last 6 years. **Compared with last year, results were more even across the board and there was a very welcome improvement from schools in Oxford City which have been worryingly low for some time.** Oxford's performance in achieving 5 GCSE's at grades A* to C just passed that in schools in Banbury and Abingdon. Scores ranged from 57% in the Banbury and 58% in Abingdon, to 69% in Wantage, and 70% in Didcot.



Source: Department for Education

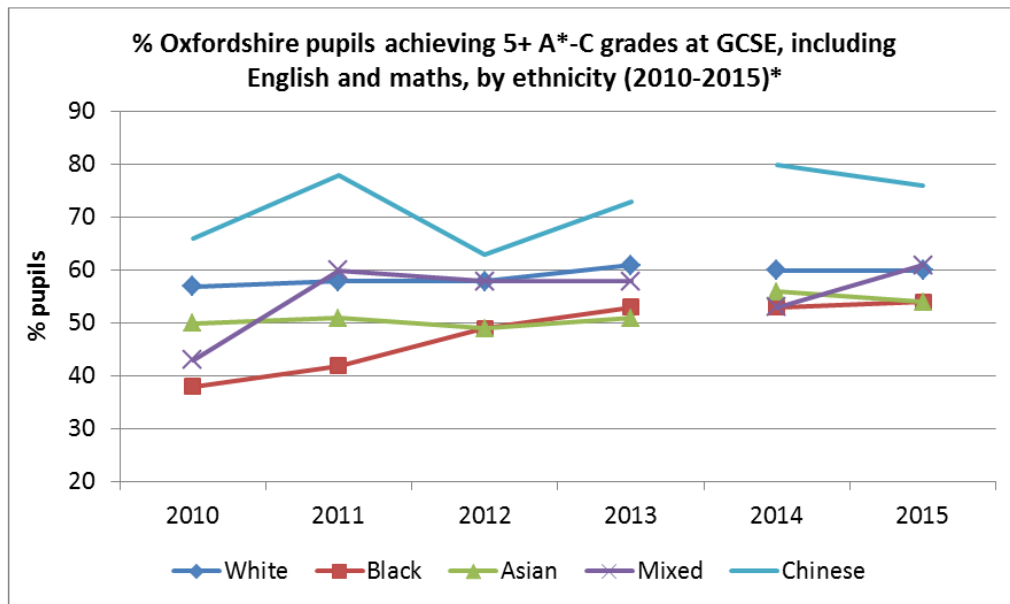
*Before 2014 the measure was based on best entry; from 2014 it is based on first entry.

GCSE results by ethnic minority

The chart below compares performance between the different ethnic groups in Oxfordshire. The results show:

- Chinese pupils continued to outperform those from other ethnicities.
- On average, GCSE attainment among pupils from White and Mixed ethnicities was similar to the Oxfordshire average.
- Attainment among pupils from other Asian and Black ethnicities was below the Oxfordshire average, but children from Black ethnic minority groups show gradual improvement.

We should interpret these figures with some caution due to the relatively small numbers of non-White pupils: this is likely to account for some of the fluctuation from year to year.



*

Source: Department for Education

*Before 2014 the measure was based on best entry; from 2014 it is based on first entry

**NB vertical axis starts at 50 to aid legibility.

Conclusions:

The overall standard of attainment in Oxfordshire’s state schools is improving and inequalities are reducing.

The inequality gap between pupils from different ethnic groups is closing overall and this is to be welcomed.

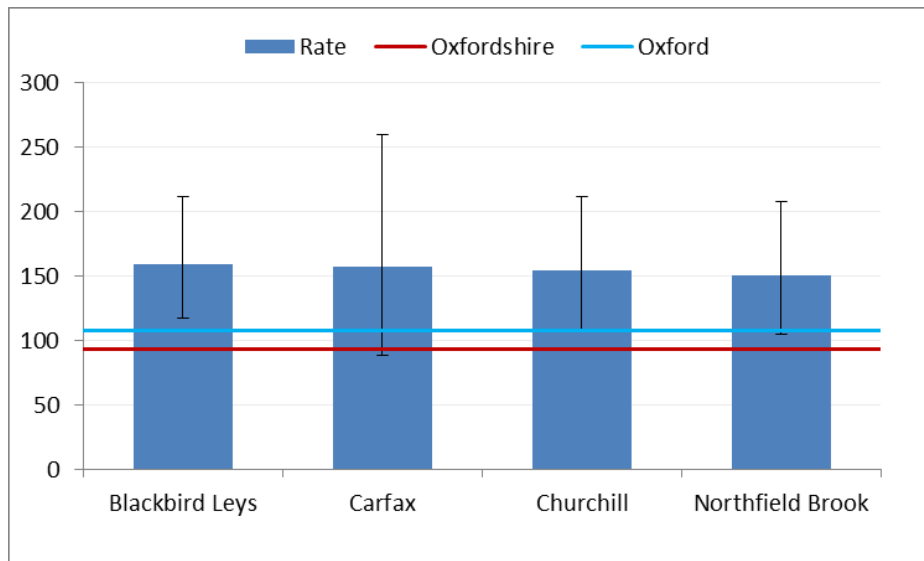
The performance of children receiving free school meals remains a matter of concern.

Deaths from Cancer by District and wards.

Looking at death rates gives us another insight into how disadvantage plays out in the County.

The chart below shows characteristic findings for Oxfordshire:

Oxfordshire wards with the highest cancer mortality (indirectly age-standardised ratios)



Source: Public Health England

The chart shows that:

- Disadvantage has very tangible results – in this case higher death rates from cancer in Oxford City than in the rest of the county.
- The bars on the chart show the death rates for the highest areas in the County. Death rates in the most disadvantaged wards are 50% higher than the County average.
- This pattern of the results of disadvantage is mirrored in many statistics about death and disease and underlines the reasons for tackling disadvantage head on.

Health and disadvantage among carers

The population’s health and our services depend on carers. Being a carer can have its rewards, but it is also a significant disadvantage in terms of everyday freedoms and life choices as set out in previous annual reports.

From the 2011 census we already knew that:

- 61,000 people in Oxfordshire said they provided some level of **informal care** to a relative or friend.
- This is just over 9% of the County’s population – slightly lower than the national average.
- The proportion of carers by District mirrors the age structure of each District – a higher proportion of older people means a higher proportion of carers.
- Figures for Districts are: Oxford City 8%, Cherwell 9% and 10% in West, South and Vale.
- 72% provided between 1 and 19 hours of care per week, and 18% provided more than 50 hours.
- Most carers are aged 50-64. In this age group 1 in 5 are carers.
- Females provide 58% of care and males 42%.
- 1,300 children aged 0-15 were carers.

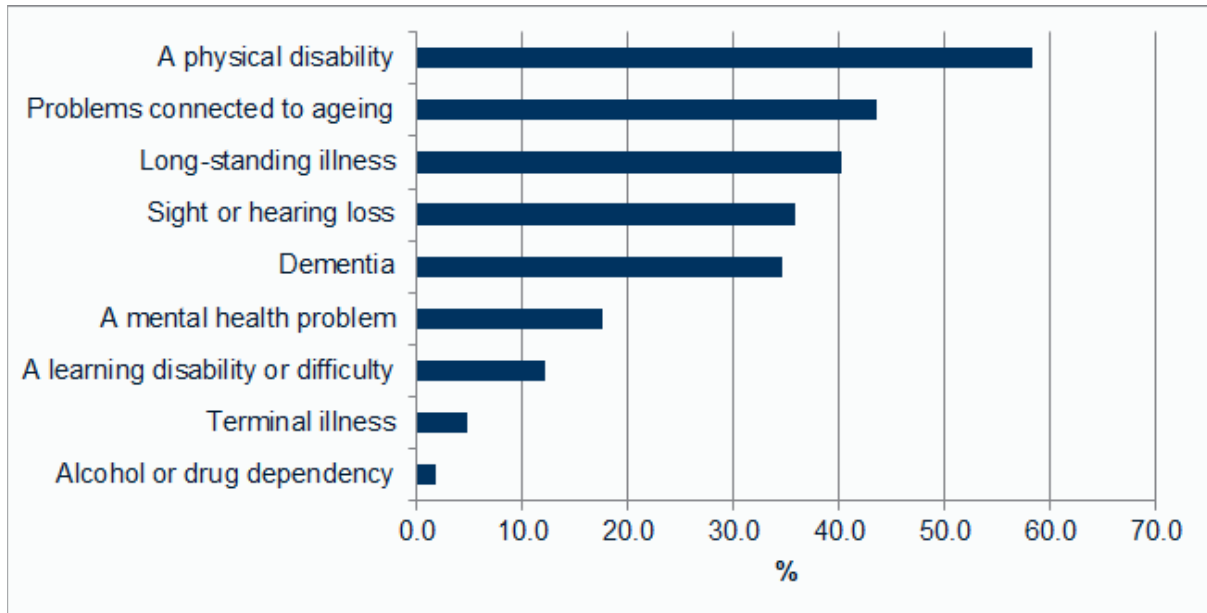
17,200 carers have had their needs assessed by Oxfordshire County Council's social care team during the year, some of whom will also have received a service from the council.

New data was produced as part of a national survey of carers giving a more accurate and up to date picture up to September 2015. The Personal Social Services Survey of Adult Carers in England is carried out every two years covering 18s and over, and it took place for the second time in 2014-15 and 715 carers in Oxfordshire responded. The results show that:

- About three quarters were living with the person they cared for.
- More than one in three had been caring for more than ten years.
- Slightly under half of respondents (44%) reported providing 100 or more hours of care per week.
- Nearly two thirds of the carers who responded (65%) were retired.
- 16% of respondents said they were not in employment *because of* their caring responsibilities.
- Only one in five respondents to the survey in Oxfordshire said they were able to spend their time as they wanted, doing things they value or enjoy.
- 14% said they didn't do anything they value or enjoy.
- Seven in ten respondents said they did not have as much control over their daily life as they want.
- 15% said they had little social contact and felt isolated.
- Most respondents said they had found it easy to find information and advice about support, services and benefits. Nearly 90% had found the information and advice they had received helpful.
- More than three quarters of carers who had received support or services from Social Services said they were satisfied with what they had received. A little under half said they were very or extremely satisfied. These satisfaction levels were broadly similar to regional and national averages.
- These findings overall are broadly in line with the national picture.

For over half of the carers in Oxfordshire who responded to the survey, the person they cared for had a physical disability. The full results are shown in the table below:

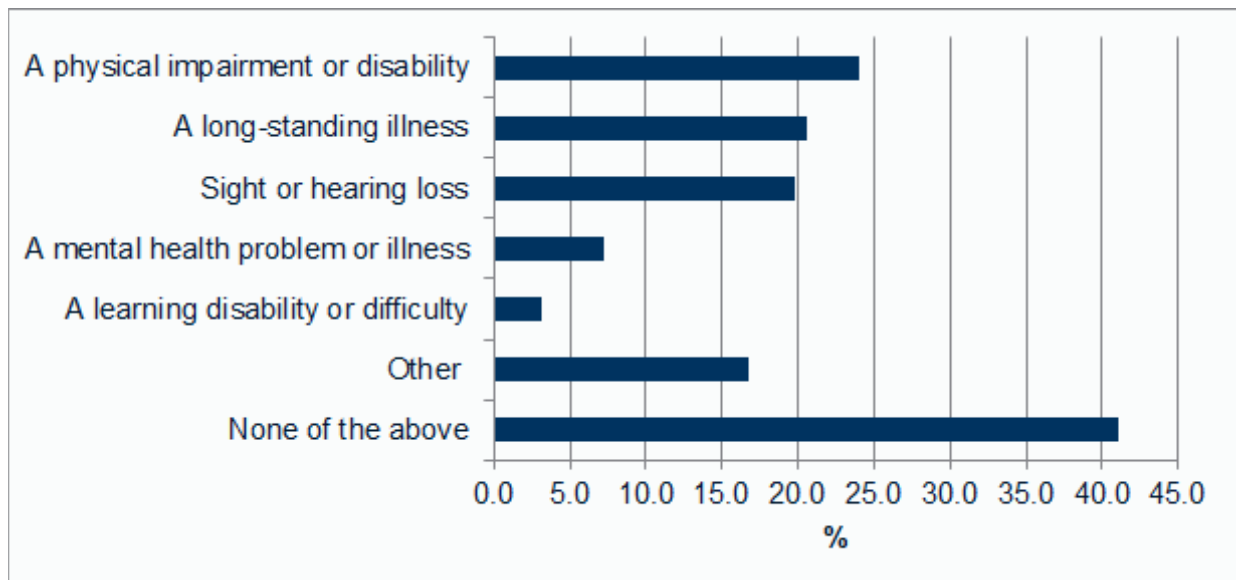
Carers in Oxfordshire, by health condition of the person they care for (2014/15)



Source: Health and Social Care Information Centre

Over half of the carers surveyed reported having a health problem themselves, commonly a physical impairment or disability, a long standing illness, and/ or loss of sight or hearing. The full details are given below:

Health conditions of carers in Oxfordshire (2014/15)



Source: Health and Social Care Information Centre

Conclusion:

This new information highlights the crucial role played by carers.

It also shows the down-side of caring and the limitations it imposes on life choices.

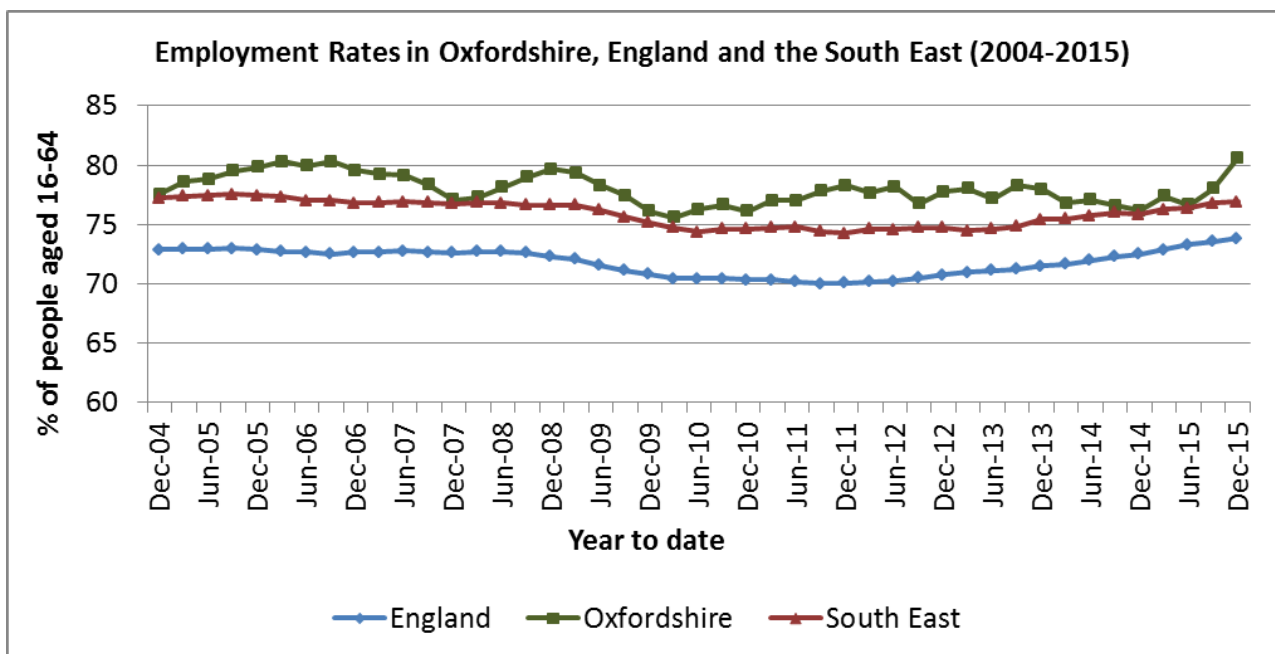
Our services perform well in terms of looking after carers and this is taken as a serious responsibility. We need to ensure that this position does not slip and that it is improved if possible – our carers and our services depend upon it.

A Good Year for Employment

Being in work is good for both physical and mental wellbeing and is crucial for the economy. During last year employment rates rose so that data for the 2015 calendar year show that in Oxfordshire:

81% of people aged 16-64 were in employment, numbering 342,000. Again, this was significantly higher than both the England average (74%) and the South East average (77%). The proportion of men aged 16-64 in employment (86%) was significantly higher than the proportion of women (75%). 70% of people aged 16-64 in Oxfordshire were working for an employer, whilst the remaining 10% were self-employed.

The chart below shows the picture.

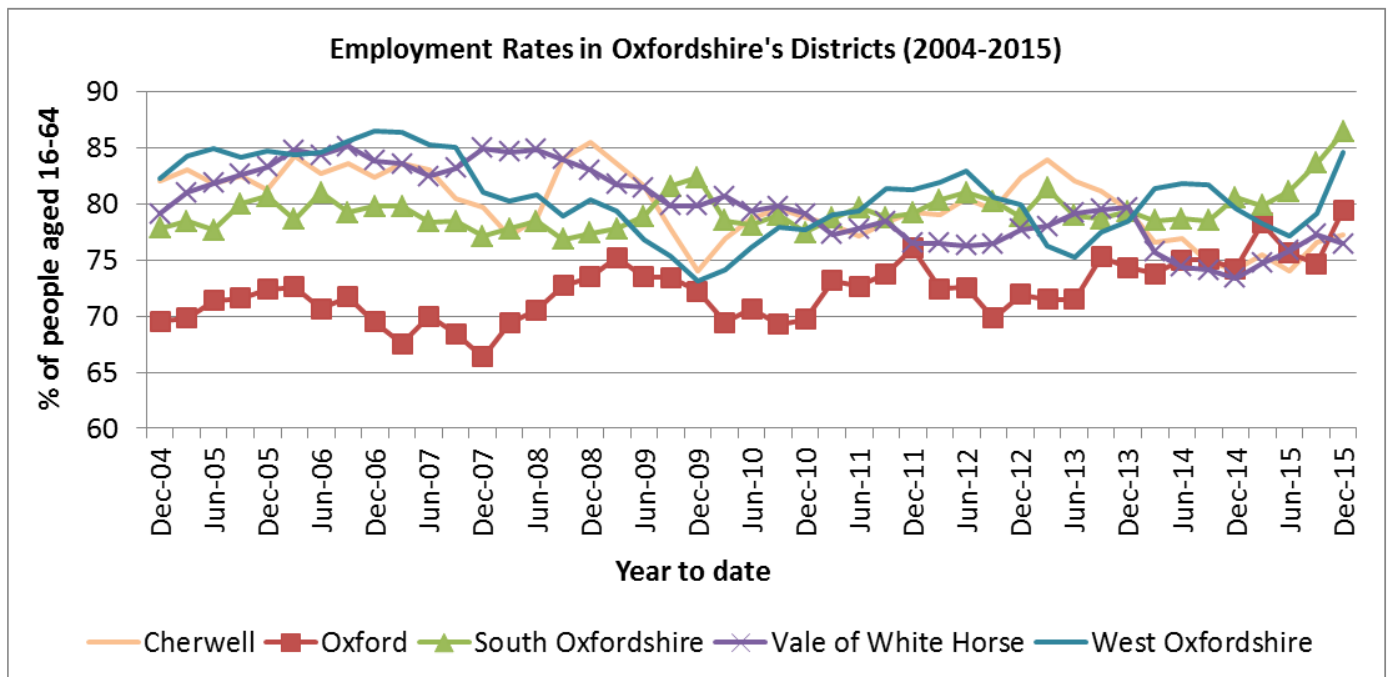


Source: Annual Population Survey. *NB Vertical axis starts at 60 to aid legibility.

