Public Document Pack

OXFORDSHIRE COUNTY COUNCIL

County Council

7 November 2017

Agenda

County Hall, New Road, Oxford, OX1 1ND
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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.

OXFORDSHIRE COUNTY COUNCIL

To: Members of the County Council

Notice of a Meeting of the County Council

Tuesday, 7 November 2017 at 10.30 am

Council Chamber, County Hall, Oxford OX1 1ND

P.G. Clark
Chief Executive

October 2017

Committee 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 12 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;

There will be an all member briefing on the rise of Council on Oxfordshire Safeguarding Boards Briefing (covering Oxfordshire Safeguarding Children Board and Oxfordshire Safeguarding Adults Board).

AGENDA

1. Minutes (Pages 1 - 30)

To approve the minutes of the meeting held on 12 September 2017 (**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.

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 31 - 36)

Report of the Cabinet Meetings held on 19 September 2017 and 17 October 2017 (**CC9**).

10. Public Health Annual Report 2016/17 (Pages 37 - 112)

Report by Strategic Director for People & Director of Public Health (**CC10**).

The annual report summarises key issues associated with the Public Health of the County. It uses science and fact to describe the health of Oxfordshire and to make recommendations for the future. 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 14 September 2017 and Cabinet on 7 November 2017.

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

11. Motion From Councillor Liz Brighouse

"This Council notes that for most workers in local government and schools, pay and other terms and conditions are determined by the National Joint Council (NJC) for local government services.

On average NJC basic pay has fallen by 21% in real terms since 2010. A three-year pay freeze from 2010-2012 and a 1% increase annually since leaves NJC pay as the lowest in the public sector. Differentials in pay grades are being squeezed and distorted by bottom-loaded NJC pay, settlements are needed to reflect the increased Statutory National Living Wage and rising inflation could worsen the current inequality.

We therefore support the NJC pay claim for 2018, submitted by UNISON, GMB and Unite on behalf of council and school workers and call for the end of public sector pay restraint. NJC pay must not fall even further behind other parts of the public sector.

Amid local government funding pressures we call on the Government to provide the additional resources to ensure local authorities can fund a decent pay rise for NJC employees and the pay spine review.

Council resolves to ask the Leader of the Council to write:

- to the LGA asking it to make urgent representations to Government to fund the NJC claim and the pay spine review; and
- to the Prime Minister and Chancellor supporting the NJC pay claim and seeking the additional resources needed to fund a decent pay rise and the pay spine review;"

12. Motion From Councillor Kirsten Johnson

"Oxfordshire's growing population includes increasing numbers of both very young people and those of retirement age. Both groups are key users of public transport and especially buses. Public transport has proven environmental benefits in supporting the county's move towards a low-carbon future.

The Council calls on Cabinet to work towards:

- a set of principles whereby every resident has access to daily public transport. Not only would this help promote the development of communities, integrate society and allow both young and old to reside anywhere in the county, it would also be in line with the Local Transport Plan whereby “accessible bus connections will enable disabled people, the elderly and those unable to drive to travel more.”
- creating a spider-web of bus networks within the county, with key hubs linking the strands. These hubs, serving the rural villages, would be intrinsic to connecting our towns and Oxford city. The buses would range in sizes, from minivans to full-scale buses, depending on demand.

This Council instructs Cabinet to write to bus companies encouraging them to use fares from high-use runs to subsidise those of less use within the hub network. All bus services should be frequent and reliable. As franchises come to an end, tenders should be sought from companies to run inclusive networks, with profit from high-use routes subsidising low-use. Co-operative, mutual and social enterprise models should be encouraged in providing these services with new technological innovations, for example app-based hail-n-ride, can be part of the solution.”

13. Motion From Councillor John Sanders

“This Council welcomes in principle the Government’s announcement that it intends to ban the production of diesel and petrol-driven cars by the year 2040 in order to reduce the effects of air pollution on public health. Recognising that, in the meanwhile, it is incumbent on all councils to play their part in reducing air pollution.

This Council instructs the Cabinet to co-operate with all Oxfordshire’s district councils urgently to identify measures that will reduce such pollution. In particular, Council calls on Cabinet to propose a councillor-led inter-council Air Pollution Action Group to produce plans for zero-emission or low-emission zones in AQMAs and to restrict the access of polluting traffic in such areas.”

14. Motion From Councillor Jamila Begum Azad

"We all have right to be treated without discrimination. This Council is gravely concerned with reports of significant increase in racially motivated crimes in Oxford since the EU Referendum from an average of 16 per month to an average of 23 per month. This Council takes pride in Oxfordshire's diversity and Community cohesion and condemns all acts of racism, xenophobia and homophobia and anti-religious expressions against any religion. This Council is committed to work with all our partners to challenge prejudice.

All Hate Crimes are wrong, but that which is motivated by hatred and prejudice because of race, faith, sexual orientation or Gender identity are particularly offensive. In Britain today we are from rich mix of race, culture, believes, attitudes and life styles. Tackling hate crimes matters because of the damage it causes to the victim and his/her family, also effectively tackling it can help foster strong and positive relations between different section of community and support community cohesion.

The lead from tackling hate crimes must come from local level, with professionals, the voluntary sector and communities working together to deal with local issues.

This Council asks the Leader of Oxfordshire County Council to write to the Prime Minister with a request for an independent review of hate crime penalties open to the courts, including measures to tackle online hatred and abuse."

15. Motion From Councillor Jenny Hannaby

"Council agrees that the intention of Universal Credit (UC) to make benefits less complicated and to allow those in low paid work to keep more of their wages is a good idea, but believes that the evidence demonstrates that the Universal Credit process is flawed and causing unnecessary hardship to local families.

Council notes that UC was deliberately introduced on a slow rollout so that any issues could be seen and corrected before the benefit was introduced to all claimants.

Council further notes that the evidence of this council and others across the country is that UC is causing huge increases in rent arrears and in general debt levels amongst claimants, many of whom have never been in debt before. In addition, evidence demonstrates that most private landlords and even some housing associations are refusing to accept tenants receiving UC, leading to an increase in those registering as homeless and seeking temporary accommodation.

Council therefore resolves to call on the Leader of the Council to write to the Secretary of State for Work and Pensions, making these points, requesting that the Government addresses these issues, and that the roll-out is halted until all problems are fixed."

16. Motion From Councillor Emily Smith

"The Oxfordshire Safeguarding Children Board (OSCB) Annual Report highlights a 21% increase in the number of children being educated at home. Many children being electively home educated thrive academically and socially in this setting, but others do not. This Council offers some information and support to families and children who are educated at home but contact with us is voluntary and take up is inconsistent.

Professionals have limited opportunities to identify those children who are not receiving a satisfactory education and for safeguarding concerns to be identified. Parents can refuse access to the home and the child, which poses a safeguarding risk, especially in the case of vulnerable children.

This Council calls on the Leader of the Council to write to government requesting local authorities be given greater powers to access and assess children who are home educated, to help ensure they are receiving a satisfactory education and are safe."

Pre-Meeting Briefing

There will be a pre-meeting briefing at County Hall on **Monday 6 November 2017 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, 12 September 2017 commencing at 10.30 am and finishing at 4.00 pm.

Present:

Councillor Zoé Patrick – in the Chair

Councillors:

Sobia Afridi
Lynda Atkins
Jamila Begum Azad
Hannah Banfield
David Bartholomew
S.E. Bartington
Maurice Billington
Liz Brighouse OBE
Paul Buckley
Nick Carter
Mark Cherry
Yvonne Constance OBE
Ian Corkin
Helen Evans
Arash Fatemian
Neil Fawcett
Ted Fenton
Nicholas Field-Johnson
Mrs Anda Fitzgerald-O'Connor
Mike Fox-Davies
Stefan Gawrysiak
Mark Gray
Carmen Griffiths
Jenny Hannaby
Neville F. Harris
Steve Harrod
Mrs Judith Heathcoat
Hilary Hibbert-Biles
John Howson
Ian Hudspeth
Tony Ilott
Dr Kirsten Johnson
Bob Johnston
Liz Leffman
Lorraine Lindsay-Gale
Mark Lygo
D. McIlveen
Kieron Mallon
Jeannette Matelot
Glynis Phillips
Susanna Pressel
Laura Price
Eddie Reeves
G.A. Reynolds
Judy Roberts
Alison Rooke
Dan Sames
Gill Sanders
John Sanders
Les Sibley
Emily Smith
Roz Smith
Lawrie Stratford
Alan Thompson
Emma Turnbull
Michael Waine
Liam Walker
Richard Webber

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.

147/17 MINUTES

(Agenda Item 1)

The Minutes of the meeting held on 11 July 2017 were approved and signed subject to showing Councillor Ted Fenton under Apologies and Absence.

Matters Arising

At the suggestion of Councillor Webber, the Chairman agreed to ask officers to give further consideration to the follow-up mechanism used to report back on issues raised at Council.

Councillor Harris indicated that he was dissatisfied with the amendment to the last Minutes and that he wished to make it clear that his point was much more subtle than appeared in the Minutes.

148/17 APOLOGIES FOR ABSENCE

(Agenda Item 2)

Apologies for absence were received from Councillors Bulmer, Clarke, Handley and Mathew.

149/17 OFFICIAL COMMUNICATIONS

(Agenda Item 4)

The Chairman thanked all those who had given so generously for the Maggie's Culture Crawl of Oxford which would be held on 29th September to raise funds for centres all over the country which had been set up to support anyone or their relatives and friends who are touched by cancer. Anyone who still wished to send a donation or join her was very welcome to do so and an email with a link to the JustGiving page would be sent round.

The Chairman reminded members that she would be holding her Charity dinner on Saturday 9th December at County Hall. The Oxford Guild of Chefs would be producing the meal. Any donations towards the charity auction and the raffle prizes would be welcome.