Employment varies by District

- Employment rates in Districts have varied over the last 10 years with rates in the City gradually rising from 70% to 80%.
- In 2015 employment rates rose in all Districts, but rose more sharply in South Oxfordshire, West Oxfordshire and the City.
- **Overall, disadvantage due to lack of employment is reducing, and inequalities between Districts have reduced over the last 10 years.**
- **This is a good result.**

The chart below tells the story.



Source: Annual Population Survey. *NB Vertical axis starts at 60 to aid legibility

Unemployment rates fell slightly during 2015

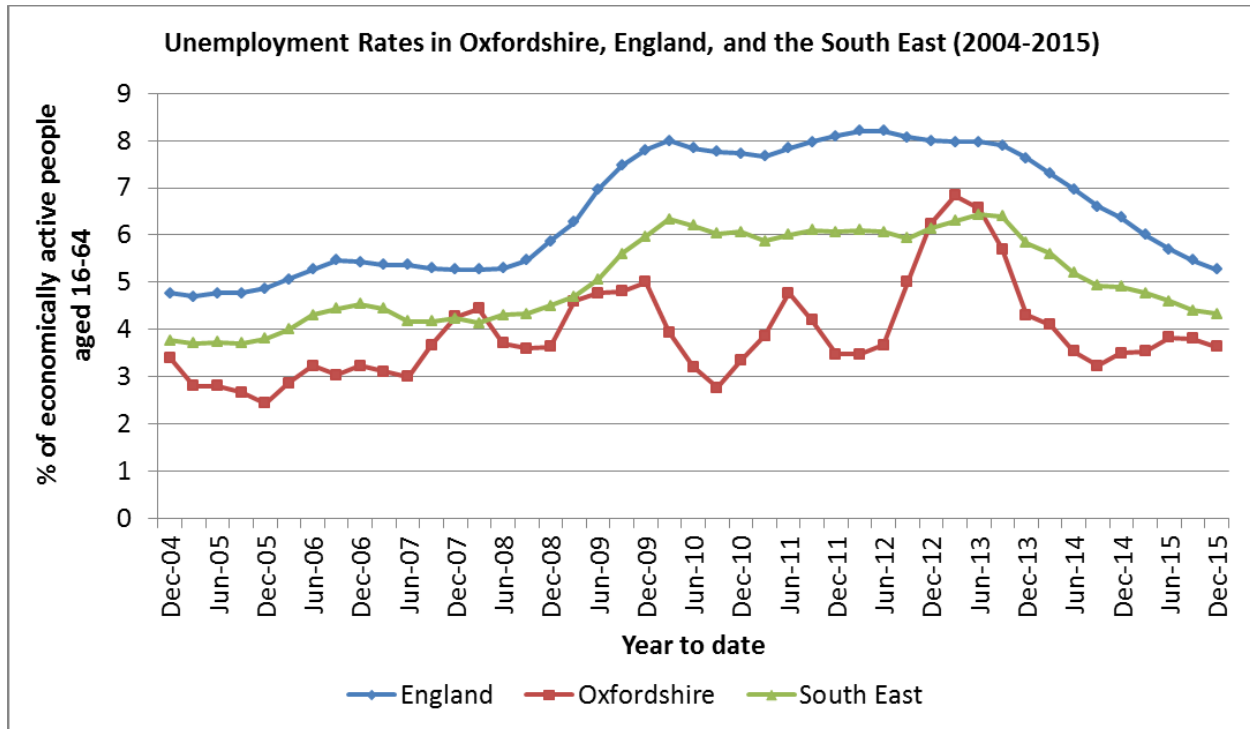
3.6% of economically active people aged 16-64 were unemployed, numbering 12,700 – a modest reduction over the year. This unemployment rate was significantly lower than the England average of around 5%.

As of March 2016, less than 1% of people aged 16-64 were claiming benefits due to unemployment. Claimants are more likely to be men than women.

These are good results.

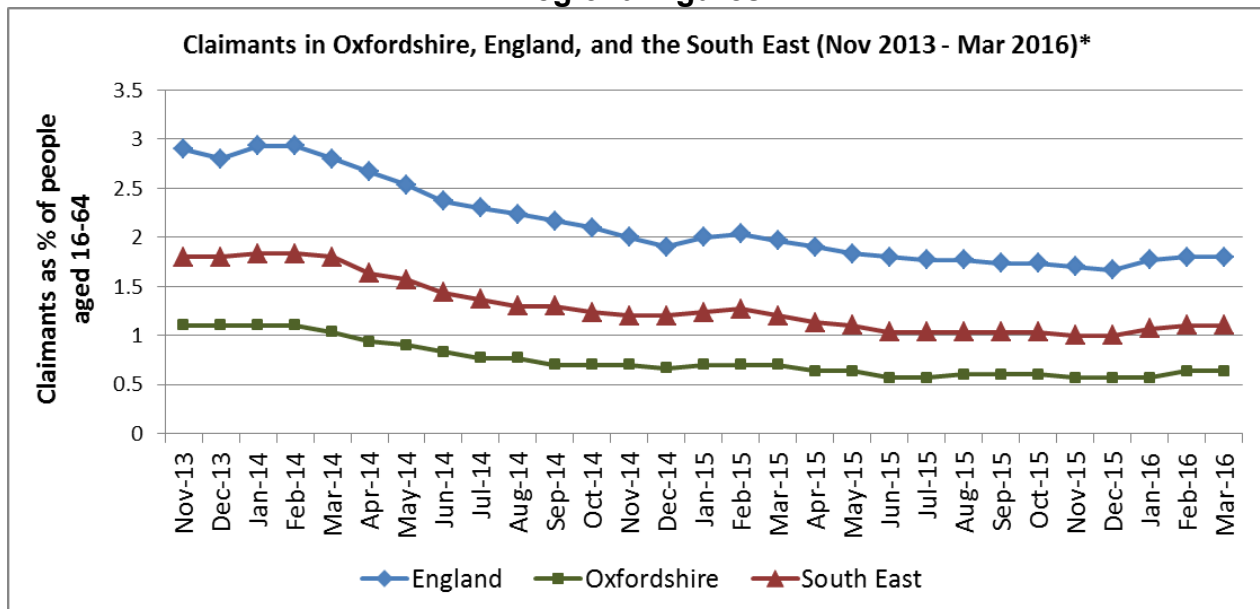
The charts below show the picture and illustrate that Oxfordshire performs better than national and regional figures.

Unemployment rates comparing Oxfordshire with national and regional figures



Source: Annual Population Survey

Unemployment Related Benefit Claimants comparing Oxfordshire with National and Regional figures



Source: Department for Work and Pensions

* This is part of an experimental statistics series running from November 2013, which includes data on all Job Seekers Allowance claimants and all out of work Universal Credit Claimants. Ideally only those Universal Credit claimants who are out of work and required to seek work should be included in the Claimant Count, but it is not currently possible to produce estimates on this basis. The Claimant Count therefore currently includes some out of work claimants of Universal Credit who are not required to look for work; for example, due to illness or disability.

Breaking The Cycle Of Disadvantage Part III: A Basket of indicators for Disadvantaged Children

Given the proposed changes to children's services in the County, I am keen to monitor the trends in children's life chances using reliable indicators so that we can assess any overall future impact.

The dilemma here is that the data we can rely on tends to come at County level, or District level at best. It will be important to find ways to dig into this data in future years to look more closely at these issues more locally - this is work that the Children's Trust might take on. As we look more locally the numbers will be smaller and will tend to vary, so data from service performance and informed opinion will come into play too. That said, it is important to establish a good baseline now, and that is what I am trying to do here.

The point of setting a baseline now is to draw a line in the sand that can be used to see if things are getting better or worse in future reports.

The indicators I have chosen look at outcome measures that together try to give a picture of children's life-chances in Oxfordshire.

The indicators are:

1. Percentage of children (under 16 years) in Low-Income Families
2. Under 18 conception rate per 1,000 female population aged 15-17 years
3. Teenage mothers (ie teenage conceptions which do not result in termination)
4. Percentage of Infants aged 6-8 weeks who are being breastfed
5. Percentage of 2 year olds who have received one MMR vaccination
6. School Readiness: the percentage of children achieving a good level of development at the end of reception
7. Percentage of pupils achieving 5+ A*-C grades at GCSE, including English and Maths
8. 16-18 year olds not in education employment or training
9. Percentage of children in Reception Year (4-5 year olds) who are obese
10. Percentage of Year 6 children (10-11 years) who are obese
11. Households accepted as homeless
12. Households in temporary accommodation

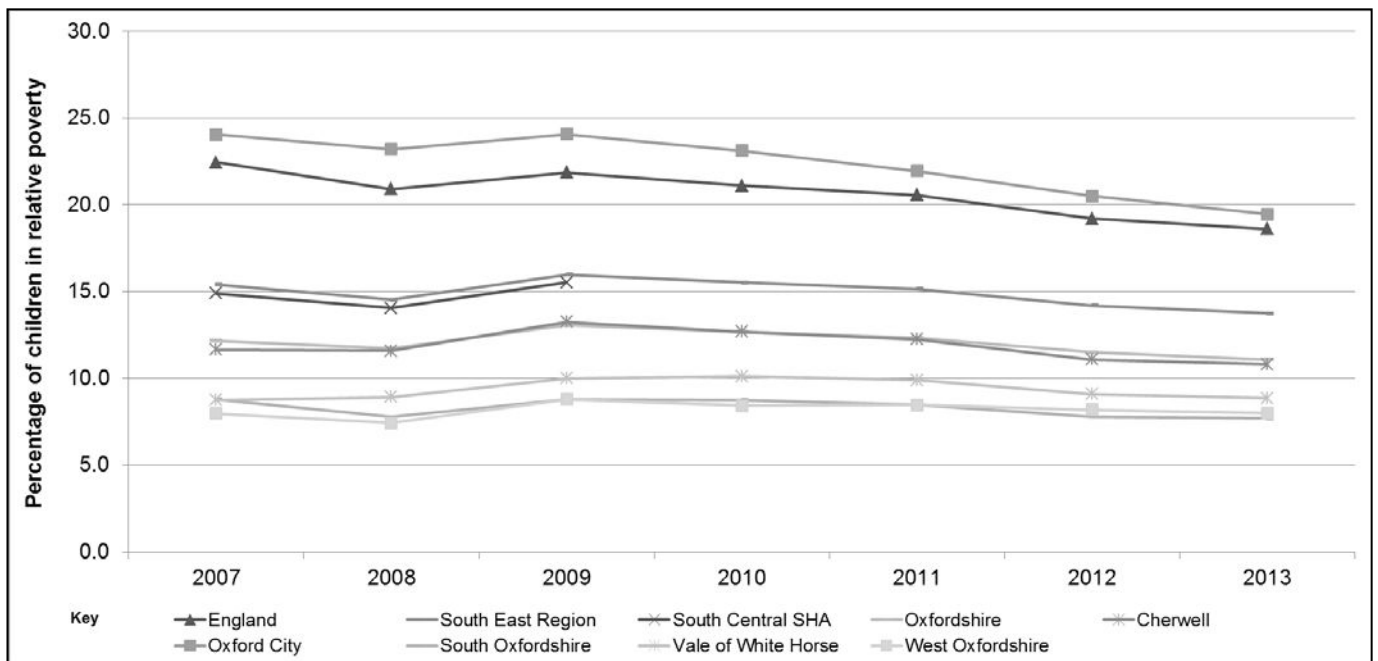
I will look at them one by one and pick out the key features.

Indicator 1. Child poverty

Features of the baseline data:

- The overall trend is downwards, in line with national trends.
- The County average is well below the national average.
- Only Oxford City has more children in poverty than the national average.
- Other Districts are well below the national average and are broadly comparable.

Percentage of children (under 16 years) in Low-Income Families Local Measure (2007 to 2013 - calendar years)



Source: Child Poverty Statistics (extracted from Public Health England; Public Health Outcomes Framework)

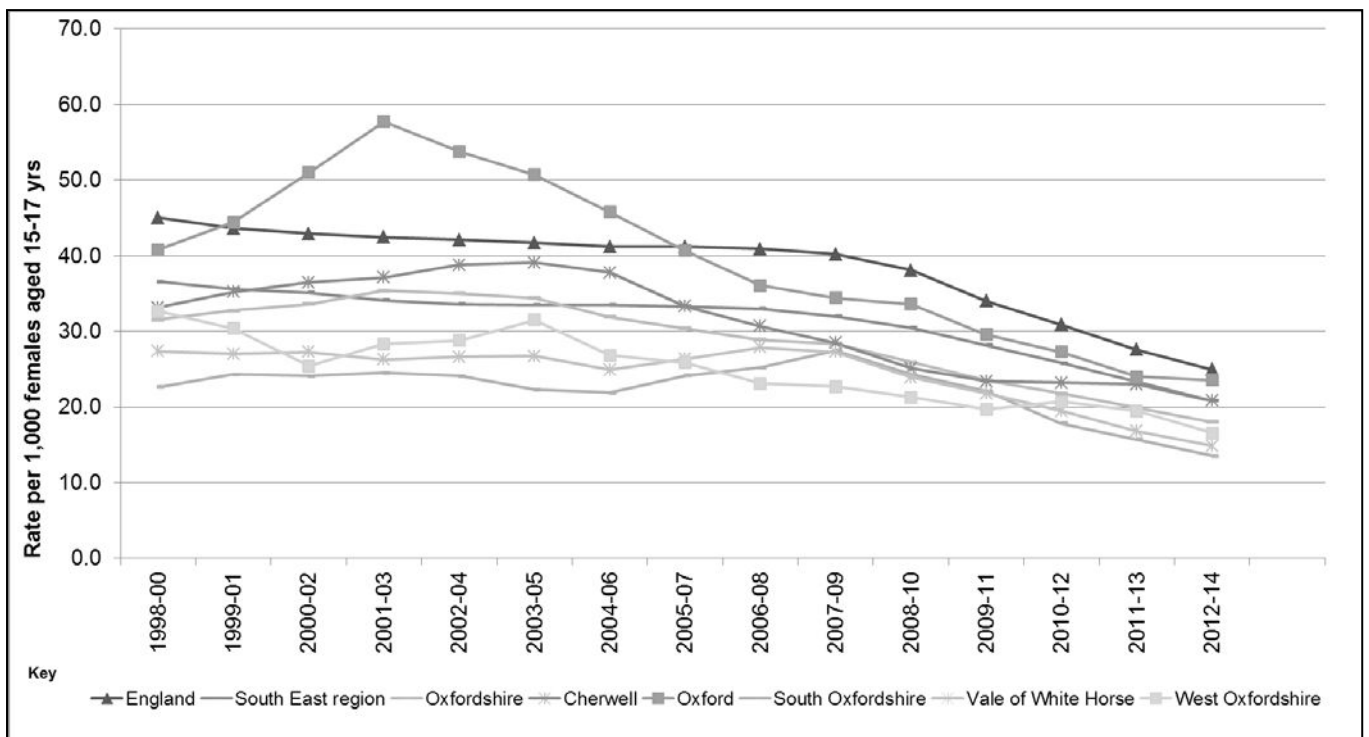
Indicator 2. Teenage Pregnancy

This measure includes all conceptions no matter whether the pregnancy ends in birth or in a termination.

Features of the baseline data:

- The overall trend is downwards in line with national trends.
- All Districts are below the national average.

Under 18 conception rate per 1,000 female population aged 15-17 years 1998/2000 - 2012/14 (3-years combined)



Source: Office for National Statistics (ONS)

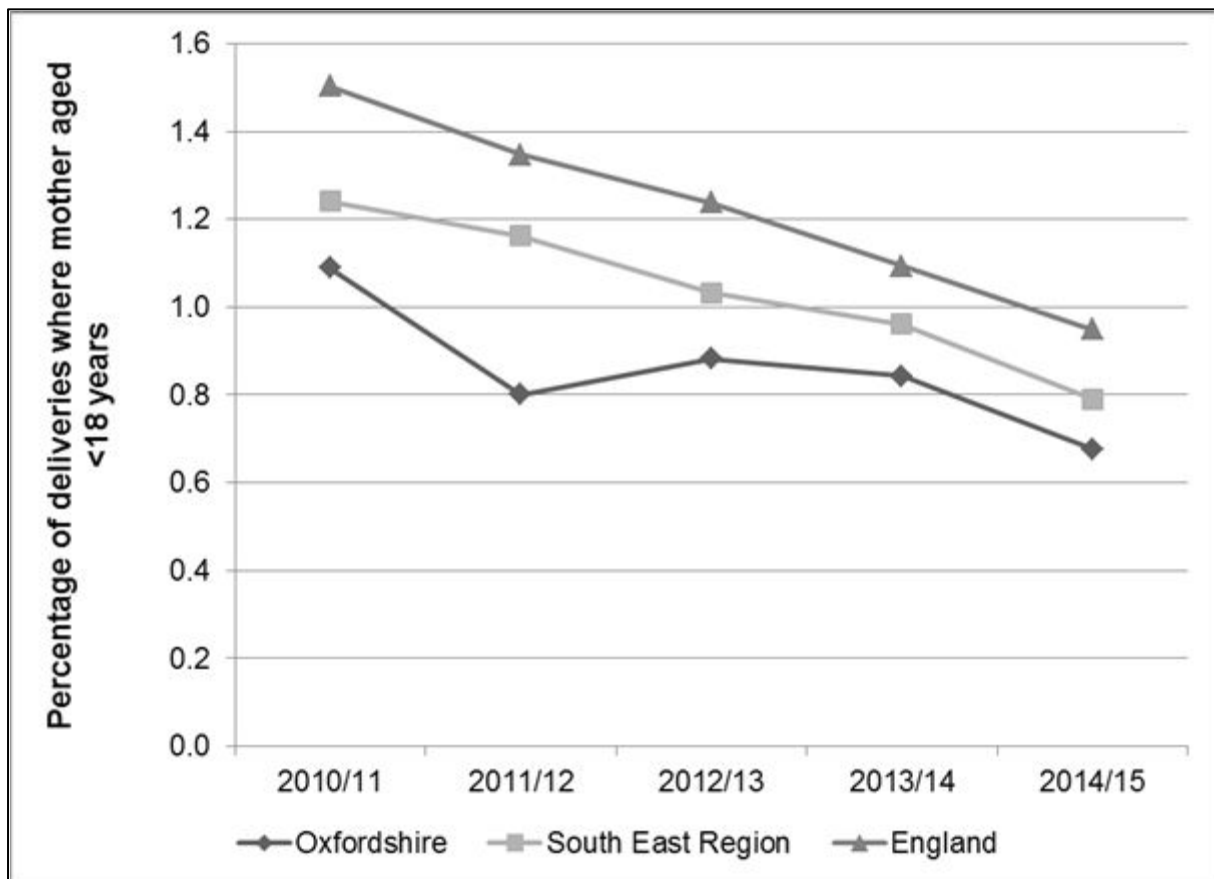
Indicator 3. Percentage of Teenage Mothers

This indicator measures the percentage of babies delivered where the mother was under 18.

It differs from teenage conceptions in that some teenage conceptions result in terminations. Because it is a percentage of all deliveries, it doesn't tell us as much as teenage conceptions per se. It also assumes that the number of deliveries to mothers aged over 18 stays fairly constant.

Features of the baseline data:

- The percentage of births to under 18s is very small – around 1 in 100 births nationally and around 0.7 per 100 births (7 per 1000) in Oxfordshire.
- The percentage is gradually reducing.
- Oxfordshire does better than both regional and national figures.



Source: Children & Young People Benchmarking Tool (PHE)

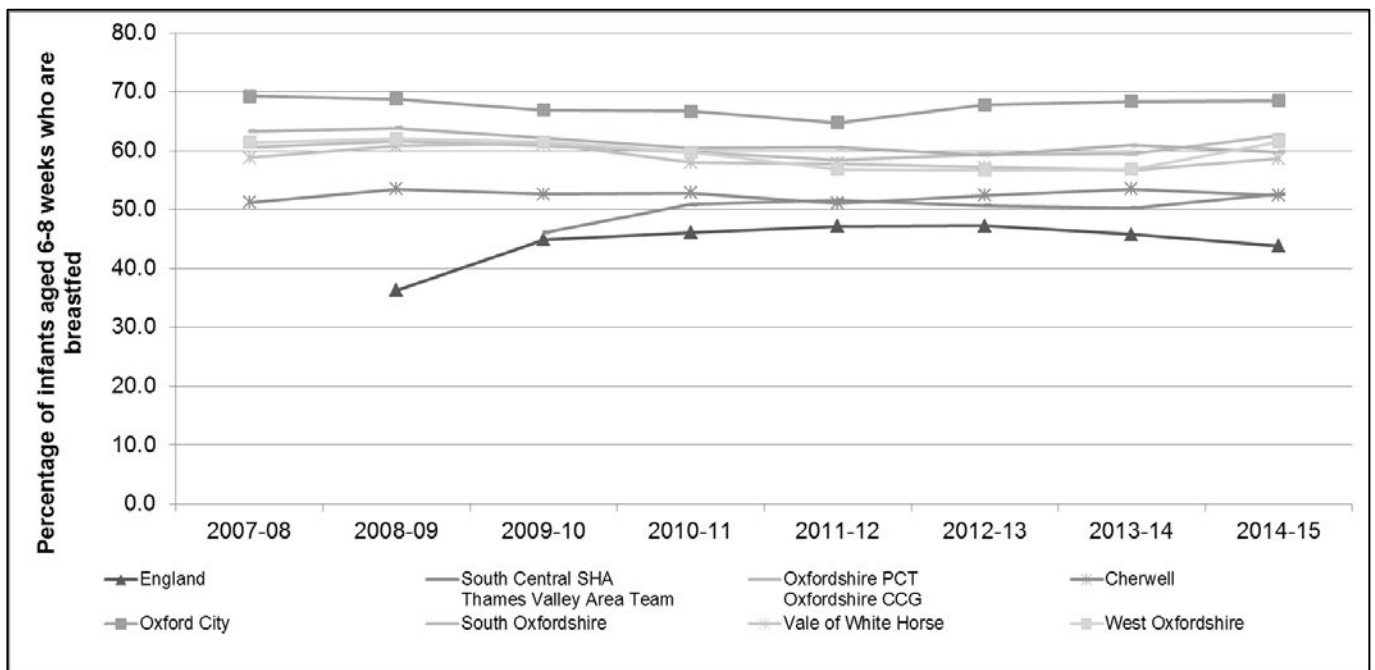
Indicator 4. Breastfeeding at 6 to 8 weeks

This is a good general measure of quality of care during pregnancy and it has a protective effect on the child. We should remember however that despite best efforts, some mothers cannot breastfeed.

Features of the baseline data:

- The County average of just over 60% is much higher than the national average of around 43%
- The City performs exceptionally well at almost 70%, however this is due to very high rates in North Oxford of around 80% which mask much lower rates in the more disadvantaged parts of Oxford.
- Cherwell has always lagged behind the rest of the County at just over 50% despite best efforts. The reasons for this are unclear.

Percentage of Infants aged 6-8 weeks who are being breastfed (totally or partially) - 2007/08 to 2014/15



Source: NHS England

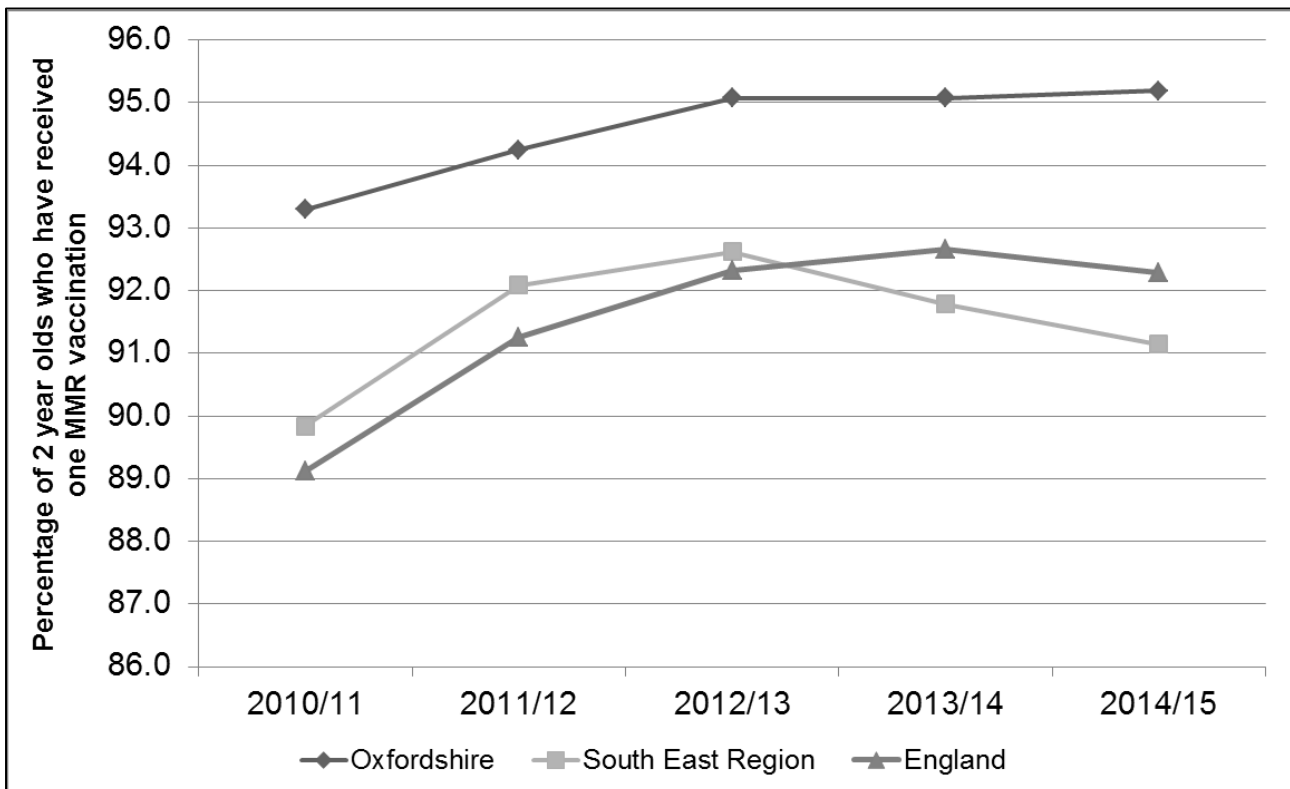
Indicator 5. Childhood Immunisation

This is a good general measure of the quality of general practice and the extent to which families cooperate to protect their children. There are many immunisation statistics – I have chosen immunisation for Measles Mumps and Rubella (called MMR) as it has a controversial past, and we have struggled to get the County average above the recommended 95%. This service is delivered by NHS England.

Features of the baseline data:

- The level of uptake is higher in Oxfordshire at around 95% than national and regional averages of 91% to 92%.
- The trend in Oxfordshire is rising slightly while it is falling slightly regionally and nationally.

Percentage of 2 year olds who have received one MMR vaccination



Source: Cover of Vaccination Evaluated Rapidly (COVER) data available from Health & Social Care Information Centre (HSCIC)

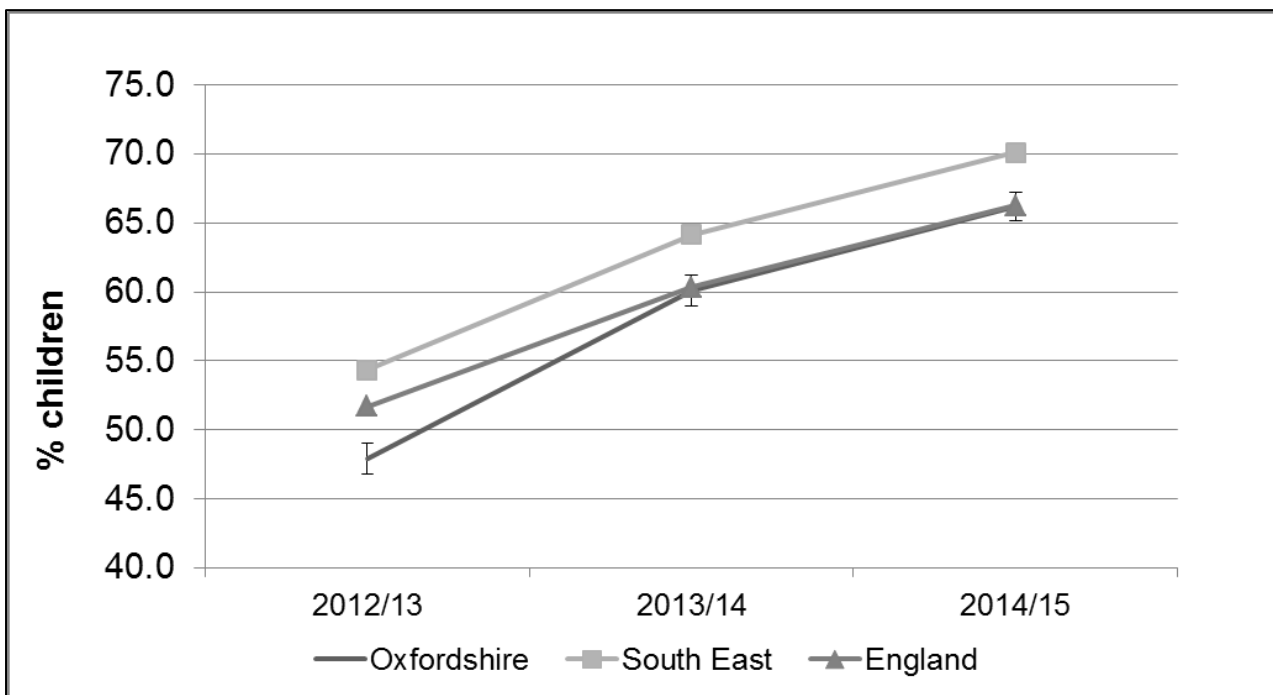
Indicator 6. School Readiness

This indicator measures school readiness at the end of reception year. It is a useful measure of future life chances of local children. The definition of school readiness is based on children reaching a sound level of development covering personal relationships, social relationships, emotional development, physical development and communication skills as well achieving learning goals in maths and literacy.

Features of the baseline data:

- Oxfordshire’s figure is the same as the national average at around 66%.
- It is below the regional average and there is room for improvement.
- All national and local trends have been upward in the last few years.

School Readiness: the percentage of children achieving a good level of development at the end of reception



Indicator 7: GCSE results

This is an excellent indicator of school achievement overall in state schools. It points forward to children’s overall ‘success’ in life. The chart for this is included earlier in this chapter.

Features of the baseline data:

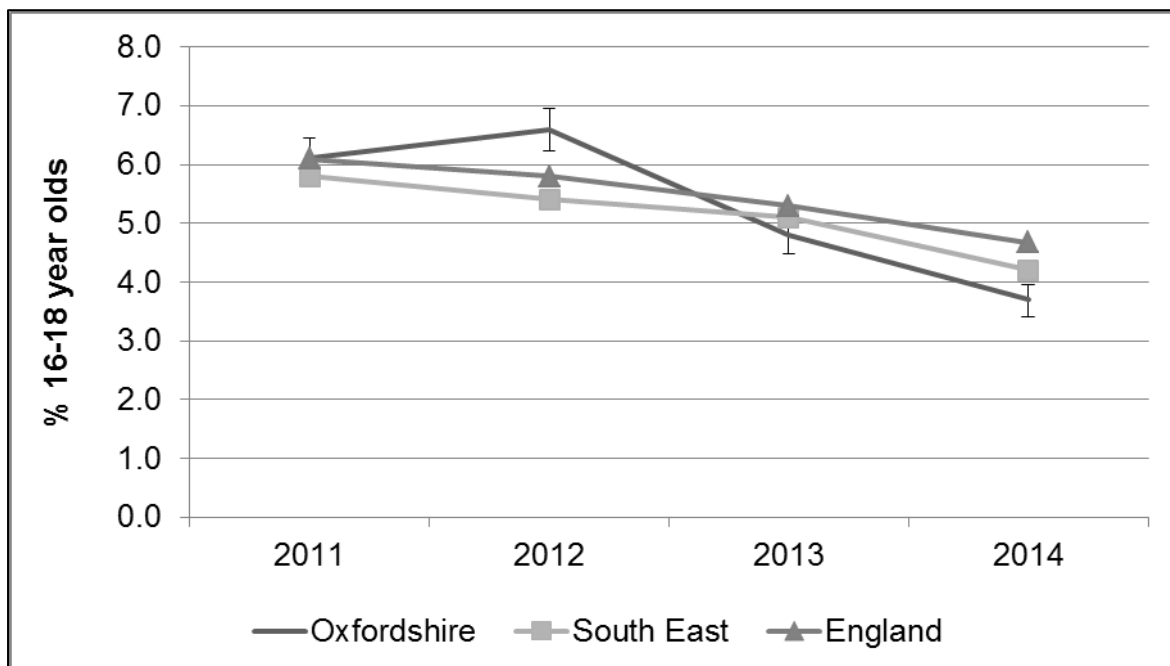
- Around 60% of Oxfordshire’s state educated children achieve at least 5 GCSEs at grades A* to C including English and maths.
- This has been a success story in recent years. Oxfordshire used to lag below the national average and now we are around 3 percentage points above.
- This is a good result, but there is still room for improvement as we are 2 percentage points behind similar Local Authorities (our statistical neighbours).

Indicator 8. 16-18 year olds not in education employment or training

This is a direct measure of success in young peoples’ achievement in higher education and training, which foreshadows their economic success and that of the County.

Features of the baseline data:

- Progressively fewer young people are not in higher education or training.
- Oxfordshire’s figure is better than both the national and regional figures at just under 4%.
- This is a good result



Indicator 9. Obesity in children in reception year.

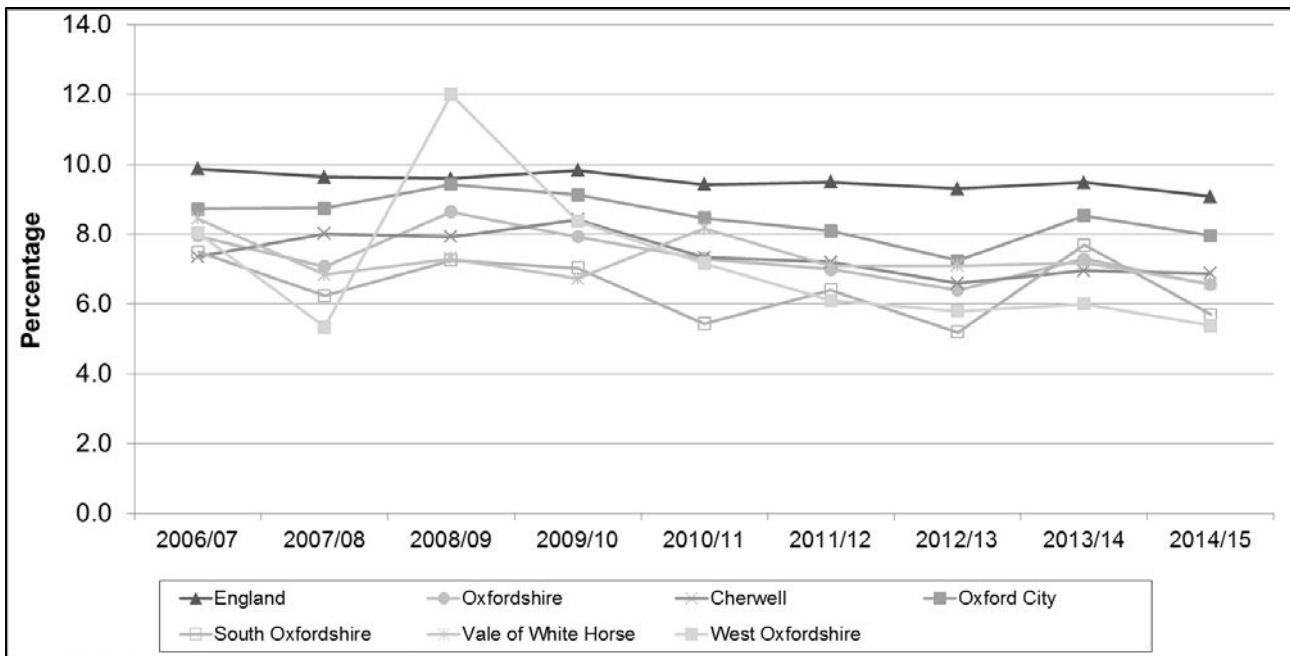
This is a useful indicator of children’s life chances in terms of health. Obesity and overweight gradually increase with age which foreshadows the future likelihood of diseases such as diabetes, heart disease, some cancers and ultimately an early death. It is linked to levels of physical activity. Keeping this figure as low as possible is crucial for the health of the next generation.