Council congratulated staff on being awarded silver Employer Recognition Award which was part of a scheme which supported the work the Council undertake with reservists as part of the Army Covenant which was signed several years ago. There was a cabinet displaying all the awards that we have collected on behalf on the Council in the Reception Area in the entrance of County Hall.

The Chairman drew attention to the magnificent Medieval Mosaic which went on display in the Grand Jury Room as part of the Open Doors event in Oxford over the weekend. This piece of art was in the Guinness Book of Records and replicated the Bayeux Tapestry. The mosaic would be on display for the next 3 months.

The Chairman encouraged all members to attend the safeguarding briefing scheduled at the close of the Council meeting.

150/17 PETITIONS AND PUBLIC ADDRESS

(Agenda Item 6)

Council received the following petitions and public address:

Dr Sheikh Ramzy spoke in support of Agenda Item 16 (Motion from Councillor Jamila Azad calling for an independent review of hate crime legislation, including measures to tackle online hatred and abuse);

Mr Chris Church spoke in support of Agenda Item 15 (Motion from Councillor John Sanders) calling for a councillor-led inter-council Air Pollution Action Group to identify measures to reduce air pollution.

151/17 QUESTIONS WITH NOTICE FROM MEMBERS OF THE COUNCIL

(Agenda Item 8)

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

In relation to question 5 (Question to Councillor Constance from Councillor Hannaby, Councillor Constance gave an undertaking to follow up on the suggestion that the Council extend its current maintenance Contract.

In relation to question 7 (Question to Councillor Hibbert-Biles from Councillor Howson, Councillor Hibbert-Biles gave an undertaking to include representations about funding for SEN transport now that the DfE is having a review on the Guidance in relation to SEN Transport.

In relation to question 10 (Question to Councillor Constance from Councillor John Sanders, Councillor Constance agreed to walk the route with Councillor Sanders to discuss the points raised in his question.

In relation to question 11 (Question to Councillor Constance from Councillor Pressel, Councillor Constance gave an undertaking to follow up with officers on how the Council worked with the City Council on the Botley Road improvements.

152/17 REPORT OF THE CABINET

(Agenda Item 9)

Council received the report of the Cabinet.

In relation to paragraph 1 (Section 75 Agreement – Update 2017) (Question from Councillor Rooke to Councillor Stratford), Councillor Stratford undertook to provide Rooke with a written answer detailing what systems are in place to support staff through the process of the Care Quality Commission's review of high DETOC figures in Oxon and should the result lead to a reduction in government funding, how will the Cabinet Member ensure that any loss to the pooled budget is geared in relation to the proportions of DETOC figures which are directly the responsibility of the County Council.

In relation to paragraph 1 (Section 75 Agreement – Update 2017) (Question from Councillor Price to Councillor Stratford), Councillor Stratford undertook

to provide Price with a written answer detailing what elements of the pooled budget are contributing towards the care and support directly related to the now permanently closed acute hospital beds and what the potential risks to the budget are now that the CCG now plan to close further beds.

In relation to paragraph 2 (City Centre Transport Improvements and Experimental Queen Street Closure) (Question from Councillor Johnston to Councillor Constance), Councillor Constance undertook to provide Councillor Johnston with a written answer detailing whether there are any contingency plans in place should the government decide not to close Queen Street.

In relation to paragraph 2 (City Centre Transport Improvements and Experimental Queen Street Closure) (Question from Councillor Howson to Councillor Constance), Councillor Constance undertook to provide Councillor Howson with a written answer detailing why the Westgate Travel Plan did not feature in the report that went to Cabinet in July and explaining why having spent £400,000 on the Worcester street junction the Council are spending more money redeveloping that junction again, despite the fact that councillors were told last week that there is going to be a joint County and City study with consultants to look at the whole problem of transport, pedestrians and cycling within the City and the cost of that Study.

153/17 TREASURY MANAGEMENT 2016/17 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 2016/17 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 Bartholomew moved and Councillor Hudspeth seconded the recommendations set out in the report and on the face of the agenda.

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 2016/17.

154/17 OXFORDSHIRE MINERALS & WASTE LOCAL PLAN: PART 1 - CORE STRATEGY - INSPECTOR'S REPORT AND ADOPTION

(Agenda Item 11)

The County Council had a statutory duty to prepare a new Oxfordshire Minerals and Waste Local Plan, to provide an effective planning strategy and policies for the supply of minerals and management of waste in the county, consistent with environmental, social and economic needs, to replace the existing Minerals and Waste Local Plan which was adopted in 1996. The Oxfordshire Minerals and Waste Local Plan: Part 1 – Core Strategy (the

Plan) was approved by the County Council in March 2015 and submitted for independent examination by a planning inspector in December 2015. Following a hearing held in September 2016, the Inspector issued an Interim Report.

The Interim Report provided the Inspector's conclusions on the amounts of provision that needed to be made for mineral working and waste management over the Plan period to 2031. He concluded that the provision for mineral working should be as the Council proposed in the submitted Plan, based on the Local Aggregate Assessment 2014. The Interim Report also covered certain legal and procedural matters, including the need for further Strategic Environmental Assessment / Sustainability Appraisal (SEA/SA) work to be undertaken and stated that modifications to the Plan needed to be proposed.

The further SEA/SA work required was undertaken and a comprehensive new SEA/SA report prepared. Proposed modifications to the Plan were drafted in response to the Inspector's Interim Report and in the light of representations made on the Plan and discussion at the examination hearing and the further SA/SEA work. Following agreement by Cabinet in January 2017, the proposed modifications and the new SEA/SA report were published for public consultation in February 2017.

All responses to this consultation that were received by the Council were passed to the Inspector. The Inspector considered these responses and issued his Final Report on the examination of the Plan on 15 June 2017. The Inspector concluded that the Plan as submitted had a number of deficiencies in respect of soundness and legal compliance, which meant that he recommended non-adoption of it as submitted, but that with his recommended main modifications the Plan satisfied legal requirements and met the criteria for soundness and was capable of adoption.

The Inspector's Final Report confirmed the findings of his Interim Report. His recommended main modifications were largely the same as the Council's proposed modifications that were published in February 2017 but he had made a small number of alterations to bring certain polices into line with national policy and ensure soundness of the Plan.

Following approval by Cabinet on 18 July 2017, the Council had before it the Plan with the main modifications recommended by the Inspector, together with additional modifications that do not affect the polices for Adoption.

Councillor Constance moved and Councillor Hudspeth seconded that Council approve the recommendations set out in the report and on the face of the Agenda.

Following a lengthy debate, the motion was put to the vote and was carried by 53 votes to 3, with 2 abstentions.

RESOLVED: (by 53 votes to 3, 2 abstentions) to:

(a) adopt the Oxfordshire Minerals and Waste Local Plan: Part 1 – Core Strategy with the main modifications recommended by the Inspector in his final report (Appendix B) at Annex 3B, the additional modifications at Annex 4 and any further minor additional modifications made under b)i below, in accordance with the Planning and Compulsory Purchase Act 2004 section 23(3) (as amended);

(b) authorise the Director for Planning & Place to:

i. make any further minor additional modifications which may be necessary, such as formatting changes and typographical corrections, in order to publish the plan; and

ii. carry out the steps required by The Town and Country Planning (Local Planning) (England) Regulations 2012, Regulation 26 for making the plan and other documents and information publically available and notifying specified persons as soon as reasonably practicable after the plan is adopted.

155/17 MOTION FROM COUNCILLOR LIZ LEFFMAN

(Agenda Item 12)

Councillor Leffman moved and Councillor Rooke seconded the following Motion:

"This Council notes that in spite of repeatedly advertising vacancies, the Oxfordshire Clinical Commissioning Group has been unable to recruit enough GPs and other clinical staff to meet local need.

Many patients now have to wait for at least 4 weeks for a non-emergency appointment with their GP. This is in part due to the difficulty of attracting GP's to serve in rural areas, especially where house prices are high and GP premises require significant investment. It is a problem shared with other counties, and is acknowledged by the SPARSE Rural Group of the Rural Services Network, which has given backing to a proposal to offer GPs a "rural weighting" as part of their remuneration. Similar to the accepted practice of 'London weighting', such a scheme would aim to attract the needed physicians and in turn facilitate better provision of health services across the county.

This Council believes that a "rural weighting" is needed in order to attract GPs to the county and relieve pressure on accident and emergency services. This Council therefore asks the Leader of the Council to request Oxfordshire MPs to lobby the Secretary of State for Health to introduce a scheme of 'rural weighting' for GPs who accept positions in rural counties such as Oxfordshire."

Councillor Brighouse moved and Councillor Price seconded the following amendment in bold italics and strikethrough:

"This Council notes that in spite of repeatedly advertising vacancies, the Oxfordshire Clinical Commissioning Group has been unable to recruit enough GPs and other clinical staff to meet local need.

Many patients now have to wait for at least 4 weeks for a non-emergency appointment with their GP. This is in part due to the difficulty ~~of~~ ***in*** attracting GP's to serve in ~~rural areas~~ ***Oxfordshire***, ~~especially~~ where house prices are high. ~~and GP premises require significant investment. It is a problem shared with other counties, and is acknowledged by the SPARSE Rural Group of the Rural Services Network, which has given backing to a proposal to offer GPs a "rural weighting" as part of their remuneration. Similar to the accepted practice of 'London weighting', such a scheme~~ ***Oxfordshire although a rural County has all the challenges in recruiting staff due to the cost of living as exists in London. Introducing a weighting scheme such as operates in London*** would ~~aim to~~ attract the ***much*** needed physicians and in turn facilitate better provision of health services across the County.

This Council believes that ~~a "rural weighting"~~ ***this*** is needed ~~in order~~ to attract GPs ***and other clinicians*** to the county and ***so*** relieve pressure on ***A***ccident and ***E***mergency ***S***ervices. This Council therefore asks the Leader of the Council to request Oxfordshire MPs to lobby the Secretary of State for Health to introduce a "***London Weighting" type*** scheme ~~of 'rural weighting'~~ for GPs ***and clinical staff*** who accept positions in ~~rural counties such as~~ Oxfordshire."