There is more detailed information on obesity in the next chapter.

Features of the baseline data:

- Overall Oxfordshire does better than national figures by about 2 percentage points.
- Oxfordshire’s current level of obesity in reception year is between 6% and 7%.
- However there are clear inequalities in this data, with Oxford City showing consistently higher levels than other Districts. The City’s figure is around 8% - still better than the national average.
- The remaining District’s figures fluctuate around the 6% mark.

Percentage of children in Reception Year (4/5 years) who are obese - 2006/07 to 2014/15 (Academic Years)



Source: National Child Measurement Programme

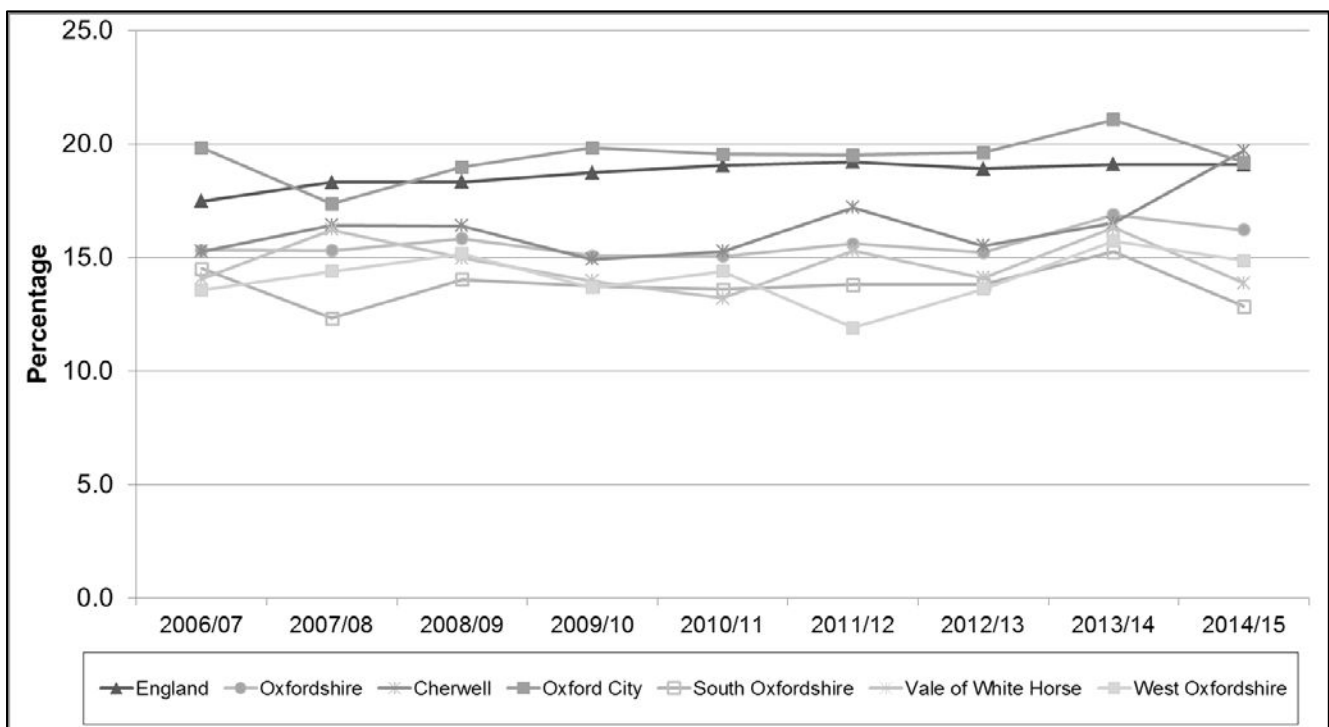
Indicator 10. Obesity in 10 to 11 year olds – (school year 6)

Seen alongside the data on obesity in reception year above, this figure tells the story of obesity and overweight in children as they grow older – gradually more slip from a healthy weight into overweight and obesity. This trend will tend to continue into adulthood and is the root cause of much later chronic disease. Obesity also magnifies the impact of all disabling conditions such as joint and mobility problems and so it also affects the need for social care.

Features of the baseline data:

- The County figure stands at around 16% having increased from 7% in reception year.
- The County figure is better than the England average by 2 percentage points.
- Until last year, the City’s figure was the worst – just above the national average.
- Last year showed a sharp rise in the figure in Cherwell. It is too early to say if this is a ‘real’ change or a ‘blip’ in the statistics, but it is important and we need to keep a close watching brief.

Percentage of Year 6 children (10-11 years) who are obese: 2006/07 to 2013/14 (Academic Year)



Source: National Child Measurement Programme

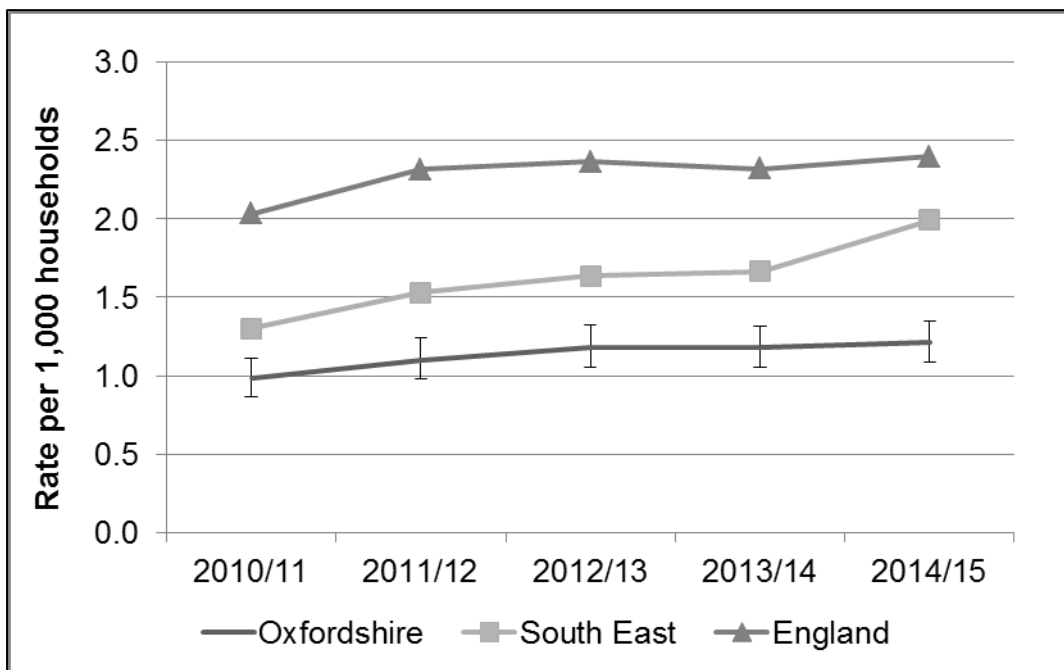
Indicator 11. Homeless Households

Being part of a homeless household has a serious impact on children and families. Young people who are homeless have markedly poorer life chances. This indicator gives us a general 'feel' for the trends in homelessness in the County.

Features of the baseline data:

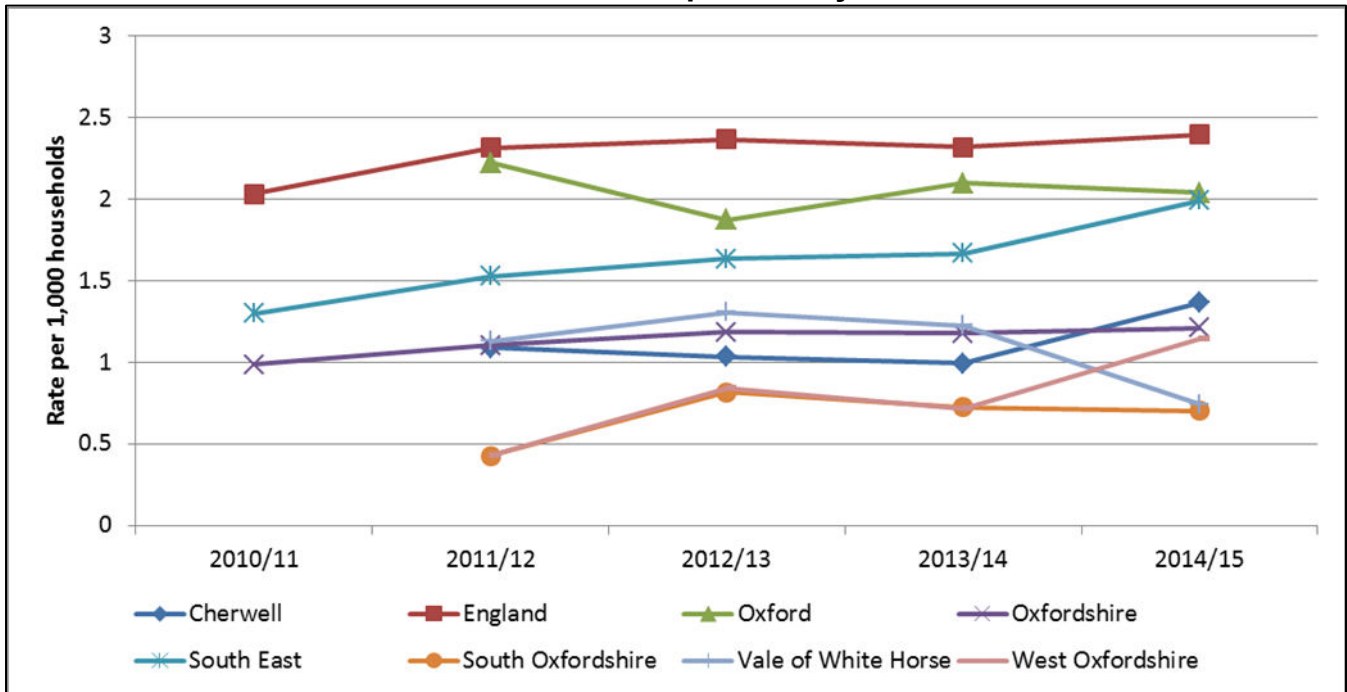
- The figure for Oxfordshire as a whole is low - just over 1 in a thousand households.
- Oxfordshire's figure outperforms national data which stands at just under 2.5 per thousand households.
- Oxfordshire performs better than similar local authorities.
- The general trend is rising slightly.

Homelessness acceptances per 1,000 households



The position on this indicator is not uniform across the county. For the sake of completeness, results for each district are shown below.

Homelessness acceptances by district



The chart shows that:

- The rate in all districts is lower than the England average.
- The City has had the highest rates for some years at around 2 homeless households per 1000 while the other districts cluster at one homeless household per 1000.

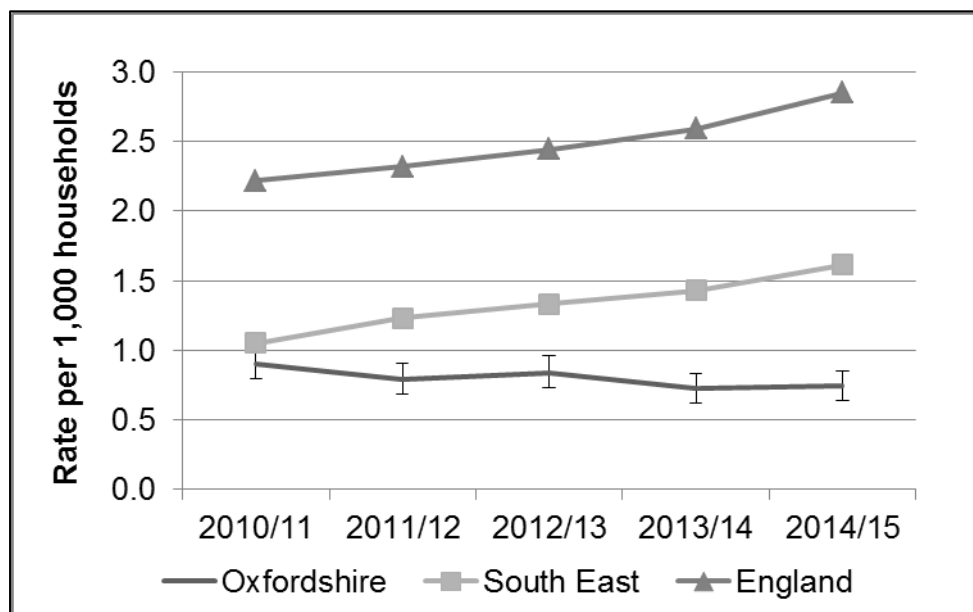
Indicator 12. Households in temporary accommodation

Homelessness is prevented in part by placing families in temporary accommodation. This is not a good option in terms of life-chances, but it is much better than facing homelessness.

Trends in the baseline data:

- Oxfordshire's compares well with national figures and compares well with similar Local Authorities.
- Oxfordshire's figure stands at less than 1 per thousand households being placed in temporary accommodation and the rate is falling.
- This is in sharp contrast to the national figure which stands at almost 3 per thousand and is rising.

Households in temporary accommodation per 1,000 households



Breaking The Cycle Of Disadvantage: Summary and Recommendations

Summary

- Overall it has been a good year for reducing disadvantage.
- Progress has been made on last year's recommendations.
- School results are up.
- Employment is up.
- Child poverty and teenage pregnancy are down.
- In equalities in school results and employment have reduced.

However there are some early warning signs for women's health and childhood obesity levels are still too high despite comparing favourably with national figures.

It is vital that we maintain this momentum, particularly during times of change for children's services.

Establishing a basket of indicators for children is an important step forward – we now have a firm baseline against which to compare future developments.

We await the results of the Independent Commission on Health Inequalities so that we can add the Commissioners' insights to the overall picture.

The key to success remains:

Identify the Disadvantage
Put in place long term interventions to counteract it
Persist in this over decades
Monitor progress assiduously

We are making steady progress in Oxfordshire and it is vital that this is maintained in these times of change.

Recommendations

1. The report of the Commission for Health Inequalities should be studied carefully when it is published and all organisations should use it to challenge current practice and make appropriate changes to services.
2. Trends in disadvantage should continue to be monitored closely in Director of Public Health Annual Reports
3. The Children's Trust is requested to consider the basket of children's indicators proposed in this report and to drill down into indicators to uncover further inequalities at more local level using data from services.
4. The NHS's Sustainability and Transformation Plan should target disadvantaged groups and seek to level up inequalities. The NHS 'offer' should not be 'one size fits all'.

Chapter 4: Lifestyles and Preventing Disease Before It Starts

Main Messages in this chapter

- **Obesity remains the biggest lifestyle challenge in Oxfordshire and preventing it is a key requirement for reducing disease levels and early deaths.**
- **NHS Health Checks continue to perform well.**
- **Solid progress has been made in tackling alcohol problems and in combatting poor oral health.**
- **There has been a sea-change in the way people quit smoking tobacco through the use of e-cigarettes.**

Obesity, Diet and Physical Activity

Why is obesity an issue?

Obesity is widespread, a quarter of children aged 2-10, and one third of 11-15 year olds and two thirds of adults are overweight or obese. This remains our greatest lifestyle challenge.

Overweight and obesity in adults is predicted to reach 70% by 2034.

This is a crucial issue because being overweight increases the risk of cardiovascular disease, diabetes and some cancers. It is also associated with poor mental health in adults, and stigma and bullying in childhood.

Obesity can cause:

- Heart disease, stroke and late-onset diabetes.
- Depression and anxiety, asthma, cancer, liver disease, reproductive complications, osteoarthritis and back pain.

There are also inequalities in levels of child obesity which was mentioned in chapter 3, with prevalence among children in the most deprived areas being higher than among children in the least deprived areas. If an individual is less well-off, he or she is more likely to be affected by obesity and its health and wellbeing consequences. The impact is uneven across ethnic groups – obesity is more prevalent among males in black ethnic minorities.

The consequences of obesity are costly to health and social care and have wider economic and societal impacts. The annual **cost** of obesity is estimated to be:

- £27bn to the economy through reduced productivity and increased sickness absence
- £6.1bn cost to NHS
- £352m cost to Social Care by way of additional disease, disability and mobility problems.

Obese people are over three times more likely to need social care than those who are a healthy weight.

Obesity reduces life expectancy by an average of 3 years whilst severe obesity reduces life expectancy by 8-10 years.

Where are we now?

Chapter 3 showed the local picture in children. The Oxfordshire picture is better than the national average and levels fell slightly last year. This is a good result but there is no cause for complacency.

We now have enough data about local children to show what happened between their being measured in reception year and again in year 6.

Children measured in Year 6 in 2014/15 are the same cohort as those who were measured in Reception Year in 2008/09. **The level of obesity for this cohort when in Reception Year in 2008/09 was 8.6% and is now 16.2% which clearly shows that obesity has doubled in this cohort of local children over a six year period as they have grown up.**

This indicates that we need to act to prevent obesity during pregnancy and in the very early years. Breast feeding is protective against obesity and makes an excellent start for children whose mothers are able to breastfeed.

The Adult obesity, Health Survey for England (HSE) 2014 showed that:

- 58% of women and 65% of men were overweight or obese. This is now the social norm.
- The prevalence of morbid obesity (the most severe category of obesity) has more than tripled since 1993, and reached 2% of men and 4% of women in 2014.
- Over three quarters of females aged 45+ were overweight or obese.
- Black women were considered to be most at risk of diabetes, with 60% having high risk, and a further 27% having increased risk.
- Amongst men, White groups had the highest mean BMI (27.4) and Asian groups the lowest (26.0).
- Amongst women, Black groups had the highest mean BMI (29.5) and Asian groups the lowest (26.2).
- For women, the prevalence of obesity increased with disadvantage, from 22% in the least disadvantaged areas, to 33% in the most disadvantaged areas. This relationship was not evident for men.

Obesity is everyone's business

Obesity is everyone's business and every organisation needs to play a role in tackling it. To help an individual stay slim requires multiple actions both locally and nationally with changes needed to food labelling, food marketing, and the design of local communities which encourage physical activity.

We have talked about the role of planning healthy communities in chapter 2. It is now time to look more closely at physical activity.

The Role of Physical Inactivity

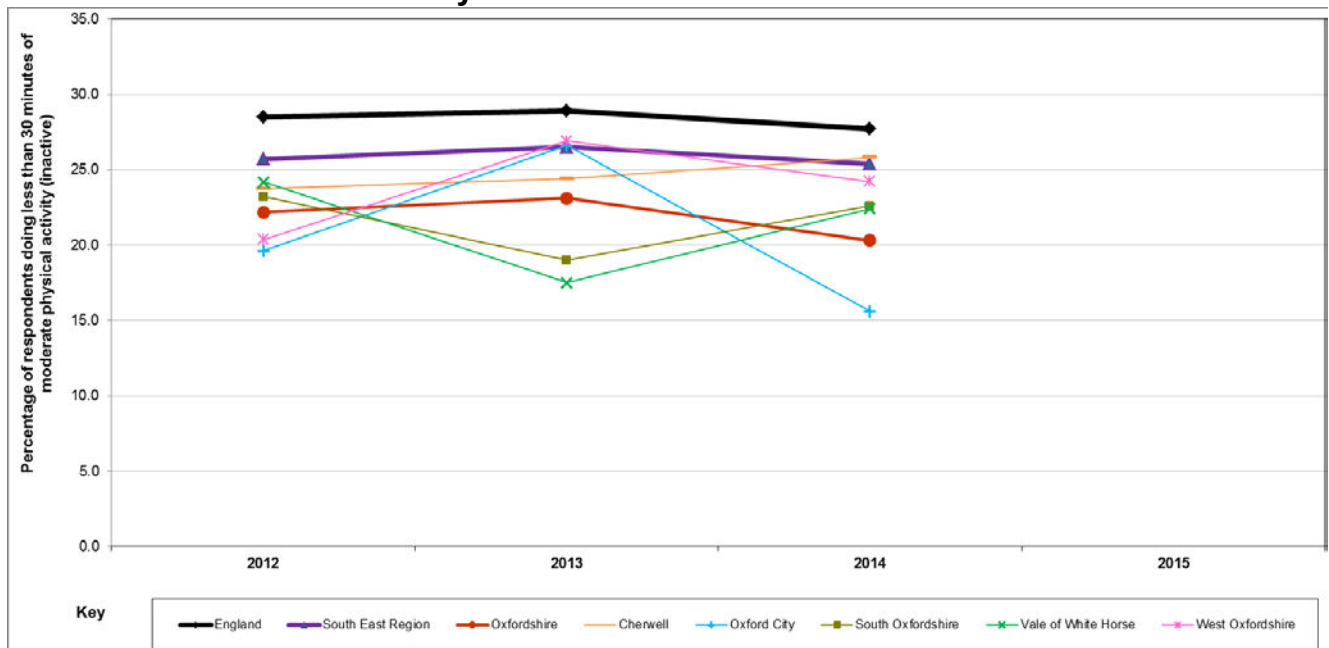
Physical inactivity is the fourth leading risk factor for global mortality accounting for 6% of deaths. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.

The health benefits of a **physically active lifestyle** are well documented and there is a large amount of evidence to suggest that regular activity is related to reduced incidence of many chronic conditions such as diabetes, osteoporosis, colon cancer, breast cancer. Physical activity also improves mental health.

Physical activity contributes to a wide range of health benefits and regular physical activity can improve health outcomes irrespective of whether individuals achieve weight loss.

The chart below shows levels of inactivity across the County.

Inactivity levels in Oxfordshire 2012 to 2014



Source: Active People Survey, Sport England

It shows that in 2014, rates of inactivity in adults were better than for England, but still too high at around 20%. The England level is around 28% inactive.

Levels of physical activity levels amongst 5-15 year olds are falling. The proportion of boys who met the weekly physical activity guidelines fell from 28% in 2008, to just 21% in 2012. The proportion of girls who met the weekly physical activity guidelines fell from 19% in 2008 to 16% in 2012.

What did we say last year and what are we doing about it?

The Health Improvement Board is taking recommended action to review its physical activity strategy which brings together the action of District and County Councils, the NHS and other major partners. District Councils have a key role to play in their stewardship of green spaces and recreation facilities.

The Health Overview and Scrutiny Committee carried out a scrutiny of District council functions as recommended.

Less progress has been made by the NHS in improving the referral and treatment of physical disability. If we are to tackle obesity we need to see a real 'shift to prevention' and find new ways for clinicians, nurses and therapists to help people who are overweight more actively.

What should we do next?

The main challenge is to make work on prevention a mainstream activity in health services. There is an understandable tendency to concentrate on disease once it has happened rather than focus on preventive work from cradle to grave. It is hoped that the NHS's Sustainability and Transformation Plan will focus on preventative work over the next 5 years.

Recommendations regarding obesity, diet and physical activity

1. The prevention of obesity and its treatment should become a priority for the NHS and over the next 5 years actions should be put in place to train all health professionals to help in the fight against obesity. This should become part of the NHS's Sustainability and Transformation Plan.
2. The Health Improvement Board should continue to monitor partnership work on the prevention of obesity across the county.

NHS Health Checks

The NHS Health Check is a national cardiovascular risk assessment and prevention programme required by statute. It is delivered by local GPs and has been commissioned by the County Council since 2013.

NHS Health Checks specifically target the top seven causes of preventable deaths: high blood pressure, smoking, high cholesterol, obesity, poor diet, physical inactivity and alcohol consumption.

Eligible individuals aged 40-74 years old are invited for a Check every five years (191,000 people), which means that 20% of this age group are invited per year so that every eligible person is invited at least once every five years. The age range is set nationally because it is the most cost-effective group in which to detect preventable cardiovascular disease.

In Oxfordshire, the Joint Health and Wellbeing Strategy set an aspirational target for 66% of those invited for NHS Health Checks to turn up for their Check. Nationally this same target has

now been set by Public Health England. We have not yet reached this target but we aspire to do so.

Last year in 2015/16 in Oxfordshire, GPs invited 38,293 people for a NHS Health Check and 19,212 people took up this invite and received a Check. The continued good performance of the NHS Health Check programme helped the Public Health Directorate achieve a quality premium payment from Public Health England.

Since the County Council took the responsibility for NHS Health Checks in 2013, 119,792 people have been offered a Check and 59,613 people have had a Check done. These Checks have helped the local health of the population by:

- **identifying 1,063 people who had high blood pressure and required an anti-hypertensive drug**
- **discovering 2,957 people who were at high risk of cardiovascular disease and required a statin**
- **detecting 251 undiagnosed cases of diabetes and 27 cases of chronic kidney disease, allowing people to manage their condition sooner and prevent complications**
- **referring 479 people to local weight management programmes, with 8,100 obese patients receiving brief advice**
- **offering 20,249 people brief advice to take up more physical activity, with 4,640 signposted to local physical activity services**
- **generating 434 referrals to smoking cessation services, with 5,777 receiving brief advice**
- **providing 2,125 people with brief advice to reduce their alcohol intake**
- **helping to reduce the increasing health and social care costs related to long term ill-health and disability.**

What We Said Before and What We are Doing About It

Last year we said that we would continue to work with GPs to improve the uptake of the offer of a free NHS Health Check. The Public Health team continue to work with GPs to improve the quality of delivery of the programme; this work was recognised by Public Health England with a nomination for a national award.

This work has helped embed the NHS Health Check programme as a reliable method of promoting the health of the local population and engaging with people in the community to think about their own health.

The Oxfordshire Clinical Commissioning Group recognise the value of the NHS Health Check programme and are looking to incorporate the programme in their bid to be part of the second

wave of the National Diabetes Prevention programme in 2017. They have also chosen the NHS Health Check programme as an indicator for their quality premium submission with NHS England. **This is all good progress.**

We also said we would continue to market the NHS Health Check programme and raise awareness in the local community. This has been met with some success - in a recent survey the NHS Health Check programme was the most recognised programme of services advertised by the County Council.

In the last year we launched a NHS Health Check results booklet for every person who received a Check. This gave people who received a Check a record of their results with information about services and lifestyles to refer to at their leisure.

Recommendations for NHS Health Checks

The NHS Health Check programme continues to perform well and is well received by the public. However we cannot be complacent and must continue the efforts to improve this programme. This includes:

1. Continue to market the NHS Health Check programme in new and innovative ways to further raise awareness in the local community.
2. Continue to work with GPs to improve the uptake of the offer of a free NHS Health Check, including improving the invitation process.
3. Better identify and engage with high risk groups to take up the offer of a free NHS Health Check.
4. Continue to work with partners to further improve the quality of the programme locally and add to the knowledge base supporting the programme nationally.

Smoking Tobacco

Smoking tobacco continues to be the single most harmful thing you can do to damage your health. Smoking causes conditions ranging from cancers, vascular disease to respiratory diseases and events such as heart attacks and strokes, dementia, rheumatoid arthritis and macular degeneration - the leading cause of sight loss in people aged over 50.

In Oxfordshire the prevalence of adult smokers has seen a continued decline in the past few years. The prevalence of adults who smoke in Oxfordshire is currently estimated to be 14% which is better than the national prevalence (18%). **This is a good result.**

However we still cannot be complacent about smoking rates in the County. There still continues to be an inequality in who smokes, with much higher levels of smoking found in more disadvantaged communities. Indeed in routine and manual workers the level of smoking is as high as 29% - double the County average. To meet this challenge, we need to target services at the groups who need help the most.

Regular smoking in young people in Oxfordshire has also seen a decline over the past years, which is positive. Current estimates are that 5.7% of 15 year olds are regular smokers; similar to the national average of 5.5%.

Stop Smoking Services

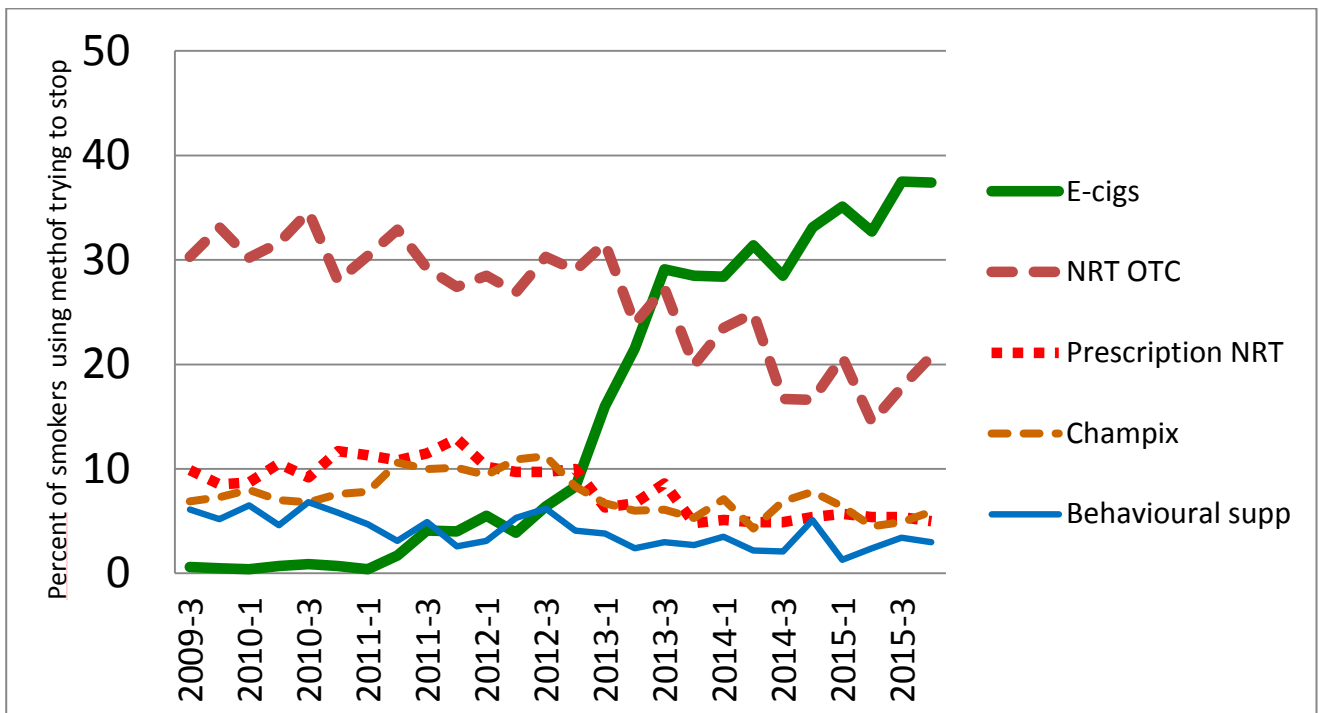
The decline in people accessing traditional stop smoking services seen in recent years continued last year both nationally and locally. The suggestion that the “easier quits” have already been made still holds true and that the challenge is to address the higher levels of smoking in more deprived and hard to reach groups.

The impact of the dramatic increase in use of e-cigarettes in the UK cannot be ignored as a significant contributor to the reduction in people accessing stop smoking services. E-cigarettes are now estimated to be the most common form of quitting aid in the country being used by nearly 40% of people attempting to quit using tobacco.

The use of e-cigarettes as a quit aid and the increasing usage has opened a debate in the public health community on a national and international scale. This has seen an increase in the perception in the wider population that e-cigarettes are as harmful to health as normal cigarettes which is not the case.

The chart below shows the dramatic rise in those using e-cigarettes as a means of quitting tobacco smoking as opposed to those helped by various nicotine replacement gums and patches.

Quit attempts by method of quitting



Different product types used by smokers in most recent quit attempt. In 11,000 adults who smoke and tried to stop or who stopped in the past year; method is coded as any (not exclusive) use.

Source: www.smokinginengland.info/latest-statistics

With the increasing amount of conflicting information for and against e-cigarettes becoming available in the public arena there has naturally been confusion for the public and health professionals alike. In response, **Public Health England published an evidence update which concluded that e-cigarettes are significantly less harmful to health than tobacco and have the potential to help smokers quit smoking. The report also concluded there is no**

evidence so far that e-cigarettes are acting as a route into smoking for children or non-smokers. This is further supported by a report from the Royal College of Physicians published in April 2016 which states that e-cigarettes are an effective method for people wanting to quit tobacco and the hazard to health arising from long-term vapour inhalation from the e-cigarettes available today is unlikely to exceed 5% of the harm from smoking tobacco.

How we should move forward?

- More staff in health care should become 'level 1 quit- advisors' to encourage smokers they encounter to quit smoking no matter what illness they come for help with.
- The Public Health team should continue to work with GPs to engage with their patients to quit smoking.
- All health professionals should target hard to reach groups to explain the dangers of smoking and how to get support to quit.
- We need to maintain a watching brief on the effects of e-cigarettes in line with national guidance from Public Health England.

Recommendations regarding smoking

1. The Health Improvement Board should continue to monitor activities of local smoking services and wider agencies to help people quit smoking and also not start in the first place.
2. The Clinical Commissioning Groups and GP practices should develop services to target hard to reach and priority groups and continue to deliver brief interventions to quit as part of routine consultations.

Alcohol

Alcohol remains a risk to health in our society. The impact can be summarised as follows:

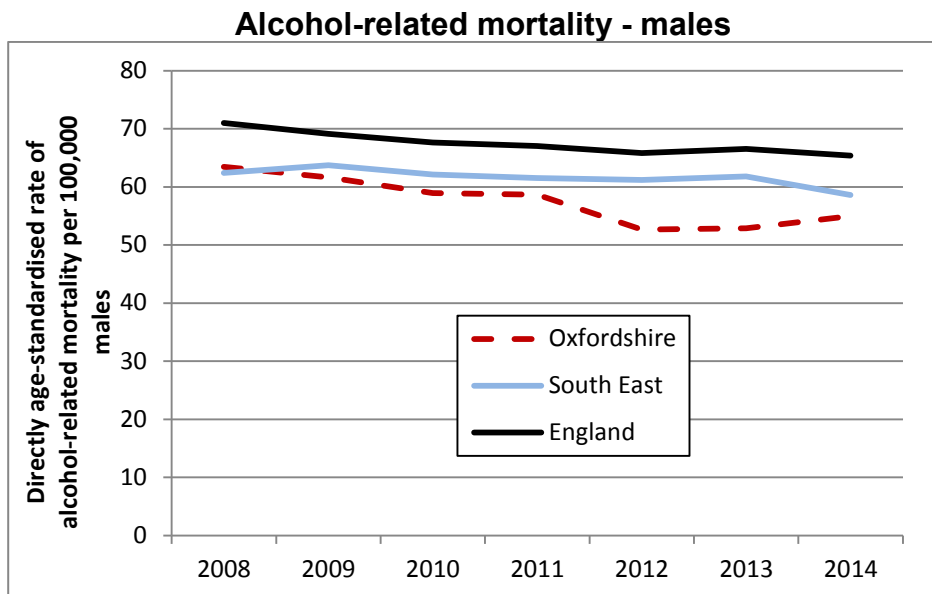
- In the UK there are around 1 million hospital admissions each year related to alcohol consumption.
- There are around 8,000 alcohol-related deaths in the UK each year.
- Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers; high blood pressure, cirrhosis of the liver; and depression.
- Males accounted for approximately 65% of all alcohol-related deaths in the UK.
- Alcohol now costs the NHS £3.5bn per year; equal to £120 for every tax payer.
- **The alcohol-related mortality rate of men in the most disadvantaged socio-economic class is 3.5 times higher than for men in the least disadvantaged class, while for women the figure is 5.7 times higher. This is a serious inequality.**
- In England and Wales, 63% of all alcohol-related deaths in 2012 were caused by alcoholic liver disease.

- The number of older people between the ages of 60 and 74 admitted to hospitals in England with mental and behavioural disorders associated with alcohol use has risen by over 150% in the past ten years, while the figure for 15-59 years old has increased by 94%.
- There is no absolutely safe drinking level – the Chief Medical Officer has warned that any alcohol consumption increases the risk of cancer.

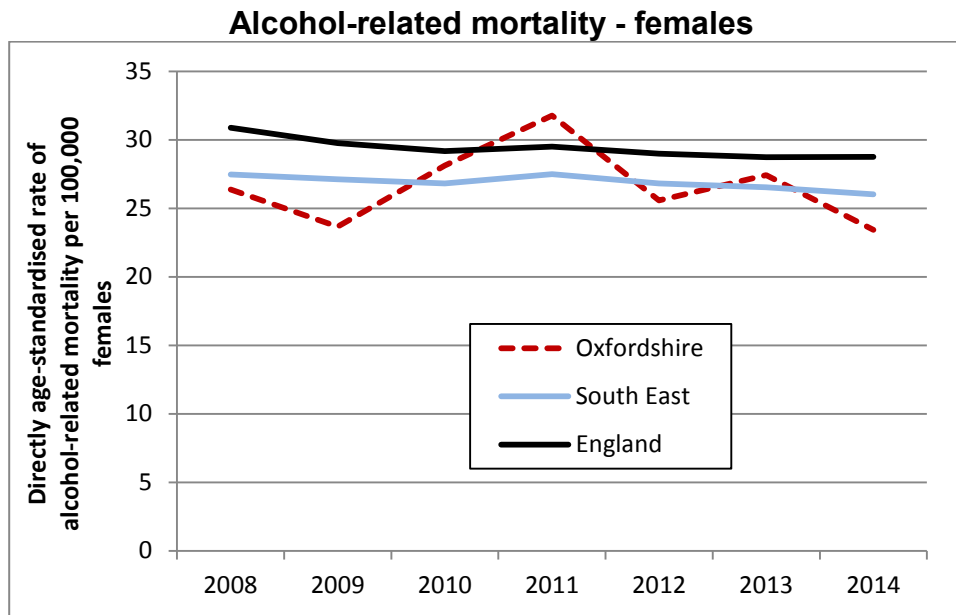
What has happened in the last year?