Following debate, the amendment was put to the vote and was carried by 48 votes to 10.

The substantive motion as amended was put to the vote and was agreed unanimously.

RESOLVED: (Unanimous)

"This Council notes that in spite of repeatedly advertising vacancies, the Oxfordshire Clinical Commissioning Group has been unable to recruit enough GPs and other clinical staff to meet local need.

Many patients now have to wait for at least 4 weeks for a non-emergency appointment with their GP. This is in part due to the difficulty in attracting GP's to serve in Oxfordshire, where house prices are high. Oxfordshire although a rural County has all the challenges in recruiting staff due to the cost of living as exists in London. Introducing a weighting scheme such as operates in London would attract the much needed physicians and in turn facilitate better provision of health services across the County.

This Council believes that this is needed to attract GPs and other clinicians to the county and so relieve pressure on Accident and Emergency Services. This Council therefore asks the Leader of the Council to request Oxfordshire MPs to lobby the Secretary of State for Health to introduce a "London

Weighting" type scheme for GPs and clinical staff who accept positions in Oxfordshire."

156/17 MOTION FROM COUNCILLOR MARK CHERRY

(Agenda Item 13)

With the agreement of Council, Councillor Cherry moved and Councillor Reeves seconded his motion as amended at the suggestion of Councillor Reeves below in strikethrough:

"Oxfordshire County Council Highways Department needs at least £165 million pounds to get Oxfordshire roads fit for purpose. Unfortunately though, it has to work with a highways budget for Oxfordshire roads of around £20 million a year.

Council asks the leader of Oxfordshire County Council write to the Minister for Transport to ask that he give urgent consideration to the importance of extra funding for our ~~failing~~ roads in Oxfordshire."

Councillor Smith moved and Councillor Johnston seconded the following amendment as shown below in bold italics and strikethrough:

"Oxfordshire County Council Highways Department needs at least £165 million ~~pounds~~ to get Oxfordshire roads fit for purpose. Unfortunately though, it has to work with a highways budget for Oxfordshire roads of around £20 million a year.

Council asks the leader of Oxfordshire County Council write to the Minister for Transport to ask that he give urgent consideration to the importance of extra funding for our failing roads in Oxfordshire~~."~~ ***Council also asks Cabinet to consider prudential borrowing as an additional way to ensure ongoing investment in our local roads"***

Following debate, the amendment was put to the vote and was lost by 46 votes to 12, with 1 abstention.

The Substantive motion as amended was then put to the vote and was carried unanimously.

RESOLVED: (Unanimous)

"Oxfordshire County Council Highways Department needs at least £165 million pounds to get Oxfordshire roads fit for purpose. Unfortunately though, it has to work with a highways budget for Oxfordshire roads of around £20 million a year.

Council asks the leader of Oxfordshire County Council write to the Minister for Transport to ask that he give urgent consideration to the importance of extra funding for our roads in Oxfordshire."

157/17 MOTION FROM COUNCILLOR EMMA TURNBULL

(Agenda Item 14)

With the consent of Council, Councillor Turnbull moved an alteration to her motion at the suggestion of Councillors Reeves and Johnson as follows in bold italics and strikethrough:

Oxfordshire has a growing number of ***children and young people (CYP)*** as having complex social, emotional and mental health needs. Some of these ***CYP*** have experienced conflict and ***all*** need timely access to services including specialist psychological assessment. Counselling or therapy to help them through the crisis and rebuild their lives.

The local CAMHS has been struggling to meet the needs of these young people. Figures for June 2017 show that only 53% of young people get their first routine appointment within 12 weeks of referral (target is 75%). There are currently 1,114 ***CYP*** waiting to access mental health services in Oxfordshire.

The CAMHS provides excellent care, but is a service currently unable to offer quick, flexible intervention to help young people in distress. This is having a detrimental effect on schools, which lack the expertise, training and resources to manage their pupils' complex needs.

There is a real, growing need to provide young people in distress with access to one-to-one or group-based specialist services that help alleviate trauma and build resilience while they wait for longer term **assessment *and treatment***. These services should be freely accessible to young people through the locality teams working from our family and children's centres.

This Council, recognising this ***urgent*** need, calls on Cabinet to investigate the cost and practicality to set up a specialist emotional and mental wellbeing service ***for CYP*** for consideration in the 2018 budget. This service would complement and support the mental health awareness work that is being done in schools, but would focus on providing rapid, flexible support for young people in distress.

Following debate, the motion as amended was put to the vote and was carried by 55 votes to 0.

RESOLVED: (55 votes to 0)

"Oxfordshire has a growing number of children and young people (CYP) as having complex social, emotional and mental health needs. Some of these CYP have experienced conflict and all need timely access to services

including specialist psychological assessment. Counselling or therapy to help them through the crisis and rebuild their lives.

The local CAMHS has been struggling to meet the needs of these young people. Figures for June 2017 show that only 53% of young people get their first routine appointment within 12 weeks of referral (target is 75%). There are currently 1,114 CYP waiting to access mental health services in Oxfordshire.

The CAMHS provides excellent care, but is a service currently unable to offer quick, flexible intervention to help young people in distress. This is having a detrimental effect on schools, which lack the expertise, training and resources to manage their pupils' complex needs.

There is a real, growing need to provide young people in distress with access to one-to-one or group-based specialist services that help alleviate trauma and build resilience while they wait for longer term assessment and treatment. These services should be freely accessible to young people through the locality teams working from our family and children's centres.

This Council, recognising this urgent need, calls on Cabinet to investigate the cost and practicality to set up a specialist emotional and mental wellbeing service for CYP for consideration in the 2018 budget. This service would complement and support the mental health awareness work that is being done in schools, but would focus on providing rapid, flexible support for young people in distress."

158/17 MOTIONS 15, 16 AND 17

(Agenda Item 15)

The time being after 3.52 pm, motions 15, 16 and 17 were considered dropped in accordance with Council Procedure Rule 13.5.5.

..... in the Chair

Date of signing .....

QUESTIONS WITH NOTICE FROM MEMBERS OF THE COUNCIL

Questions	Answers
1. COUNCILLOR JAMILA BEGUM AZAD Mental health issues can affect anyone, at any time in their life but sadly young people are affected disproportionately, with studies showing that more than half of mental health problems start by the age of 14 and three-quarters by 18. Young people can struggle with pressure of modern life, the demands of friendship and relationships, can all affect mental wellbeing. We know that early intervention, along with giving young people the confidence to access support can progress their wellbeing. What plans does Oxfordshire Clinical Commissioning Group have to stop this happening at early age?	**COUNCILLOR STEVE HARROD, CABINET MEMBER FOR CHILDREN & FAMILY SERVICES** I would like to start by thanking Councillor Azad for the focus this question has rightly brought to the issue of children and young people's mental health. She points out that children and young people who have been traumatised, who experience conflict or who have complex mental health needs, should be able to get the help they need, from the right professionals quickly. By way of background, it is important to note that this Council already jointly funds with Oxfordshire Clinical Commissioning Group (OCCG) the Child and Adolescent Mental Health Service provided by Oxford Health NHS Foundation Trust. A new contract for the service was agreed in May this year bringing the total investment in CAMHS to £8.4m. This has increased by more than £2m over the past three years as a result of targeted investment by the NHS. Despite this performance figures published by Oxfordshire Clinical Commissioning Group, show that waiting times are still too long, although some improvements have been made. Let me remind you, however, that any child that has a mental health emergency will of course be seen the same day and ''urgent' referrals are seen within two weeks. There were 6153 referrals to CAMHS during 2016-17. At present there are 1141 children waiting for a first appointment, with up to 580 new referrals being received every month. There has been a significant increase in the number of referrals over the past three months. This has undoubtedly impacted on waiting times with only 53% of children now having their first appointment within 12 weeks.

Questions	Answers
	This increase in referrals is not, however the only challenge CAMHS Oxfordshire faces. Perhaps the greatest challenge is the shortage of specialist CAMHS doctors and nurses and this has been recognised by Health Education England. This is not just an Oxfordshire issue but is nationally a problem. Every Clinical Commissioning Group in England and Wales received additional funding over the past three years and therefore every local area is looking for new doctors and nurses. Oxford Health NHS Foundation Trust already has an ongoing recruitment drive but despite this up to twelve clinical posts will be vacant at any one time. So it is not about lack of funding, and it is not only about more referrals but critically it is about a current shortage of appropriate staff, both doctors and nurses. These challenges are why OCCG has agreed a new contract with Oxford Health NHS Foundation Trust to deliver a new service model for Oxfordshire. The new Oxfordshire CAMHS will provide an integrated service with voluntary sector partners that will build community and individual resilience, educate other agencies around emotional wellbeing and mental health, prevention, early consultation, advice, treatment and self-management. These partners include: Barnardo's, Autism Family Support, Response, Oxfordshire Youth, SOFEA (South Oxfordshire Food and Education Association), TRAX, RAW, Ark T, Synolos, BYHP (Banbury Young Homeless Project). As well as harnessing expertise of the voluntary sector the new CAMHS will offer new online support and information for young people, families and schools. CAMHS is also working directly with schools, school health nurses and our own Locality Community Support Service (LCSS) to make sure there is a joined up approach to working with children and families. I would therefore contend that setting up a new service which the evidence before us would indicate, would be almost impossible to staff, is counter-productive. I propose that we give the new CAMHS the opportunity to deliver what it has been commissioned to do; to work with our current services such as