A review of the data presented in the Alcohol and Drugs Strategy has been carried out and the following conclusions have been drawn:

1. In 2014 there were an estimated 7,900 **deaths related to alcohol use** in England. The trends for both men and women are shown in the 2 charts below



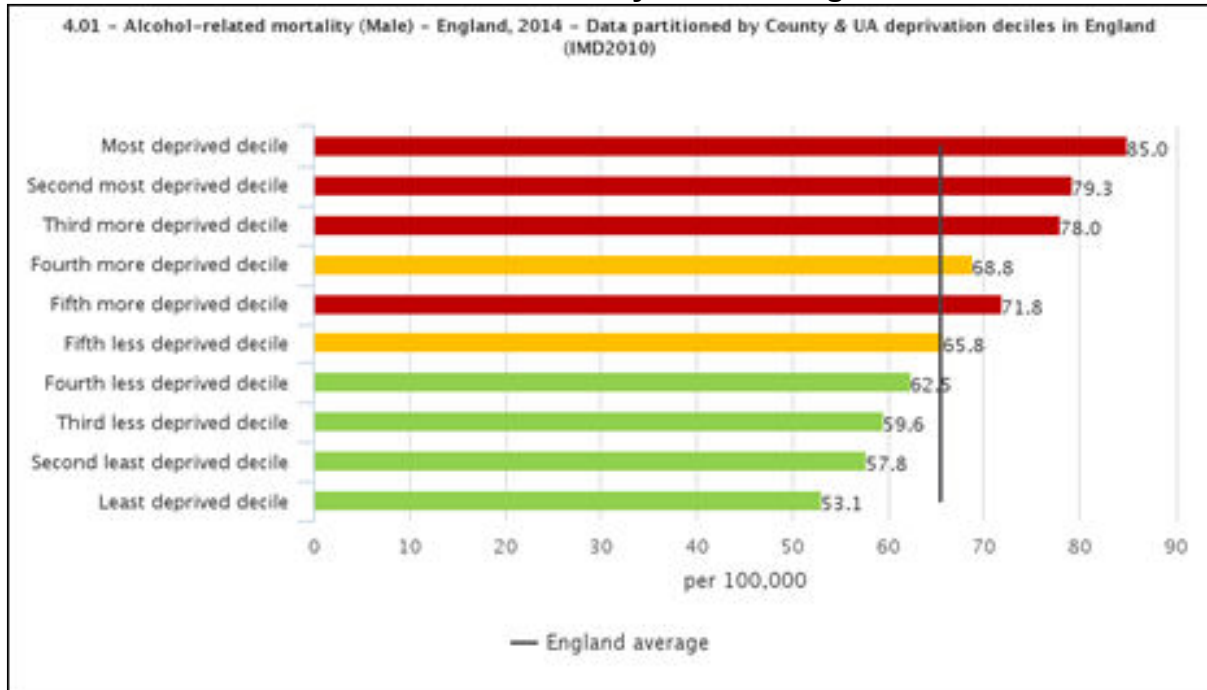
Alcohol-related mortality (males and females) - Deaths from alcohol-related conditions, all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population).



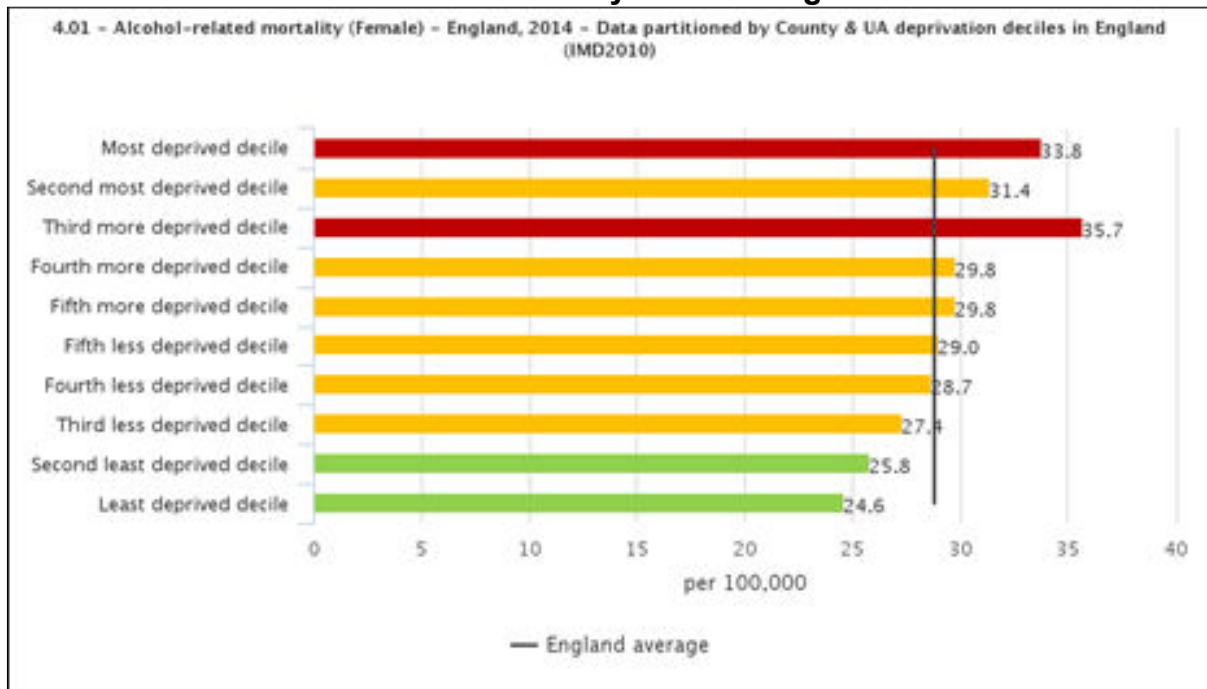
The charts show that:

- Deaths related to alcohol are gradually falling across the board overall.
 - Deaths in Oxfordshire are lower than national levels.
 - Deaths in females are around half those of men.
 - Male deaths in Oxfordshire rose slightly according to the latest figures and female deaths fell.
2. **Alcohol-related mortality by socio-economic class** is not analysed at a local level, but new figures have been published at national level. The charts below show the alcohol related deaths split for England by most/least disadvantaged groups. The chart for men shows a greater difference between the best and worst off than for women. The most disadvantaged tenth of the population are shown at the tops of the chart and the least disadvantaged at the bottom.

Alcohol related deaths by disadvantage - men



Alcohol related deaths by disadvantage - women

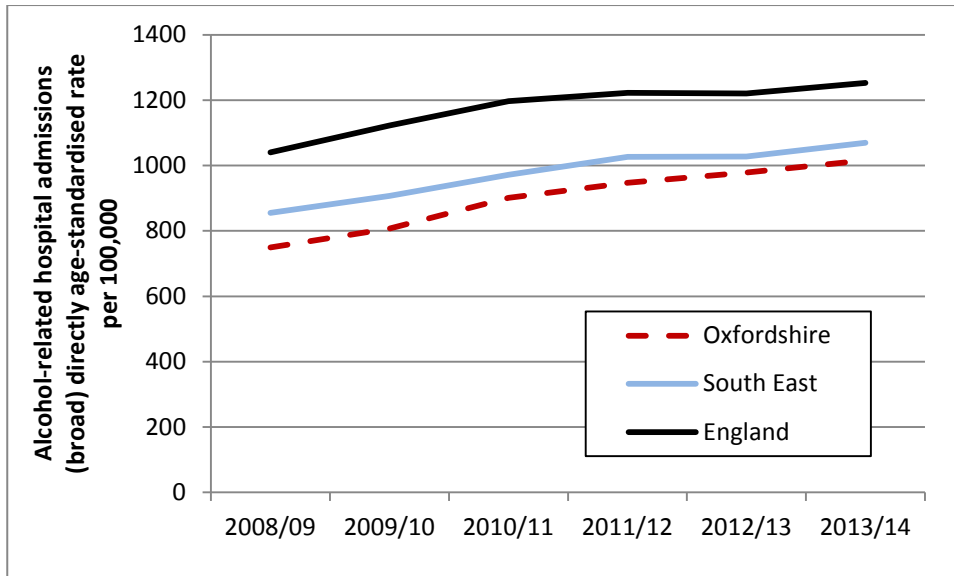


The charts show that:

- There is a strong inequality in deaths related to alcohol.
- In men death rates in the most disadvantaged 1/10 of the population reach 85 per 100,000 and in the least disadvantaged 53 per 100,000.
- In women, death rates in the most disadvantaged 1/10 of the population reach 34 per 100,000 and in the least disadvantaged 25 per 100,000.
- The pattern is stronger and the inequality greater in males than in females

3. Death rates may be gradually falling, but, In 2013/14 there was a continuing upward trend for **alcohol-related hospital admissions** in England. (almost a 4 % increase on the previous year) The annual increase was greater for women (+5%) than men (+3%) **and it remains the case that rate of admissions in the most disadvantaged is 77% higher than rate in least disadvantaged areas.**

Alcohol related hospital admissions



What Did We Say Last Year and What Have We Done About It?

The recommendation focussed on giving people information so that they could make their own decisions about their drinking (particularly about binge drinking) rather than nannying them.

A summary of the work of the Alcohol and Drugs Partnership summarises the actions taken:

- Provision of Identification and Brief Advice (IBA) training for front-line staff and professionals across Oxfordshire.
- The promotion of the Dry January campaign targeting middle aged women.
- A major Alcohol Conference for professionals with presentations from a wide range of specialists.
- Exploring test purchasing initiatives with Thames Valley Police to target excessive intoxication in the night time economy.
- Work with the local hospitals to improve referral pathways for young people into support services.

Achievements in 2015-16

a) Identification of people drinking at high levels and giving them 'Brief Advice'

Training in how to identify opportunities to talk to people about their drinking and offer relevant brief advice is an effective evidence-based intervention. This can be delivered by a range of professionals in the health service and other settings. Six training sessions were commissioned by the County Council's Public Health team in the last year. The training was offered in locations across the County and has been well attended by a range of professionals.

In addition a 'Train the Trainers' session was provided to Oxfordshire Fire and Rescue Service. This was a bespoke session combining 'giving brief advice' for alcohol and helping people to quit smoking. The session was also very well received.

b) An Alcohol Conference was held to get the facts more widely known

The County Council held a highly successful Alcohol conference in December 2015, with over 140 delegates attending. The day included a number of guest speakers, including a keynote address from Professor Kevin Fenton, the National Director for Health and Wellbeing at Public Health England.

Participants came from a wide range of Council departments, partner organisations and local services including Community and Residential Treatment Services, Housing services and services for the homeless, Oxford University Hospitals Trust, Oxford Health NHS Foundation Trust, Medical Centres and GP Surgeries, Pharmacies, Thames Valley Police, Oxford Brookes University, Community Dental Services, Public Health England, Mental Health services and charities, Oxfordshire Domestic Abuse Service, Oxford Jobcentre Plus and criminal justice services.

The conference was very well received with 90% of those who filled in the evaluation questionnaire stating that they found the event to be relevant to their learning needs, and 93% felt it increased their knowledge and understanding of alcohol use and the associated risks.

c) Alcohol workers in a hospital setting

Public Health commissioners are working in partnership with Oxfordshire Clinical Commissioning Group (OCCG) to boost hospital-based early intervention and advice.

d) Campaigns

The focus of the 'Dry January' campaign this year was on women, particularly those aged 35 and over and who may be drinking regularly at home. The campaign was conducted on social media, Healthy Oxon Facebook and Twitter channels and through radio. The campaign promoted the health benefits of taking part in Dry January and then continuing to have 2 alcohol free days a week. The campaign also promoted use of the DrinkAware App to record drinking, and sign up for Dry January to go 'booze free for 31 days'.

Recommendations

1. The NHS should use the Sustainability and Transformation Plan to embed brief advice for people with problem drinking into all consultations. This is a real opportunity to nip alcohol related diseases in the bud.
2. This should be backed up by staff training and support.

Oral Health

Tooth decay has been falling over the last half century, largely due to better brushing with fluoride toothpastes and more awareness of oral health in general. This is a welcome continued trend.

Since the NHS reorganisation, the responsibility for oral health is split 3 ways. The NHS has a responsibility for dentists and more specialised surgery, Public Health England provides dental public health advice while Local Government has an emphasis on prevention.

The picture in children

The latest available data from the 2015 oral health survey of five year old children shows that 77% of 5 year old children in Oxfordshire are now free from any dental decay which is higher than the national average of 75% and improved locally from 67% since the 2012 survey. Whilst this is encouraging there is room for improvement - the number of children who are decay free is significantly lower in Oxford than the other districts at 67%.

The major sources of the sugar which causes decay in children are found in soft drinks and cereals. The announcement of a levy on sugary drinks is a positive step in reducing sugar intake. However, locally we will need to continue to work to educate children and parents about the impact of diet choices on their teeth and wider health.

The picture in adults

Tooth decay has fallen in adults in England from 46% having active decay in 1998 to 28% in 2009. The main sources of sugar in adults' diets come from cereals, soft drinks, jams and sweets.

Older adults are now keeping their own teeth into old age as the norm. The proportion of 65 to 75 year olds with their own teeth increased from just 26% in 1979 to 84% in 2009 - a significant change. As the population ages it will be important that the NHS keeps pace with this changing need, particularly as the number of people needing more complex dental work rises steadily with age.

What did we say last year and what has been done?

Last year's recommendations focussed on the need to monitor closely a new oral health promotion service commissioned by the County Council which completed its first year of operation on 31st March 2016. This service has in collaboration with wider dental services aimed to prevent oral health problems in children and adults.

The new service has achieved the following:

- Setting up an accreditation scheme for pre-school settings for 26 locations to help young children with oral hygiene
- Training 40 school health nurses in oral health promotion to promote a 'whole-school' approach to oral health in education, such as through making plain drinking water freely available, providing a choice of food, drinks and snacks that are sugar-free or low in sugar and form part of a healthier diet (including those offered in vending machines), and displaying and promoting evidence-based, age-appropriate, oral health information for parents, carers and children, including details on how to access local dental services.
- Delivering 106 oral health promotion sessions and events in the community.
- Training 38 people who work with young children in oral health to better understand the causes of decay, how to look after your teeth and signposting to local dental services
- Training 117 people who work in the community with adults to promote oral health including understanding the causes of poor oral health in adults, how to maintain good oral health and how to access local dental services.
- Delivering oral health promotion in local workplaces including BMW, Siemens, The John Radcliffe Hospital and in Oxfordshire County Council
- Carrying out promotional events during National Smile Month and National Mouth Cancer Awareness Month.
- Establishing a lending service of health promotion resources for use by local services.

Recommendations for oral health

1. The NHS should ensure that improvements in access to NHS dentistry are maintained including complex care for older people.
2. Providers of care home facilities should be aware of maintaining good oral health in their clients which can significantly affect their quality of life. They should also ensure that their clients have access to dental services to help maintain a pain free mouth.
3. Work should continue with school health nurse and health visitor services to embed oral health promotion into children's health from 0-19, to give a healthier start to life.

Chapter 5: Mental Health

Main messages in this chapter:

- **The demand for young peoples' mental health services is rising.**
- **New services have been put in place and these need to be monitored carefully.**
- **Levels of self-harm in young people appear to be rising and require careful monitoring.**
- **Mental health conditions should not be seen as distinct from physical conditions.**

This year I want to report on two aspect of mental health I have not reported on before that are a cause for concern. These are:

Mental Health in Young People and Self Harm.

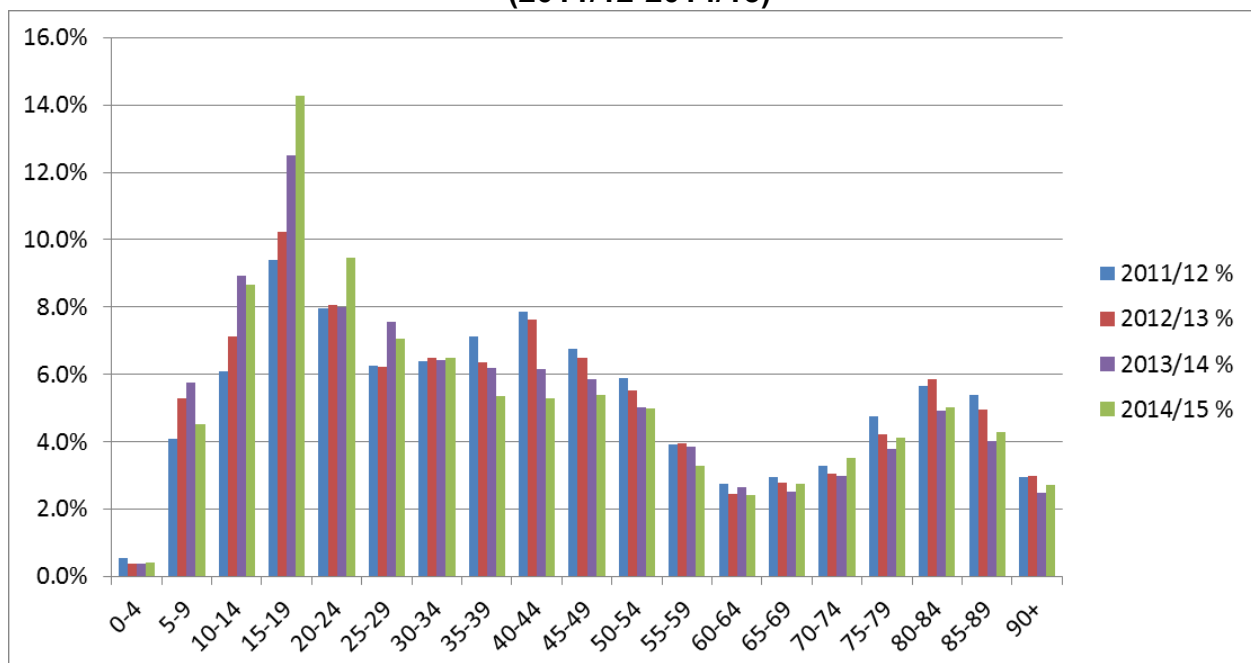
I will discuss each in turn.

Children and Young People's Mental Health

The chart below records the number of mental health referrals by age group to our local services, and two facts leap out:

- 1) The highest number of referrals is in teenagers
- 2) The number is steadily growing, particularly for young people aged 15 to 19.

Oxford Health mental health referrals for Oxfordshire residents, % in each age band (2011/12-2014/15)



Why should this be?

The first question to answer is:

What are emotional disorders in children and young people and why are referrals for treatment going up?

This is not an easy subject. Emotional disorders in adults are difficult enough to define and count. In children the situation is more difficult because:

- Childhood and adolescence covers a wide range of different stages that can't be grouped easily.
- Disorders and treatments vary greatly with age. The whole topic is tangled up with the overall development of the individual.
- Mental health problems don't always express themselves in the same way as in mature adults. Underlying problems can show themselves through changes in behaviour, changes in mood or changes in activity level – or mixtures of them all.
- To some extent, society creates and modifies the categories of what is deemed to be a disease and these vary over time.
- What may have been dismissed as poor or unusual behaviour in the past is now recognised as an emotional disorder.

To some extent the rise in referrals is a positive development – we want to encourage young people to come forward to talk about problems at an early stage as this gives better outcomes in the long term.

In her 2013 Annual Report the Chief Medical Officer concluded that there was in fact an increase in emotional problems in young people. The possible reasons are unclear, and may or may not be connected to the new pressures young people face as they are the products of a digital world. New stresses may be present in social media, such as cyber-bullying. Also the digital world is 24/7 – there is no respite unless it is self-imposed.

What is the local picture?

Teenagers' mental wellbeing

The recent 'What About YOUth' survey found that a majority of children aged 15 in England reported having high or very high life satisfaction. On average, boys reported higher life satisfaction than girls. Young people from Black and Minority Ethnic (BME) backgrounds reported lower levels of life satisfaction than those from a White background. Poorer life satisfaction was also seen among young people who were living in more disadvantaged areas, who were in worse health, or who had experienced bullying.

The same study showed that mental wellbeing among children aged 15 in England was better among those who were:

- living in less deprived areas
- had a more positive perception of their body-image
- had high life satisfaction
- were in better health
- consumed more fruit and vegetables
- exercised more

What builds psychological resilience in Children and Young People?

The Chief Medical officer quotes the following list of factors which build resilience in young people and so helps them withstand the stresses and strains of modern life. These are:

- Positive relationships with caring adults
- Effective caregiving and parenting
- Intelligence and problem-solving skills
- Self-regulation skills
- Perceived efficacy and control
- Achievement / motivation
- Positive friends or romantic partners
- Faith, hope, spirituality
- Beliefs that life has meaning
- Effective teachers and schools

In contrast, when these factors are deficient, the individual's resilience is likely to be lowered.

Mental health problems in Children and Young People

1 in 10 children and young people aged 5-16 suffer from a diagnosable mental health disorder; that is around three in every class at school or 8,000 children across Oxfordshire. According to national prevalence rates about half of these (5.8%) have a conduct disorder, whilst others have an emotional disorder (anxiety, depression) and Attention Deficit Hyperactivity Disorder (ADHD). The prevalence increases with age and rises to 20% for the 16-24 age groups.

Most serious and enduring mental health problems emerge during this time, and if detected and treated early, outcomes are improved. There is evidence that dealing with anxiety and depression effectively the first time it occurs in young people, helps to prevent recurrence and the likelihood of them suffering mental health problems in later life.

The most disadvantaged communities have the poorest mental and physical health and wellbeing. **Children from the poorest 20% of households have a three-fold greater risk of mental health problems than children from the wealthiest 20%.** Parental unemployment is also associated with a two- to three-fold greater risk of emotional or conduct disorder in childhood.

Looked After Children (LAC) experience significantly worse mental health than their peers, and a high proportion experience poor health, educational and social outcomes after leaving care. It is estimated that between 45 and 60% of Looked After Children aged 5 to 17 have mental health difficulties: over four times higher than the average.

Approximately 40% of young people who have a learning disability may also have a mental health disorder. The mean percentage of disabled children in English local authorities has been estimated to be between 3% and 5.4%. If applied to the population of Oxfordshire this would equate to between 3,946 and 7,102 children experiencing some form of disability.

Children and young people with poor mental health are more likely to have poor educational attainment and employment prospects, social relationship difficulties, physical ill health and substance misuse problems, and to become involved in offending.

What is the local picture and what are we doing about it?

Children and young people's mental health services have been under pressure for some time. Local services work with around 3,500 young people at any one time, with more than 5000 referrals every year, the majority of whom are aged 10-15 years old.

Analysis of the data is hampered by the lack of standardised reporting systems, and so performance cannot be readily compare from place to place.

The CQC rated local services as good, but they were nonetheless creaking as evidenced by increases in waiting times – and so a review was undertaken in 2015 which made a range of recommendations, the thrust of which was:

- To involve young people in service design.
- To reduce waiting times.
- To use online and self-help tools.
- To catch disease earlier in a school setting, teaming mental health support workers with our school health nurses.
- To train frontline services to identify symptoms and provide direct help or make more accurate referrals.
- To improve the service offer to Looked After Children and 'children on the edge of care'.

What progress has it made and is it working?

The new service has now been launched. It is too early to judge whether it has improved matters. This is more difficult to judge than normal, because we aren't trying to reduce referrals per se, we are trying to help more young people in more effective ways using new technology and through strengthened partnerships between professionals. The key changes that aim to make a difference include:

- A dedicated specialist Eating Disorder Service.
- A new therapeutic team specifically working with young victims of child abuse and Child Sexual Exploitation.
- Dedicated workers in every secondary school working with School Health Nurses to provide support, training and direct interventions.
- A new team to work with children who are Looked After and those young people who are on 'the edge of the care'.

Recommendation for Children and Young People's Mental Health

This is an important issue. Progress made by the new service should be reported on in the next Director of Public Annual Report.

Self-harm

Self-harm is defined as *'intentional self-poisoning or self-injury, irrespective of type of motivation or intent'*. Self-harming behaviour in England has increased in recent years with an increased number of young people needing hospital admissions as a result of injury or poisoning. Relationship issues are often cited as a main contributing factor in self-harming behaviour.

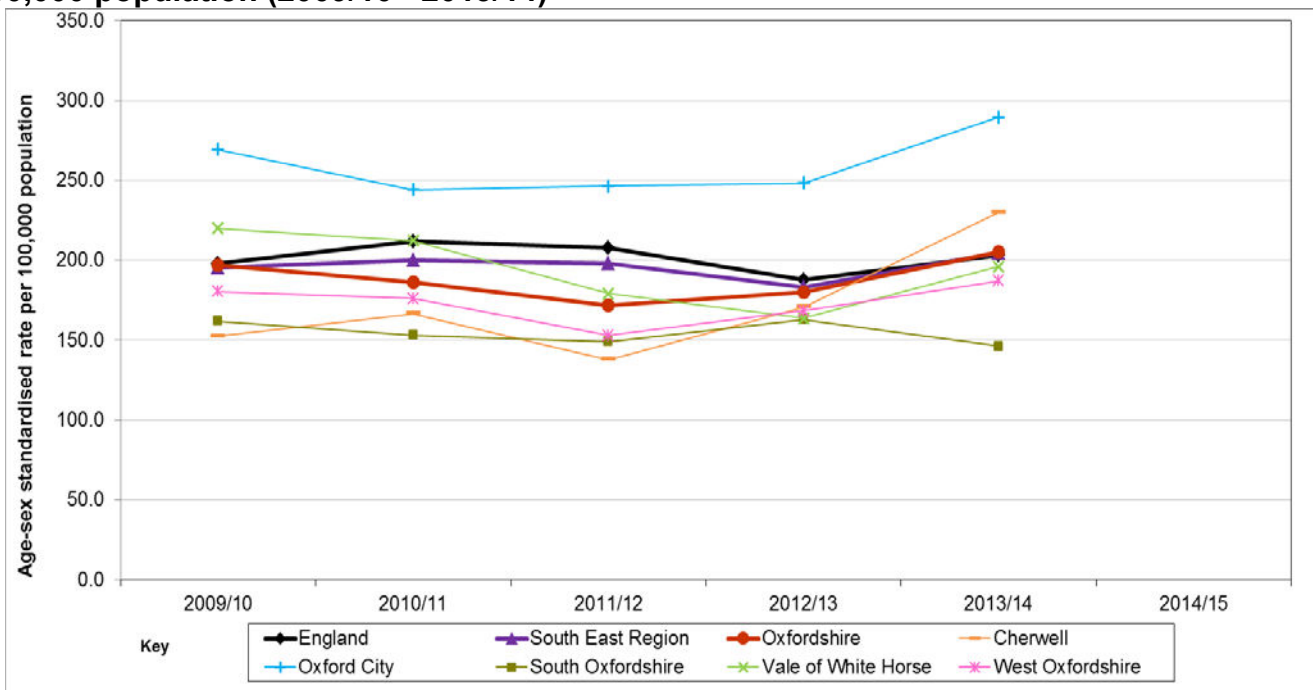
The rates for self-harm in all ages in Oxfordshire give us an idea of the local trends. During 2013/14 the number of emergency hospital admissions for intentional self-harm in Oxfordshire was 1,421. The rate of hospital admissions for intentional self-harm is rising in Oxfordshire, similarly to the regional and national picture.

However, looking at longer term trends in self-harm shows that overall rates in those aged 15 and over have fallen overall since 2000 but have risen in recent years.

The peak ages for self-harm are 15 to 24 in females and 20 to 29 in males.

The data in the chart below looks at hospital admissions for self-harm and covers all age groups. It will not include patients who attended Accident and Emergency (A&E) or Minor Injury Unit (MIU) or who were not admitted to hospital; it is likely to be an underestimate of the true rate of self-harm in our population.

Age/ sex-standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population (2009/10 - 2013/14)



Source: Local Authority Health Profiles

The chart shows that:

- Oxfordshire’s rate is broadly in line with the national rate and rose with it during 2013/14.
- The overall trend is however fairly static from 2009/10 to 2013/14.

- Admission rates are higher in Oxford City than elsewhere in the County, other Districts are on average just below the national levels.

Young people who self-harm are more likely to be vulnerable such as being a Looked After child or in the youth justice system. Those who self-harm have an increased risk of death by subsequent suicide, and over half of people who die by suicide have self-harmed previously. A survey of young people and professionals found that self-harm was a topic that was least likely to be addressed due to fear of stigmatisation and not having adequate confidence in how to access support services. Furthermore, these young people felt that the issue of self-harm should be addressed within school and an open dialogue should be sought.

Report of a local County Council initiative

An initiative was launched by the County Council in 2015 to try to help the situation based on our knowledge that:

- efforts to raise awareness of self-harm and how to access support in adolescents may contribute to improved overall wellbeing and reduce the risk of suicide
- Approaches using theatre as a form of raising awareness and reducing stigma of mental health issues have been successful previously.
- Within Oxfordshire, rates of admissions to hospital for unintentional and deliberate injuries in 0-14 year olds and 15-24 year olds, is higher than the national average.
- Local surveillance using data from Oxford University Hospital Trust identified that during 2014 there were monthly increases in the numbers of admissions to hospital for self-harm in both female and male young people from homes across the county.

What did we do?

The County Council's Public Health team commissioned a local Oxfordshire theatre company, Pegasus, to perform a play on self-harm in secondary schools across the county. This involved interviewing young people who had self-harmed as well as working in partnership with Schools, School Health Nurses, Educational Psychologists and Child and Adolescent Mental Health Services.

The play was called 'Under My Skin'. Its aims were to:

- Give young people vital information about coping with feelings around self-harm, stress and the relevant services that can support them.
- Reduce the stigma of discussing self-harm and accessing support
- Highlight the School Health Nursing service as a first port of call in schools for young people and professionals who have concerns over self-harm.
- Give professionals information and subsequent confidence about how to support a young person, and who to refer onto.

The evaluation of the play showed that:

- It went to 28 secondary schools and was very well received.
- Approximately 5000 young people in years 8/9 (ages 12-14) watched the play.
- 50% reported the play increased their knowledge of self-harm a lot.
- 71% of young people knew how to access support after seeing the play.

As a result, we will commission the play again for the academic year 2016/2017.

Recommendations for self-harm

1. Self-harm is a serious issue. Self-harm levels in Oxfordshire should be closely monitored.
2. The new Child and Adolescent Mental Health Service should work with partners to improve the detection of self-harm and offer coordinated support to young people.

What we said last year and what has happened since?

Last year's report described a range of improvements planned for mental health services as a whole, called for close monitoring of a newly-let contract for adult services and recommended that the Health Overview and Scrutiny Committee and Healthwatch keep a close eye on the quality of services.

This has been achieved, and the Clinical Commissioning Group is about to bring forward new plans to improve mental health services further and to join up services for physical and mental health more closely.

These are welcome developments which again call for continued surveillance.

Recommendation

Future Director of Public Health Annual reports should continue to focus on mental health issues and mental health services in the county.

Chapter 6: Fighting Killer Diseases

Main messages for this chapter:

- **We need to make sure our specialist services for fighting major outbreaks of disease such as Ebola stays strong and resilient.**
- **Infectious diseases do not go away. They simply change and return in new guises. Constant vigilance is needed to stay ahead of the curve. Good teamwork and cooperation across organisations is essential.**
- **The threat of antibiotic resistance is real and everyone has a role to play**

Part 1. Epidemics: Ebola, Flu Pandemics and Antibiotic Stewardship

Never had it so good?

We are fortunate to live in times where major illness and large numbers of deaths due to communicable diseases are seen as a problem in poor and developing countries far away or something suffered by our ancestors.

This has been a fortunate consequence of improvements in the quality of our living conditions and the advances in modern medicine. However we cannot be complacent about the risks of this changing and the risk of a pandemic and drug resistant bacteria becoming a very real issue.

Most of us live our daily lives unaware of the continued surveillance and planning of many national and local organisations that protect us. The recent Ebola outbreak in Africa was a reminder to everyone how new dangers can arise at any time and present a very real risk to the planet as a whole. Many lessons were learnt from this event nationally and internationally to help us prepare for the next outbreak, wherever it may arise.

This means we need to continue to prioritise the work we do in the background day in, day out, to prepare for the worst while hoping for the best. Directors of Public Health work closely with Public Health England and the NHS across the Thames Valley to make sure that our response is up to the mark. Oxfordshire County Council has the lead role for all Councils in the Thames Valley for making sure this is done.

As I stated last year the right response isn't fear and panic, it is systematic and calm planning and organising ourselves NOW so that we can fight back when the need arises. This is still the case and we still need to remain vigilant.

We have been fortunate in the past few years that the **influenza** seasons have been relatively mild. However it is important that we do not forget the potential that flu has to cause serious illness and death in young children, old people and those with poor health. Since the flu pandemic in 2009 we have seen a year on year decline in the numbers of people getting a flu vaccine. To protect these groups from flu it is still important that people understand that the risk of flu has not gone away and that it is important for people at risk to get a flu vaccination every year.

Another cause for concern is the rising threat of **antibiotic resistance** and the rise of “superbugs”. Antibiotics are important drugs for both humans and animals in fighting bacterial infections which were once life threatening. Bacteria are highly adaptable in responding to antibiotics. Widespread misuse of antibiotics and inappropriate prescribing has led to increasing numbers of bacteria which are resistant to antibiotics which used to be effective.

The risk of bacteria which cannot be treated by antibiotics of any kind is a very real and pending threat not only in the UK but throughout the world. This has been brought into sharp focus by the recent development of a resistant strain of Gonorrhoea which is spreading in small clusters in England. Whilst this strain has not been reported yet in Oxfordshire it is could do so in the future.

Failure for us all to act responsibly now could see antibiotics becoming ineffective and the return of people dying of once curable infections.

How Do We Keep This Work Going?

Success depends on several key elements:

- Maintaining a well-qualified and well trained cadre of Public Health specialists in Local Government.
- Constantly building and maintaining long standing relationships with opposite numbers in Public Health England and the NHS,
- Mainstreaming our plans by working with the Police, the military and many other organisations under the auspices of the Thames Valley Local Resilience Forum (LRF).
- Continually learning, planning and practising our plans.
- Educating and advising the public of their role as individuals in limiting antibiotic resistance.

The key is to keep the specialist workforce we have now and to nurture this work carefully.

Part 2. Infectious and Communicable Diseases

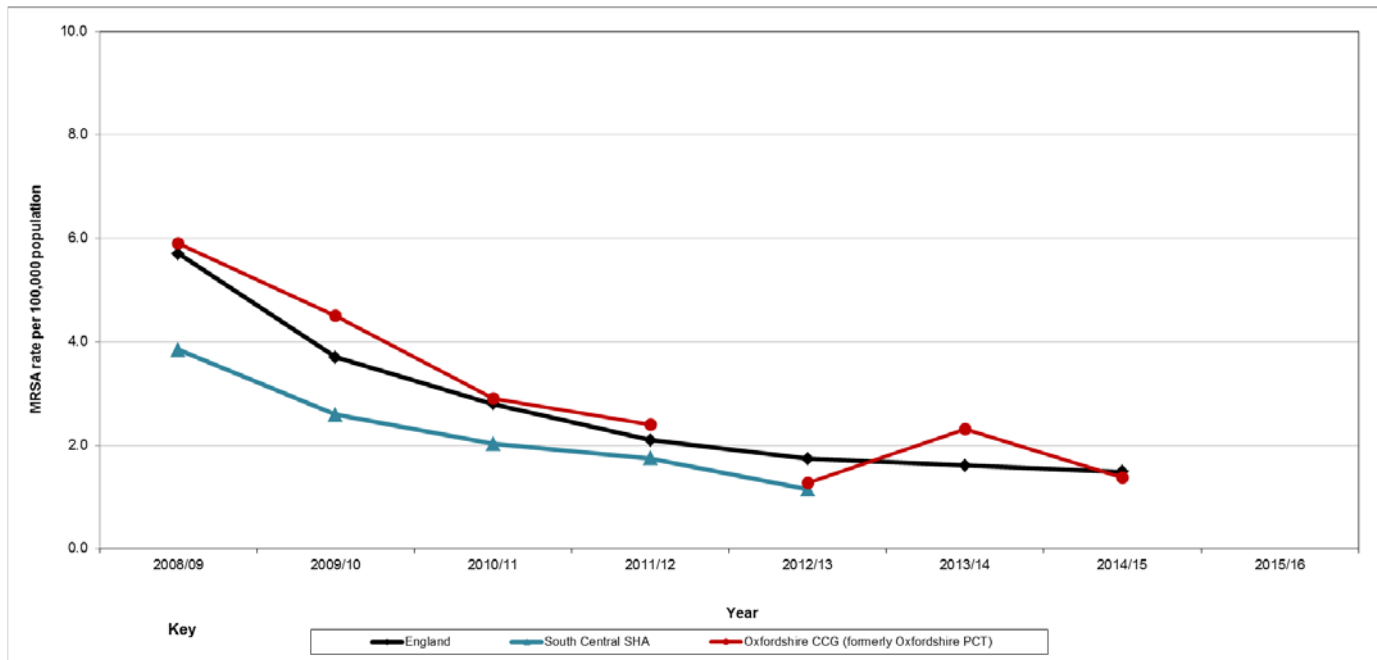
Health Care Associated Infections (HCAIs)

Infections caused by superbugs like Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C.diff.) remain an important cause of sickness and death, both in hospitals and in the community. While these infections do not grab headlines as much as they used to it is vital that everyone remains vigilant to limit the increase of these infections.