Questions	Answers
	the LCSS teams to make sure that children, young people and families are getting access to the right service, and to increase the work it does in our schools and colleges. I will also undertake to write to Health Education England to express this Council's concern about the shortage of CAMHS doctors and nurses and to ask what plans they have to address the issue urgently.
SUPPLEMENTARY QUESTION Young people at primary school and infant school age are getting mental health as well; so we need to know what the local authority is doing for these children in schools at that age.	**SUPPLEMENTARY ANSWER** I find that difficult to answer because I don't have any responsibility for schools, but certainly from the point of view of children services, I know that the officers are actively implementing more early intervention plans, there is a move afoot to implement a localities based system which is already seeing a change in the proportion of mental health cases that are being put forward and also finally if one looks at the increase in referrals to children's services they are up by 46% on the other hand, of those referrals, 69% of them result in no further action. So things are improving and we are aware of the need for early intervention.
2. COUNCILLOR LYNDA ATKINS What assessment has the Cabinet member's staff made of the cost of re-doing all the lamentably poor pothole repairs on non-A, non-B roads across the County when the repairs fail next time there is rain followed by frost? The latest methodology could be described as 'chuck in a bucket of tar and run away' leaving the road surface uneven, bits of tarmac littering the surface and plenty of large gaps for water to fill before it freezes. I would	**COUNCILLOR YVONNE CONSTANCE, CABINET MEMBER FOR ENVIRONMENT** Due to the budget pressures the Council has faced and the need to appropriately manage the defects, the council has had to make some hard decisions. Last financial year a decision was made to 'sweep and fill' on the lower classification roads rather than carry out a 'cut and fill' repair. A 'sweep and fill' pothole is significantly cheaper to carry out and is an appropriate way to repair the road in many locations. This practice has been continued into this year. On some occasions these defects do fail but the cause is usually because of the overall state of the road rather than because the repair is of poor quality and can also happen when potholes are repaired using "cut & fill". Highways Officers do

Questions	Answers
be happy to supply pictures of the many potholes filled in this way in my Division.	monitor the quality of defects and raise concerns with the Contractors where the quality of repair is deemed unsatisfactory. Sometimes repairs are completed to ensure the highway remains safe for users while more substantial works are planned. We are currently working closely with Skanska to extend the use of dragon patcher repairs and preventative work onto more of the network as my predecessor announced earlier this year (link to announcement : http://news.oxfordshire.gov.uk/coming-soon-to-a-road-near-you-in-oxfordshire/) In addition, the recent restructure within the Communities Directorate will deliver better cross-team working and greater efficiencies in road repairs and resurfacing.
SUPPLEMENTARY QUESTION Can Councillor Constance ensure that we have a very rigorous measure of quality control over the repairs that are being carried out because as she may have seen from the pictures that I sent, what is actually happening is appalling. There was a repair done to the pavement near me where we had a drop of about 1 inch and the fill on that now has created a raised trip hazard of about $1^{1}/_{2}$ inches.	**SUPPLEMENTARY ANSWER** Thank you for the question. I have asked officers to look into that specific example and to report back to me. Our roads are not in pristine condition. We know that, we do however have a really active policy of pothole filling but if you fill a pothole next to a patch of failing road unfortunately the failing road gives way as well. There is a grand intension to move towards patch repair rather than pothole repair. In my division, that is visible on every one of our roads .I can just assure you that better times are coming but I have asked for special interest in your pavements.
3. COUNCILLOR LYNDA ATKINS Can the Cabinet member please tell us how many older people with assessed eligible	**COUNCILLOR LAWRIE STRATFORD, CABINET MEMBER FOR ADULT SOCIAL CARE** I can reassure Councillor Atkins that all older people who have assessed eligible social care needs will be offered a place in the new Community Support Service,

Questions	Answers
social care needs, who will no longer be able to access Health and Wellbeing Centres from the end of September, have agreed clear and deliverable care plans to be in place at the beginning of October, and how many have yet to be reassured that their very important need for care is going to be met.	which will be operational from Monday 2 October 2017 following the closure of the Health and Wellbeing Centres on Friday 29 September 2017. Everyone with an assessed eligible social care need has a support plan that details their needs and how they are to be met. Letters to people with assessed eligible social care needs are being sent out in the week beginning 11 September 2017. These letters will set out the details of the centre where they have been offered a place, the day(s) of attendance and transport arrangements. We hope these letters will reassure people, and that everyone who is offered a place in the new Community Support Service will choose to accept it. The Community Information Network team is continuing to work with individuals who do not have eligible needs to identify alternative options and activities in the local community. Some people have already left the Health and Wellbeing Centres as they have started to attend their new day time services.
SUPPLEMENTARY QUESTION Does the Cabinet Member agree that in sending out letters to these very vulnerable residents just two weeks before the implementation of very major changes to the services we provide, we are not actually serving our most vulnerable residents well.	**SUPPLEMENTARY ANSWER** It has been a challenge, I know in my own area people have been notified someway ahead. Unfortunately, due to the nature of the users it goes out of their head very quickly and repeat letters are necessary. It is a fine balance. I appreciate across the piece there will be a lot of people who are disappointed, there are others who will have received letters and thought that is nothing to do with them and park it, but I hope our officers, and I have every confidence, are continuing to monitor the take up and the response to letters, but I do appreciate that it is a bit of challenge.

Questions	Answers
4. COUNCILLOR LIZ LEFFMAN According to a recent report from accountancy firm Moore Stevens, one in six care home companies are presently in danger of insolvency. What steps is this council taking to evaluate the financial security of care homes across the county, particularly those with which the council has a contract?	**COUNCILLOR LAWRIE STRATFORD, CABINET MEMBER FOR ADULT SOCIAL CARE** Thank you for your question. The council is aware of recent reports about financial resilience in the care homes sector. Oxfordshire County Council understands the crucial role that commissioning authorities play in making sure that service providers deliver quality and there is a sustainable market available for the foreseeable future. The County Council has responsibilities under The Care Act to facilitate the same for all residents in Oxfordshire and care homes play an important part in helping to deliver this. The County Council uses a risk based approach to managing its contracted services. Performance information is gathered from various sources and this is used to develop broad intelligence about all providers. This helps us to form a view about the care market and providers in general that we contract with. In terms of supplier resilience, and in particular financial resilience a number of strategies are employed. • At a local level a key source of information comes from us maintaining close relationships with providers to hear their general views and concerns about the care market and any emerging cost pressures that they are likely to experience. This is important as the county council only purchases about one third of the bed stock in Oxfordshire; the other two thirds being purchased mainly by private individuals, with a small proportion being purchased by health commissioners and other local authorities. • To supplement our local intelligence, the Council uses an information system called Procurement Catalyst that helps to analyse risk across our supplier portfolio. This system gathers financial data from a variety of sources and aggregates the same to give an overview of a provider's financial resilience

Questions	Answers
	and risk. Information can be interrogated at both individual provider level and organisational level. The system is configured to provide 'Alerts' on a regular basis for our top suppliers so that prompt action can be taken if necessary. • At a national level the Care Quality Commission (CQC) has a Market Oversight role. Market Oversight is a statutory scheme through which it assesses the financial sustainability of those care organisations that local authorities would find difficult to replace should they fail and become unable to carry on delivering a service. The Care Quality Commission is required to inform local authorities where these services are delivered as soon as it believes that this failure is likely to happen. By giving an early warning of likely failure, the Commission intends to help local authorities to carry out their statutory duty to ensure continuity of care when providers fail. It's important to note that being listed on the scheme does not mean that a provider is at risk of failing, it only means that the provider would be difficult to replace if they did fail. The Director for Adult Services has confirmed that the Council has not been alerted through this scheme to any services that are at risk of failing. Furthermore, there is good communication and regular meetings between commissioners and the regulator to ensure that good quality services are maintained. The above information sources are also used to support our price review process and our tendering processes for care home services in Oxfordshire. Overall we believe that we have good services in Oxfordshire and an expanding care homes market that has seen growth over the last few years. We believe we pay good rates for services, with the quality of services above the Care Quality Commission national average. Despite this we are maintaining oversight of the same to ensure that the interest of the vulnerable people who use these services is maintained and they are safeguarded throughout.

Questions	Answers
SUPPLEMENTARY QUESTION With one in six care homes threatened across the country I am wondering if there are any of which you are of aware in this county that might be in danger of insolvency?	**SUPPLEMENTARY ANSWER** We continue to monitor closely for some of those homes that might be more vulnerable. We do keep track of them and take advice from CQC. We also have to recognise that, at the moment there only about one in three placements that we have placed, but we do try and monitor all care homes. One of the areas that is most at risk is the smaller care homes, either being absorbed into a larger organisation which may mean the way in which they operate changes significantly. the other area is where the small homes perhaps have less business acumen and understanding to ensure they continue to operate with changing legislation and this Council did agree in the last budget proposal to provide some money to provide that sort of business support for care homes to ensure that they were aware of what is coming down the line and for us to offer support. That is not an inconsiderable sum when you look at our budget, £100k over a two year period and we will be monitoring how that take up is, but we are all careful to monitor care homes, we recognise there is a growing demand and the pressure on that service area is becoming more and more critical.
5. COUNCILLOR JENNY HANNABY What progress has been made towards a new Contract for Street Lighting upkeep and repair to replace the Contract terminated eighteen months ago.	**COUNCILLOR YVONNE CONSTANCE, CABINET MEMBER FOR ENVIRONMENT** The service is developing a significant capital investment bid to convert/replace the remaining 85% of the lamp columns and lamp heads to a Smart LED solution. By doing this, the Authority will make significant savings on its energy and maintenance bill (approximately £1.5m per annum). The operational and maintenance requirements for a smart LED network however, are significantly different to the existing routine maintenance requirements for the conventional light source estate which the council currently has. As such, the service has deferred a tender on a new contract until such time a decision has been taken on this investment proposal to ensure that the next contract delivers both good

Questions	Answers
	value to the council and is fit for purpose for delivering the needs of road users and residents. Notwithstanding this, the service is working with the interim street lighting contractor (Amey OW) with a view to extending the current arrangements and scaling up the level of service that the Authority originally procured to ensure that service levels better reflect user's expectations."
SUPPLEMENTARY QUESTION Recognising the new contract will be delayed until a decision is made about the investment, wouldn't it be prudent to get on and extend the existing maintenance contract with Amey's OW and hopefully improve the service for our residents as we come to the crucial winter period as 85% of us are not LED?	**SUPPLEMENTARY ANSWER** The best I can say to you is that we will certainly follow up the suggestion and we will get back to you.
6. COUNCILLOR MAURICE BILLINGTON Cherwell District Council is proposing to build thousands of houses in the Kidlington/ Begbroke/ Yarnton area to help relieve the pressure on Oxford City Council who are unable to meet their quota of house building in their own Local Plan. Could the Leader assure me that he is working to identify infrastructure funding to help mitigate the additional houses that Cherwell have to build	**COUCILLOR IAN HUDSPETH, LEADER OF THE COUNCIL** Oxfordshire County Council robustly test all emerging local plans to ensure that any proposed development can either be accommodated in infrastructure terms or that the appropriate mitigation is identified. In relation to funding of any identified infrastructure mitigation, I can offer assurance that all possible funding streams are and will be explored. Currently we have a team preparing infrastructure funding bids through the Housing Infrastructure Fund and within this bid package are a series of schemes included to support growth in the areas you identify.

Questions	Answers
to assist Oxford City Council?	
SUPPLEMENTARY QUESTION When I went to a consultation at Kidlington, Exeter Hall regarding these 4,400 houses in Yarnton, Begbroke, Kidlington and Gosford, I asked the question how much would the new structure cost for the roads and they said £3.5 billion. I would like to know how much you think we will get and also the area that concerns me as well is the A34 by the Turnpike as you go the other side there are two bridges and that definitely needs widening as it is absolutely chaos at that roundabout and if there is nothing done we have got 2,800 houses going there and no traffic will move at all.	**SUPPLEMENTARY ANSWER** There is a lot of work going on at the moment, the OXIS strategy is going to go before the Growth Board on 26 September, which will provide the entire infrastructure that is required, and that is £8 billion across the County. We are working with the National Infrastructure Commission to see about governance and deliverability of all these issues, we are also working together with our Districts and City colleagues on what is nationally called the Place Base Sustainable Growth Proposal that was submitted earlier this week, which is about talking to government and getting additional funds so we can actually work and get up the schemes for delivery and more importantly over 30 years, have £30m per year to deliver those schemes. Next week at Cabinet there is going to be the housing infrastructure bid considered of which there are three areas: North Oxford, West Oxfordshire Smart Corridor and Didcot Garden Town in relationship to the North Oxford. This is around the Woodstock, Begbroke, Yarnton area and the Northern Gateway and that is proposing a bid of £152m for transport improvements around there, and whilst the detail is not in there I am sure we could look at the road between Peartree and the Turnpike because I do know that there are issues there. West Oxfordshire - the bid will be around the Witney/Carterton area with the already approved A40 strategy for around £135m and the Didcot Garden Town bid would be in the region of around £240m for the infrastructure including Clifton Hampden bypass, the Culham bridge, the Science bridge and these will all be going towards delivering the houses coming from the infrastructure requirements. They will be going before Cabinet next week, it will be done on a prioritisation basis and there is very strict guidance as to which the priority will be, but if you come to Cabinet next week you will be able to understand and listen to the debate.

Questions	Answers
7. COUNCILLOR JOHN HOWSON How much extra money in real terms are schools in Oxfordshire likely to receive from the government's amended National Funding Formula?	**COUNCILLOR HIBBERT-BILES, CABINET MEMBER FOR PUBLIC HEALTH & EDUCATION** Unfortunately, at present, we are still awaiting details from the DfE which will clarify what the promised additional £1.3 billion for schools and high needs across 2018-19 and 2019-20 will mean for Oxfordshire and its schools. Once we have these we will make them available to councillors.
SUPPLEMENTARY QUESTION Could I ask you to agree to include representations about funding for special education needs transport in view of the fact that the DfE is now having a review of the guidance in relation to SEN transport which may alert certain groups of what the law actually says at present and could involve us in an area where we are already overspent on the budget; and to ensure that the department does not forget that local authorities still have functions and it is all very well having a national funding formula for schools but they also need a national funding formula to ensure local authorities are properly funded for their responsibilities.	**SUPPLEMENTARY ANSWER** I will do that, I have picked this up just this last week about the transport and I have already enquired with our officers where we are going on that.

Questions	Answers
8. COUNCILLOR JOHN HOWSON What progress has been achieved in reducing the time taken to obtain a school place for children taken into care following the letter written to the Minister by all six of the county's members of parliament drawing attention to the issue?	**COUNCILLOR HIBBERT-BILES, CABINET MEMBER FOR PUBLIC HEALTH & EDUCATION** To date, I have yet to receive a response to the letter I sent on 5 July 2017 to Lord Nash, Minister for the school system. However, Victoria Prentis MP has received a response from Nick Gibb MP, Minister of State for School Standards. Unfortunately, his letter does little more than re-state what the current position is, although he does hold out the prospect of some future action to improve matters when he states that "we will give further consideration to delays of the admission of some looked after children in Oxfordshire when we next revise the Code. Of course the problem isn't in Oxfordshire, it sits with academies in other local authority areas, but any measures to improve the timeliness of the admission of Looked After Children would be welcome.
SUPPLEMENTARY QUESTION I gather that the Minister has now replied this morning that he is extremely disappointed that it has taken ministers something like six weeks to reply to our six MPs and even longer to reply to the Council Member about the issue for these particular children who are some of our most vulnerable. I hope that she will agree to continue to press the DfE to ensure that children who are taken into care have the same right to get back into school as they are imposing on parents to take children out of school on holiday. It is unacceptable that they should be out of school for so long.	**SUPPLEMENTARY ANSWER** We are in agreement over this. In fairness, the letter from Nick Gibb actually came here and not home and it took a week to get to me. I have already gone back to Victoria Prentis who wrote the original letter to him explaining your issues Councillor Howson and explained that they got it back to front and the issue is not in Oxfordshire, the issue is with other authorities when we are sending our children to them, but I will continue to press on that.

Questions	Answers
9. COUNCILLOR JOHN HOWSON What representations has the County Council made in relation to Oxford City Council's published consultation concerning plans for the future of Oxford Station?	**COUCILLOR IAN HUDSPETH, LEADER OF THE COUNCIL** The County Council has responded to the City Council's consultation on the Oxford Station SPD – please see appendix for copy of response. We did not send detailed comments due to the need to not prejudice any scheme coming forward in the future, but rather focused on the principles of the station area for the future so a more flexible approach can be adopted.
SUPPLEMENTARY QUESTION Is the Leader aware of any actions by the City Council to secure the funding for the Station project or are they just seeking to take the praise while somebody does all the hard work, as indeed with East/West Rail where of course they refused to join the partnership? Had they done so, perhaps we might have had the funding for the Station redevelopment by now.	**SUPPLEMENTARY ANSWER** I think it is interesting you are linking the East/West Rail project with this. It has been very disappointing that the City Council have failed to engage on this important project when actually they should be one of the main beneficiaries for that, and it has meant that it has dragged on. You will see from my response that we have got to be very careful to make sure that the Council does not prejudge anything. However, as I have just mentioned, the housing infrastructure fund and the growth placed package deal, could be a route through for us to get it and I am pleased to say that I am working well with my colleague at the City Council, Councillor Bob Price, in delivering those sort of things, so they are working towards that and I hope the positive outcome will be working to get the funding for Oxford Station rather than the approach they have taken over the East/West Rail which has not been as positive.
10. COUNCILLOR JOHN SANDERS It is unfortunate that the cabinet has agreed that Queen Street is to be closed to taxi and bus traffic. However, will the cabinet member explain why the plan:	**COUNCILLOR YVONNE CONSTANCE, CABINET MEMBER FOR ENVIRONMENT** Q1 Does not permit unloading outside the Town Hall main entrance but instead expects HGVs, catering vans and wedding limousines to operate from Blue Boar Street which will require dangerous vehicle manoeuvers,

Questions	Answers
1. does not permit unloading outside the Town Hall main entrance but instead expects HGVs, catering vans and wedding limousines to operate from Blue Boar Street which will require dangerous vehicle manoeuvers, 2. requires taxis to perform a dangerous U-turn to join the queue in Cornmarket Street rather than open up Turl Street and Market Street for access to taxis only. 3. does not include the introduction of benches for example in George Street, New Road and St. Aldates to assist visitors with walking difficulties now that they will need to walk further from their bus stops to access city centre shops?	*A1. Loading will be permitted outside the town hall outside the hours of 12-8pm under the new arrangements, except for within marked loading bays. Prior to the consultation, it was identified that between 12 and 8 pm are the busiest times on St Aldates, and this was the time that loading should be restricted, to allow for a better flow of buses and reduce congestion. We have met with the town hall during the consultation period, and identified that there is space for loading on Blue Boar Street, which could act as a replacement for the loss of loading on St Aldates between 12-8. We intend to meet again with relevant officers on this matter.* Q.2 Requires taxis to perform a dangerous U-turn to join the queue in Cornmarket Street rather than open up Turl Street and Market Street for access to taxis only. *A.2 Taxis will not be able to use Turl Street / Market Street to access the queue, due to the automatic rising bollard in place at the entrance to Turl Street. Should this be lowered to allow taxi access, it would be possible for other vehicles to access these roads, and enforcement of this would be very challenging. It is envisaged that the rank will be very slow moving with taxis potentially queueing both sides of the 'U', and taxis are currently carrying out a similar manoeuvre on Queen Street, during the temporary closure for construction. We are meeting regularly with COLTA and the city council to discuss safety and operation of the rank, and have assurances from COLTA that their members will act accordingly, as they have done during the current temporary rank on Queen Street. This will be closely monitored once in effect.* Q.3 Does not include the introduction of benches for example in George Street, New Road and St. Aldates to assist visitors with walking difficulties now that they will need to walk further from their bus stops to access city centre shops?