Methicillin Resistant Staphylococcus Aureus (MRSA)

MRSA is a bacterium found commonly on the skin. If it gains entry into the blood stream (e.g. through invasive procedures or chronic wounds) it can cause blood poisoning (bacteraemia). It can be difficult to treat in people who are already very unwell so we continue to look for the causes of the infection and to identify measures to further reduce our numbers. MRSA has fallen gradually in Oxfordshire in response to the direct measures taken by hospital and community services to combat it. The local situation is shown below.

Methicillin Resistant Staphylococcus aureus (MRSA) - crude rate per 100,000 population (2008/09 – 2014/15) England, South Central SHA and Oxfordshire



This shows that infectious diseases can be tackled, often by traditional hygiene measures. Nationally there is a zero tolerance policy and rate of MRSA is still higher than we would like. There have been improvements in the rate of MRSA in Oxfordshire over the past few years. While the levels in Oxfordshire had increased slightly in 2013/14 to be higher than the average for Thames Valley and England they have reduced to be similar to National levels in 2014/15. The recent slight increase reaffirms that continued vigilance is required by all hospital and community services to address this increase.

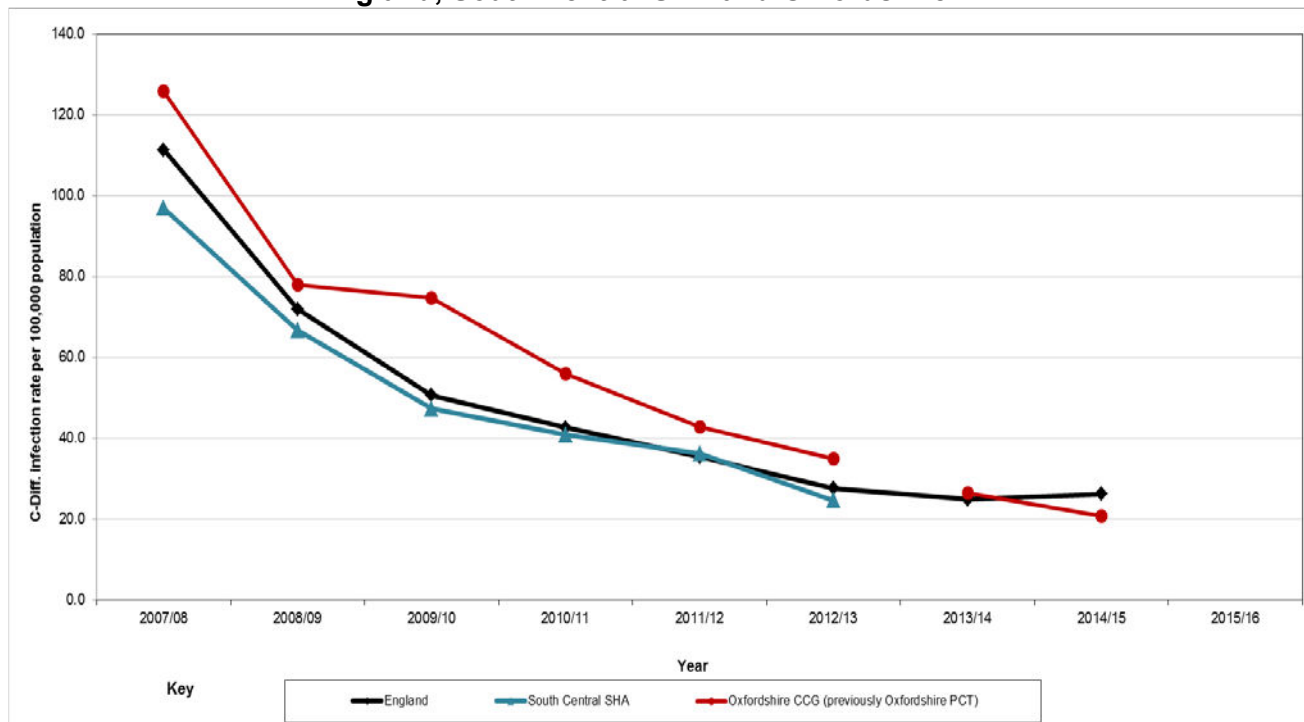
Clostridium difficile (C.diff)

Clostridium difficile is a bacterium that causes mild to severe diarrhoea which is potentially life-threatening especially in the elderly and infirm. This bacterium commonly lives harmlessly in some people’s intestines but commonly used broad spectrum antibiotics can disturb the balance of bacteria in the gut which results in the C.diff bacteria producing illness.

A focussed approach on the prevention of this infection is resulting in a steady reduction in cases since 2007/08 as shown in the chart below. This is in line with regional and national trends. There has been a continued improvement in the rates of C.diff in Oxfordshire.

The reduction in C.diff involves the coordinated efforts of healthcare organisations to identify and treat individuals infected and also careful use of the prescribing of certain antibiotics in the wider community. There are still on-going concerted efforts locally to continue to improve the rate of C.diff infections.

**Clostridium Difficile Infection (CDI) - crude rate per 100,000 population (2007/08 to 2014/15)
England, South Central SHA and Oxfordshire PCT**

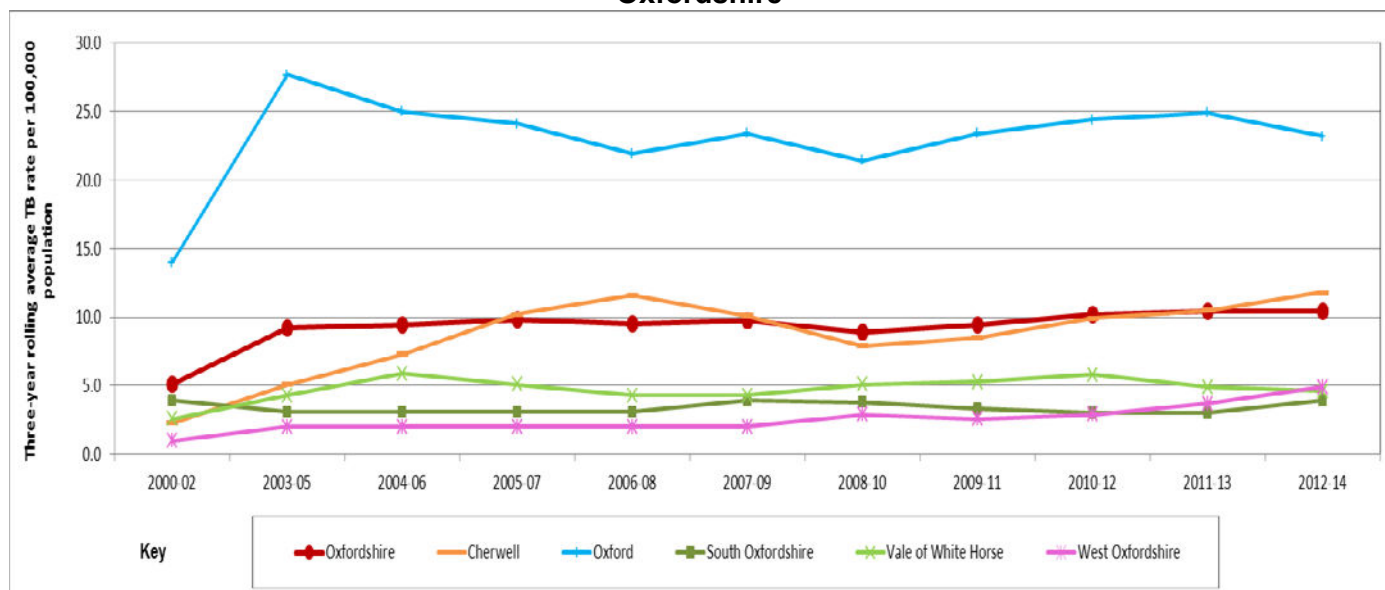


Tuberculosis (TB) in Oxfordshire

TB is a bacterial infection caused by Mycobacterium Tuberculosis which mainly affects the lungs but which can spread to many other parts of the body including the bones and nervous system. If it is not treated, an active TB infection can be fatal.

In Oxfordshire, the numbers of cases of TB at local authority level per year are very low. The local figures are shown below.

Tuberculosis (TB) - Rate per 100,000 population (2004 to 2012) Oxfordshire and districts within Oxfordshire



The levels of TB in the UK have been relatively stable over the past years. Much effort has gone into improving TB prevention, treatment and control.

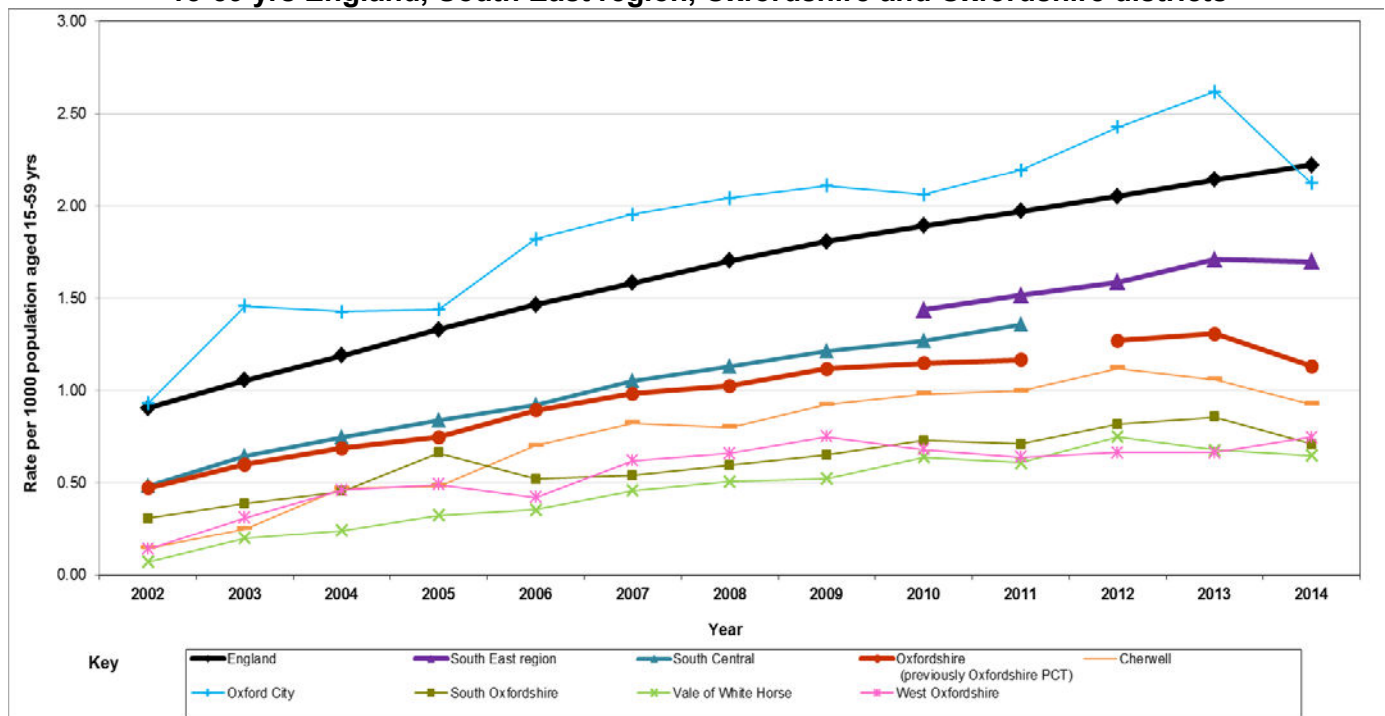
The rate of TB in Oxfordshire is lower than the National average and levels in Oxfordshire, Buckinghamshire and Berkshire combined. In the UK the majority of cases occur in urban areas amongst young adults, those coming in from countries with high TB levels and those with a social risk of TB. This is reflected in the higher rate of TB in Oxford compared to other Districts in the county.

Public Health England has developed a TB strategy to address TB nationally. TB control boards have been established to look at regional levels of TB and services to provide treatment. In Oxford the Clinical Commissioning Group are implementing a latent TB screening programme as part of a national initiative to identify and treat new entrants from high TB prevalence countries.

**Sexually transmitted infections
HIV & AIDS**

Whilst HIV does not raise the public alarm it used to, it still remains a significant disease both nationally and locally. HIV is now a long term condition so we would expect there to be more people living with HIV long term. 2014 data shows that there are 457 people diagnosed with the infection living in Oxfordshire, 231 out of 457 live in Oxford City. This trend is shown in the chart below and shows a decrease over the last year across the County.

Prevalence of diagnosed HIV per 1000 population (i.e. people living with a diagnosis of HIV) aged 15-59 yrs England, South East region, Oxfordshire and Oxfordshire districts



Finding people with HIV infection is important because HIV often has no symptoms and a person can be infected for years, passing the virus on before they are aware of the illness. Trying to identify these people is vital. We do this in three ways:

- Providing accessible testing for the local population. In 2014/15 the sexual health service delivered 4,251 HIV tests across the service.
- Through community testing, we have 'HIV rapid testing' in a pharmacy as an initial step. This test gives people an indication as to whether they require a full test; the rapid test takes 20 minutes and gives fast results, although a fast tracking to the sexual health service for a full test is required to confirm diagnosis.
- Prevention and awareness. Educating the local population about safe sexual practices and regular testing in high risk groups.

Once diagnosed, the prognosis for HIV sufferers is now good, with effective treatments. HIV cannot be cured but the progression of the disease can be slowed down considerably, symptoms suppressed and the chances of passing the disease on greatly decreased.

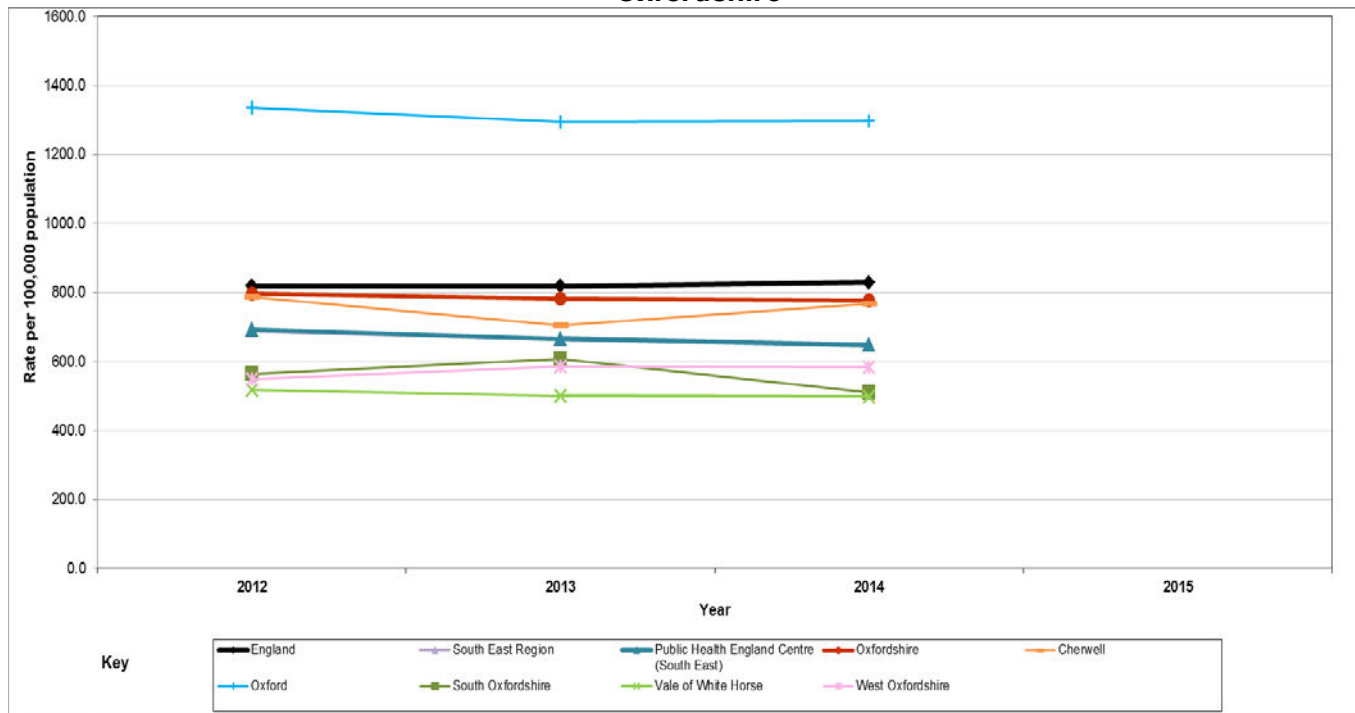
Sexual Health

Sexually Transmitted Infections (STIs) are still high in England with the greatest number of cases occurring in young heterosexual adult men and women and men who have sex with men. STIs are preventable through practising 'safe sex'. Total rates of STIs in Oxfordshire are below the national average except in the City which has remained at a similar rate since 2013. The local picture is shown in the chart below.

The different types of STI each show a mixed picture which is generally good. Looking at each disease in turn gives the following picture:

- Gonorrhoea – is below national average for Oxfordshire as a whole and all districts except in Oxford City. An investigation of recent increases revealed that an apparent increase was a consequence of oversensitive tests resulting in false positive diagnoses. New methods of validation should reduce the number of false positive cases.
- Syphilis - is continuing to fall and is below national average in all areas of the County.
- Chlamydia –levels are lower than national average in all Districts – but we continue to have difficulties in persuading young people to come forward for testing despite, best efforts.
- Genital Warts – rates are now lower than the national average which is an improvement. Oxford City is significantly higher (reflecting the younger age group) but the trend is generally stable. With Human Papilloma Virus vaccination programmes in place nationally we anticipate a decline in rates over the coming years.
- Genital Herpes – rates are lower than national average except in the City which has higher levels. However the total number of cases in the year is small. Again this reflects the predominantly younger population in the City.

All new sexually transmitted infections (STIs) rate per 100,000 population aged 15-64 years - 2012 to 2014
England, South East Region, PHE South East Centre, Oxfordshire and districts within Oxfordshire



The integrated sexual health service which began in 2014 has seen increasing activity levels and this is to be welcomed. This service has improved access to contraceptive and sexual health services at the same time.

In the first year of operation, the sexual health service delivered

- 28,283 Genito-Urinary Medicine consultations
- Provided 19,059 tests for STIs and HIV
- Positively identified 2,215 STI and HIV infections
- Provided 15,888 consultations for family planning
- Fitted 9,809 contraceptive devices
- Prescribed 897 Emergency Hormone Contraceptives

The service has successfully established itself in the community as a range of accessible locations across the county where the local population can access all their sexual health services in the one location.

In line with best practice a partnership of local stakeholders was established in February of 2015. This group still continues to work together to identify and address priorities locally to further improve on the decline in STIs in Oxfordshire.

Recommendation

The Director of Public Health should report progress on killer diseases in the next annual report and should comment and any developments.

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