Questions	Answers
	A.3 It is unlikely many routes will have longer walking distances as a result of the closure, as the city centre is gaining 15 new bus stops. Buses will be serving more of the city centre as they will serve the new Westgate centre, and this will give more opportunities to board at different locations around the city compared to at present. In addition, operators may decide to create more 'through' routes to avoid turning buses in the city centre, and this again would assist passengers (please note that this is a decision for operators to take, and not one the council can enforce).
SUPPLEMENTARY QUESTION Would the Cabinet Member reconsider, as Queen Street closure and the rerouting of taxis into the Cornmarket experiment is only to last for eighteen months, then it seems reasonable to rely on traffic signs to prevent unauthorised vehicles from using the Turl/Market Street circle and would the Cabinet Member also reconsider the inconvenience of the Town Hall users weighted against the slight inconvenience of leaving a space with no bus stops opposite the Town Hall and also would the Cabinet Member consider walking with me and highway officers to inspect possible sites for benches for people with walking difficulties.	**SUPPLEMENTARY ANSWER** I think you are seeking to undo all that has already been decided in careful consultation with both Westgate and the City Council. That said, I won't say no to sensible proposals, I am happy to walk the route with you and explain. I do however, emphasise that the unloading question is perfectly reasonable, there is only one unloading outside the Town Hall, just not between 12 and 8pm, during those hours Blue Boar Street behind the Town Hall is a suitable alternative. I note also that the use of Cornmarket as a U-turn for taxis has been carefully considered and is in operation already. I further note that far from people having to walk greater distances for buses, there will be 15 new bus stops in the city centre. Yes, happy to walk it with you, but I do not think that I see a particular case for change here, I think it has been well considered and well agreed with both Westgate and the City Council, but I will meet you for the walk John.

Questions	Answers
11. COUNCILLOR SUSANNA PRESSEL Botley Road, Oxford, is probably the most congested street in the County. The problems are mostly caused by *eastern* end of the street, near the railway station. In view of this, why are we proposing to spend a lot of money on the *western* section of the street?	**COUNCILLOR YVONNE CONSTANCE, CABINET MEMBER FOR ENVIRONMENT** OCC carried out a corridor study along Botley Road, which identified measures required to improve the route. The study also estimated the cost of these works along sections of the route, and can be found here. https://www.oxfordshire.gov.uk/cms/content/ltp4-area-strategies . Building on the corridor study, we submitted a bid for £5M to the National Productivity Infrastructure Fund in June to implement some of the measures, and an announcement of whether this was successful is expected in the autumn. The bid focused on the area between Binsey Lane and Eynsham Road, and the proposals identified in the corridor study. The NPIF bid can be found here https://www.oxfordshire.gov.uk/cms/content/national-productivity-investment-fund. The area in the bid was identified in the corridor study as having the potential for most improvement, and work will focus on providing consistent pedestrian, cyclist and public transport facilities (fully segregated where possible) along the length of the route. The improvements along this stretch would be the first phase of several phases, with the city centre / station end positioned as phase 2, once there is more certainty over the development context in this area.
SUPPLEMENTARY QUESTION Why did the County Council not work closely with the City Council on this, because they didn't at all, and the City Council was adamant that the area of Batley Road that needs the most improvement is the area near the railway station and immediately to the west of it, because it is patently obvious to everybody in this room, and outside it, that	**SUPPLEMENTARY ANSWER** I can only stand by the answer as it is at the moment, but also to point out that the absence of work with the City Council does interest me because there has actually been a lot of work to cooperate and work in partnership. I will be meeting with the City Council, I think in 10 days' time, and this is an item that I will raise with them and I think we certainly need to establish our reasons for the work at the wrong end as you put it; it is open for further examination.

Questions	Answers
that is the pinch point in Batley Road which desperately needs improvement.	
12. COUNCILLOR SUSANNA PRESSEL Many people are put off from cycling because they feel it is unsafe. One of the things that make people feel safer on their bikes is good, visible road markings, e.g. for cycle lanes and advanced stop lines. In many parts of the County these have faded so much as to be almost invisible. Please can you dedicate more money to re-lining in future budgets?	**COUNCILLOR YVONNE CONSTANCE, CABINET MEMBER FOR ENVIRONMENT** There is only a limited amount of funding for the maintenance of our road network the spending of which has to be considered against the value it brings for users but also to protect the condition of our network. There is currently a specific budget allocation of £609,000 for signs and lines across the county for the roads that we maintain. Some lining, such as that which you have mentioned, brings greater value than those others. With limited funding being available it is key that officers work with local members to work up a programme that reflects local priorities taking into account the wider network need. You have my commitment that I will ensure this happens more effectively than it does at present.
SUPPLEMENTARY QUESTION This is about lining, refreshing lines on the roads. I think this answer is an attempt to divide and rule I am afraid, so my question is really to repeat what I asked before but perhaps in slightly different words which might illicit a better reply. Please can you guarantee that all roads which have heavy traffic including lots of cyclists will have their cycle markings renewed when they fade? This will save lives.	**SUPPLEMENTARY ANSWER** I can only emphasise that there is a budget to remark the lines, there are priorities that are set, your definition of what is a busy route might not be that of the Council, it is work again that we do with the City Council and I can assure you that we will do all that we can to meet your expectations.

Questions	Answers
13. COUNCILLOR SUSANNA PRESSEL One of the most valuable lifelines for older people and people with disabilities are our community transport services, such as Comet and Aspire. They have become especially valuable since the removal of the subsidies to bus services that the scandalous government cuts have forced us to carry out. Please can you tell me how we can help these vital services to expand, since they are hugely over-subscribed?	**COUNCILLOR YVONNE CONSTANCE, CABINET MEMBER FOR ENVIRONMENT** The Oxfordshire Comet is definitely a success, providing transport to approximately three hundred plus people (includes Parish Group bookings) across the county as and when they need it, however, due to operational restrictions, vehicles are only available between 10.00am and 2.00pm due to Day Centre and School routes so it does have its limitations. Aspire is a social enterprise with charity status, that is a private not for profit organisation. Fleet services are currently trying to find ways to improve capacity on the Comet service but this is proving to be challenging due to the limited resources of drivers and vehicles available.
SUPPLEMENTARY QUESTION I think a lot of us are very worried by the fact that Comet cannot cope with the demand, certainly in my division people keep ringing Comet and told, sorry we cannot help you, so my question is, please can we have assurances by say a month from now, or by the end of October, that we will be able to expand this vital service because it is vital for people who are not able to use public transport and if you cannot give us those assurances, please can you tell us what you do propose to do.	**SUPPLEMENTARY ANSWER** I cannot guarantee that it will be expanded. I am delighted to find that it already serves the interests of 300 people; it does not serve people in my division simply because the depots are too far for anybody seeking to use it to pay the costs of the vehicle getting to them. In the absence of that I have tried to persuade the S106 funded transport along the A417 for instance, to divert to pick up passengers, so far I am failing but I keep going on that, and I would add also that if Councillors work with their parish councils in particular and their communities there are real opportunities for community bus transport, but it is something that requires an input form the local residents as well as funding you find from other sources, but it is a very important feature of where I live. I invite you to consider that in your area.

Questions	Answers
14. COUNCILLOR HANNAH BANFIELD Councillors want to see that changes to day care meet the needs of those who currently use these services as well as those who will need them in the future. In some areas Elderly People have raised concern that the services they have relied on to give them support and their careers respite may no longer be available. They feel insecure about attending centres where there will already be friendships groups and where they will feel outsider's .Concern has also been raised about Transport. Can the member for Adult Social Care re-assure the Council that no-one will lose the provision they have relied on?	**COUCILLOR LAWRIE STRATFORD, CABINET MEMBER FOR ADULT SOCIAL CARE** I can reassure Councillor Banfield and the Council that everyone who is currently attending our Learning Disability Day Services and our Health and Wellbeing Centres is being seen by a dedicated team of Oxfordshire County Council staff working in partnership with the Community Information Network to review people's needs, provide assessments and support people to consider their options. For those people who do not have eligible needs for our new Community Support Service, the Community Information Network team is assisting them to find alternative options and activities in their communities, which could include for example: befriending, transport and practical support from a good neighbour scheme; attending a local lunch club; or joining a local social group. There over 200 community and voluntary groups providing daytime support across the county, many of which provide opportunities to socialise, activities and hot meals; the majority of these have not previously received funding from Oxfordshire County Council. I am therefore confident that suitable alternative day time options will be available for people, should they choose to use them. In fact, some people have already left the Health and Wellbeing Centres as they have started to attend their new day time services. Oxfordshire Community and Voluntary Action (OCVA) is supporting voluntary and community services to identify alternative transport options where this is necessary, which includes the Council's bookable service, The Comet. I appreciate that these changes may be difficult for some people, and that there may be understandable concerns about attending a new place.

Questions	Answers
	As demand for social care grows and government funding reduces, the changes we are making to our daytime support provision will ensure that the core service is secure for the Oxfordshire residents who need support now and in the future.
SUPPLEMENTARY QUESTION Councillors want to see that changes to day care meet the needs of those who currently use the services as well as those who will use them in the future. In some areas elderly people have raised concern that the services they have relied on to give them support and their carers respite may no longer be available. The question is Councillor Stratford, will you push the start date back for the implementation of 1 October for the day care centres as you said it has been a challenge and that also the letters have only gone out this week.	**SUPPLEMENTARY ANSWER** I am not prepared to move the date, steps are already ahead. I have liaised with our staff and if there is a local issue and it might need to go back a few days to deal with some of the changes in the buildings, I am flexible. We have actually done changes with our staff as you may be aware, jobs have been reassessed, we have got our staff getting geared into new posts for 1 October, I do not think moving it back at this late stage is appropriate. However, I know our staff are working to ensure that people are aware, we are still going to ensure that those that are entitled to have eligible needs will receive that. For those people that don't have eligible needs but do enjoy the facilities, I appreciate that is a bigger challenge for some of those and I can see why they are concerned, I have the same issue in my patch, but I have no reason at the moment to consider moving the implementation back.

division(s): N/A

COUNTY COUNCIL – 11 NOVEMBER 2017

REPORT OF THE CABINET

Cabinet Member: Leader

1. Submission of Expression of Interest to the Housing Infrastructure Fund

(Cabinet, 19 September 2017)

The County Council proposed to make bids to the Housing Infrastructure Fund (HIF), an investment programme announced in July 2017 by the Department for Communities and Local Government and administered through the Homes and Communities Agency. The County Council was required to develop candidate schemes and packages of schemes and make Expression of Interests for viable programmes by 28 September.

The Cabinet had before them a report which sought approval for a submission of an Expression of Interest to the Housing Infrastructure Fund, including the process for the assessment of viability of schemes and for their subsequent prioritisation. Cabinet approved a submission of an Expression of Interest to the Housing Infrastructure Fund and delegated to the Strategic Director for Communities, in consultation with the Leader of the Council and the Cabinet Member for Environment, and taking into account the view of the Growth Board, the final viability and prioritisation assessment and the detail of the bid submission including the detail of projects to be included within each scheme.

Cabinet Member: Deputy Leader of the Council

2. Staffing Report – Quarter 1 - 2017

(Cabinet, 19 September 2017)

Cabinet noted a report which provided an update on staffing numbers and related activity for the period 1 April 2017 to 30 June 2017. Progress would be tracked throughout the year on the movement of staffing numbers from those reported at 31 March 2017 as the Council continued to deliver required budget savings. The Cabinet also continued to track reductions since 1 April 2010 to reflect the impact on staffing numbers via delivery of the Business Strategy and Transformation programme.

3. Business Management & Monitoring Report for Quarter 1 - 2017/18 - October 2017

(Cabinet, 17 October 2017)

Cabinet noted a report giving details of performance for quarter one 2017-18. The report is required so that the Cabinet can monitor the performance of the Council in key service areas and be assured that progress is being made to improve areas where performance is below the expected level.

4. Corporate Plan 2017-2021

(Cabinet, 17 October 2017)

Cabinet had before them a report on the approach and direction being taken in developing the council's new Corporate Plan (2018-21).

Cabinet commented on the draft prospectus and approved it for finalisation and publication. Cabinet noted the approach being taken to develop the full new Corporate Plan whixch would be submitted for approval to full Council in due course.

5. Governance Review

(Cabinet, 17 October 2017)

On 11 July this year, Full Council agreed to ask Cabinet to work with Political Group Leaders to bring forward a plan for implementing revised political governance arrangements. The impetus was to ensure that the Council's governance arrangements are transparent, inclusive and reflect the political dynamics of the Council. The timescale envisaged for implementation of any new structures was 'as soon as practicable'.

Cabinet considered a report that set out: the potential range of outcomes - changes to the form or structure of decision making; the responses from a councillor survey; the setting up of a cross-party task group to work up options for Political Group Leaders and Cabinet – working within an agreed timeframe and to specific terms of reference; and the potential use of comparative costs and benchmarked examples

Cabinet agreed that the governance review should also include a review of potential improvements to the existing arrangements, in the interests of completeness; noted the headline themes arising from the councillor survey; and agreed the setting up of the Task Group

Cabinet Member: Children & Family Services

6. The Oxfordshire Safeguarding Children's Board (OSCB) Annual Report/The Performance Audit & Quality Assurance Annual Report and The Case Review & Governance Annual Report

(Cabinet, 17 October 2017)

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 welcomed the annual report summarising the key achievements in the last year and providing an analysis of safeguarding arrangements.

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. Queen Street Experimental TRO

(Cabinet Member for Environment, 12 October 2017)

Cabinet had previously approved an experimental TRO to close Queen Street to buses, taxis and private hire, subject to Secretary of State approval but recent advice from the Department for Transport had indicated further monitoring would be required prior to closing the street to buses on an experimental basis. However, there was still a requirement to close the street to taxis and private hire vehicles and the Cabinet Member considered an urgent report which sought approval to defer a decision on exclusion of buses, but implement the exclusion of taxis and private hire vehicles in line with the proposals reported to Cabinet in July 2017.

The Cabinet Member confirmed that in accordance with Regulation 16 of the Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2000 (as amended), the Chairman of the Performance Scrutiny Committee had agreed that in her opinion the matter was urgent and could not reasonably be deferred insofar as it would cause delay in the implementation of the TRO, prior to the new Westgate centre opening on Tuesday 24 October..

As set out under Rule 19(a) of the Scrutiny Procedure Rules, this decision, with the approval of the Chairman of the Council, was declared exempt from Call-In as it was deemed urgent and any delay would seriously prejudice the Council's interests. This is now reported to Council as required by the Constitution.

Cabinet Member for Environment agreed, pending the decision of the Secretary of State, to defer a decision on the part of the experimental TRO excluding buses from Queen Street until further monitoring had been undertaken with the Westgate centre open; and approved implementation of the part of the experimental TRO to exclude taxis and private hire vehicles from Queen Street.

Cabinet Member: Finance

8. Service & Resource Planning Report – 2018/19 – September 2017

(Cabinet, 19 September 2017)

Cabinet had before them the first report in a series on the Service & Resource Planning process for the forthcoming year which will culminate in Council setting a budget for 2018/19together with the medium term plan and capital programme to 2021/22 in February 2018. The initial report set the context and the starting point for the process, and sought approval to the proposed process, including the timetable and a four year period for the Medium Term Financial Plan and Capital Programme to 2021/22.

9. 2017/18 Financial Monitoring & Business Strategy Delivery Report - August 2017

(Cabinet, 17 October 2017)

Cabinet considered the second financial monitoring report for 2017/18 that focused on the delivery of the 2017/18 budget based on projections at the end of August 2017. Parts 1 and 2 included projections for revenue, reserves and balances. Capital Programme monitoring and update was included at Part 3.

Cabinet approved the virement requests, the bad debt write offs and the requests for new reserves relating to the Community Support Service and Children, Education & Families Projects set aside for funding for projects within Children, Education & Families as part of the work to manage demand.
Cabinet also noted the Treasury Management lending list and approved the updated Capital Programme.

Cabinet Member: Local Communities

10. Transition Fund for Open Access Children's Centres – September 2017

(Cabinet, 19 September 2017)

The Cabinet had before it a report which dealt with the undetermined decisions from the 18th July Cabinet about the Florence Park site. The report also looks at the expenditure against the 'one off' £1m fund to provide pump priming to support community-led solutions for delivering open-access services for children and families agreed by Council in February 2017. Following three rounds of grant funding and allocations to twenty six organisations, there was a remaining balance of £262,674. In relation to the future use of the Florence Park site, Cabinet Agreed to support the proposal for asset transfer and transition fund grant for Aspire. Cabinet further agreed to provide active and positive support to assist Aflah Nursery finding alternative premises; and to approve the proposed use of the transition fund underspend and to invite Aflah Nursery to reformat their proposal as appropriate to re-apply under the new scheme for transition funding should they so wish.

Cabinet Member: Public Health & Education

11. Director of Public Health Annual Report 2016/17

(Cabinet, 19 September 2017)

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.

N.B. This report is included elsewhere on the agenda for consideration by full Council.

IAN HUDSPETH
Leader of the Council

September 2017

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DIRECTOR OF PUBLIC HEALTH FOR OXFORDSHIRE

ANNUAL REPORT X

Reporting on 2016/17
Produced: August 2017

Contents

Foreword

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

This is my 10th 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 you find it 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.
August 2017

Chapter 1: The Demographic Challenge

Let's keep this simple.

There are two major challenges facing Oxfordshire:

- How do we cope with the increasing stresses and strains a growing population brings?
- How do we keep children and adults of all ages healthy so that disease is minimised as the population grows?

Of course there are many other problems and issues, but these two are the overwhelming ones, and this report looks at these two issues from many different angles.

This chapter focusses on the first of these two – the demographic challenge.

The demographic challenge is a challenge because of 5 interlocking factors:

1. The population is growing
2. The population is ageing
3. The proportion of older people is increasing
4. Public expectations are high
5. Money is tight

A further problem is rapidly approaching which will further complicate matters – being overweight is the new norm in adults and increasingly prevalent in younger people, and this will inevitably lead to higher levels of disease – but that's for chapter 4.

Disadvantage also acts as a brake to stop people achieving their full potential and this is another confounding factor – you will find that topic in chapter 3.

Population growth means we have to plan our communities better and poor air quality - generated by more people and more activity – is an important issue - covered in chapter 2.

All of these changes put stresses and strains on the mental wellbeing of young people – see chapter 5.

…… and of course, let's never forget the shadow cast by infectious disease – sleeping, but not defeated - chapter 6.

So let's look first at population growth and population ageing.

Population Growth

Between 2000 and 2015, the total population of Oxfordshire increased by 70,700 people (+12%) compared with 11% across England.
Plans for a significant expansion in new housing, following the Oxfordshire Strategic Housing Market Assessment, imply a growth in the population of Oxfordshire over the next 15 years of more than double that of the previous 15-year period.

Oxfordshire County Council population forecasts, based on expected housing growth, predict an increase in the number of Oxfordshire residents of 183,900 people (+27%) between 2015 and 2030.

This is a massive increase by any standards and will put a huge strain on our already stretched infrastructure such as roads and schools- a factor I will pick up in chapter 2.

Will Government funding of statutory services keep pace? No one knows the answer, but we do know that health and social services are already stretched to breaking point.

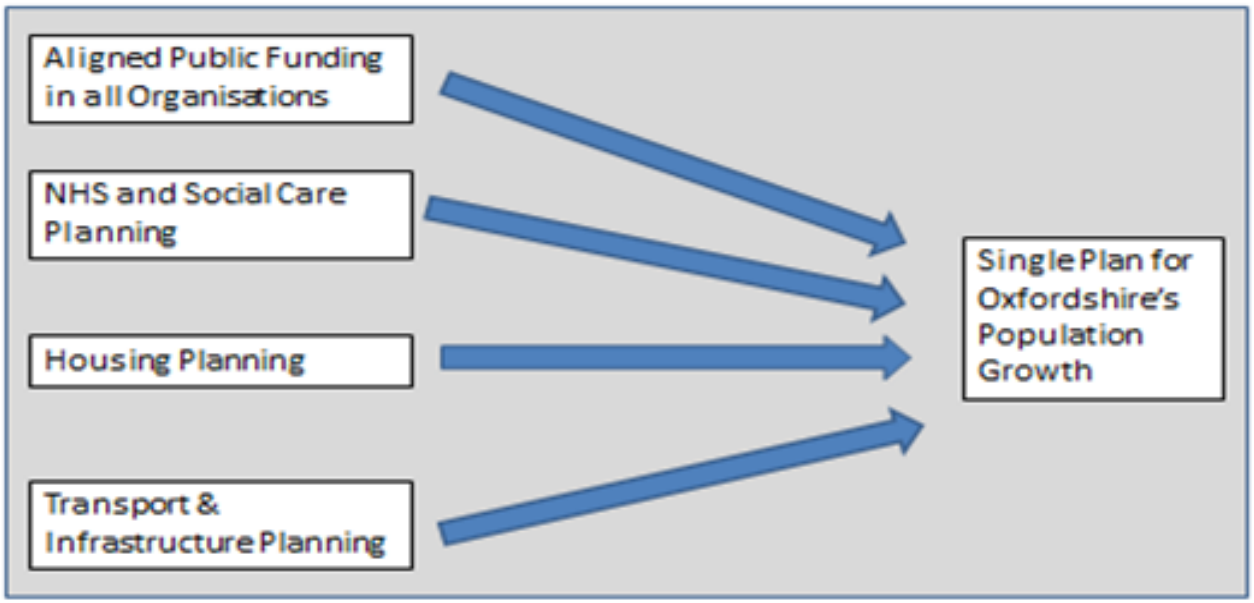
What we also know is that the old ways of doing things aren't likely to cope with such an increase as they stand. Our planning systems need to work far more slickly and intelligently if we are to have the transport systems people will demand. The daily commute will become increasingly tortuous and movement more difficult. Perhaps home working and IT solutions point the way forward.

Of course, people tend not to like change – it's hard-wired into us. During the last year local NHS organisations put forward proposals about radically changing the way hospitals and community services might be changed to cope with this pressure. The response was - to put it mildly - mixed. It's like one of those problems in which you push the problem down in one place but that makes it pop up in another – for example, the NHS proposed increasing the care carried out by people coming to hospitals for the day (ambulatory care), but it is outside the NHS's remit to plan for the increase in journeys and traffic and parking that implies, and so another problem is created.

All of this means that the problem of population growth is too big for any one organisation to cope with alone – we need to harness plans for housing, transport, the NHS and social care to the same yoke so that we can plough a single furrow.

We haven't solved this yet but the problem is staring senior executives and senior Councillors in the face. Necessity will, as always, drive the solution, and the solution we need is to craft a unified planning system.

In simple terms it will need to look something like this:



There are signs that we are closer to this than ever before, and these have occurred during the last 18 months. These are:

- Council Leaders and the NHS, Local Enterprise Partnership and the Universities debating new forms of local Government and Devolution
- The NHS trying to join up the currently fractured system through a single plan
- The Hospital Trusts and Universities reaching out to Local Authority planners to seek a `joined up' approach.

This is good. These are green shoots. They cause much controversy, but they are clear signs that all the big organisations are saying 'we can't go on as we are' and that is always the first step. No one knows where it will lead, but we seem to have begun the journey, and this is to be welcomed, for the problem of population growth is very real and the solution is likely to be radical.

Expected growth in housing

The plans for housing growth recommended for Oxfordshire shed a factual side-light on the scale of future population growth. In April 2014 the Oxfordshire Local Authorities, published the Strategic Housing Market Assessment (SHMA) for Oxfordshire.

The Assessment suggested that the demographic trends and growth of the County economy and the level of affordable housing required would necessitate **100,060** additional new homes in Oxfordshire between 2011 and 2031. More houses mean more people. There are currently over 600,000 people living in Oxfordshire. 100,060 more houses will swell this number considerably.

Up to the end of March 2016, just under 11,700 homes had been built in Oxfordshire and, since 2011, the year with the highest rate of housing completions was 2015/16 with 3,350 homes built. This leaves a remaining requirement of 88,400 new homes to be built by 2031, or just under

6,000 homes per year for each of the next 15 years. This is a contentious topic and is much debated. Where will the houses go? When exactly will they be built? Will they be grouped to make best use of the 'developer contributions' which can fund the sensible road and transport links we need? The risk is that a piecemeal planning system which doesn't take a view of the whole is less likely to help. This is another reason why organisations need to pull together if we are to cope.

The Strategic Housing Market Assessment represents a view of how Oxfordshire 'should' grow in the national context. Of course it's not just about houses. Houses mean people and people mean more roads, more schools and more workplaces….and more diseases. More people also implies a much higher volume of attendances at GP surgeries and hospitals and more need for social care. All of this requires careful planning and, as highlighted in previous annual reports, there is a widely shared view that our current planning processes are fragmented and won't cope well as they stand. Hence the need to move towards a single planning process.

During the year, a useful start has been made on this and the infrastructure requirements of all organisations across the County have been drawn together in one place in a document called Oxfordshire Infrastructure Strategy. This is a start and is to be applauded. The question is, can this be used to make the disparate cogs of the planning process turn as one smooth machine to serve local people? Only time will tell.

Where will the nurses, home care workers and ancillary staff come from?

The very real and tangible effects of population growth, the relative prosperity of Oxfordshire, low unemployment and sluggish housing growth of affordable housing all combine to create a very big problem for services.

It is becoming increasingly difficult to recruit the staff we need to fill nursing, caring and ancillary posts. In the last few weeks, I attended meetings where the hospital and social care services were spelling this out very clearly. Some hospital wards are for example reported to be running with 25% vacancies. This is unlikely to be sustainable. Looking at local house prices sheds light on this and underlines the problems of high house prices in Oxfordshire. The statistics are as follows:

Housing affordability

- In 2016, house prices in Britain were 10 times the annual salary of residents.
- **Oxford was the least affordable city, with house prices being 16.7 times higher than annual earnings** - on a par with London.
- Burnley was the most affordable city, with house prices being 4.1 times the average annual earnings – 4 times more affordable than Oxfordshire.
- All the top 10 least affordable cities were located in the South of England. The majority of the most affordable locations were in the North West and Yorkshire regions.

Here is the relevant table.

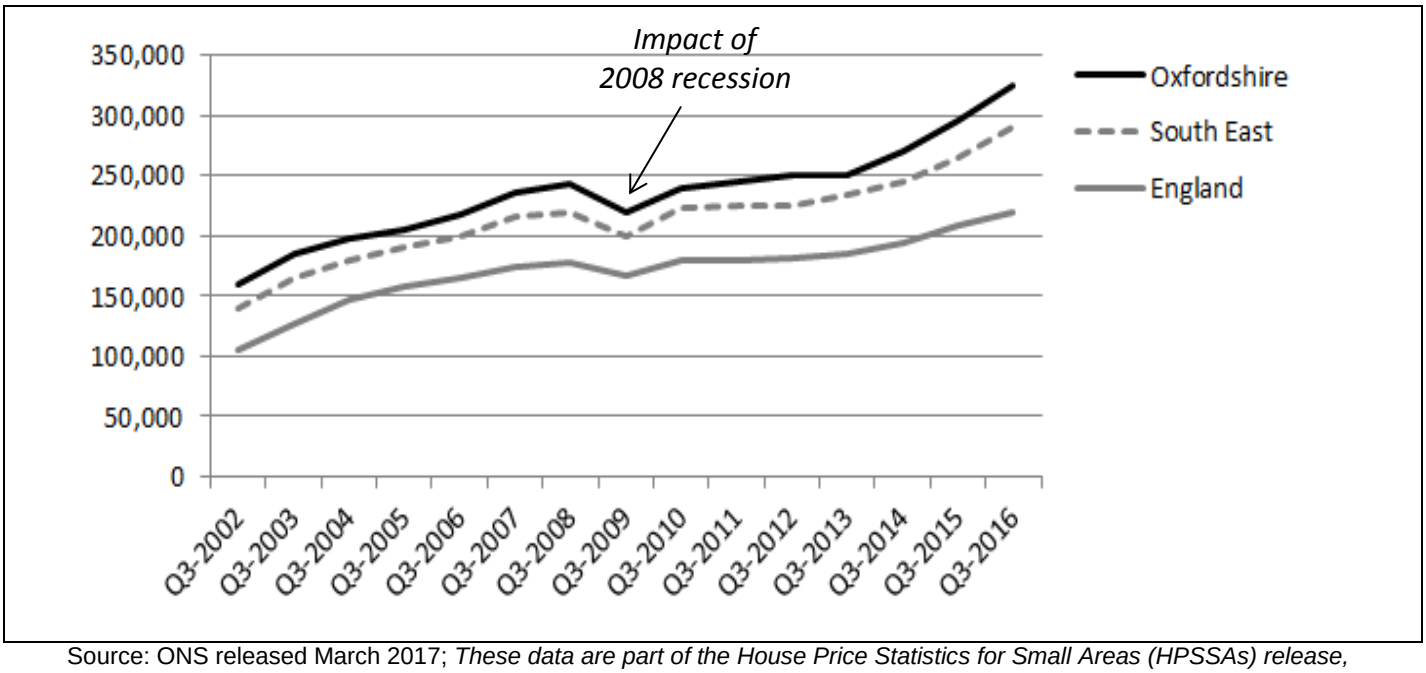
Housing affordability ratio

Rank	City	Affordability ratio	Average house price, 2016 (£)	Yearly wages, 2016 (£)
10 cities with the highest affordability ratio				
1	Oxford	16.7	491,900	29,400
2	London	16.7	561,400	33,700
3	Cambridge	15.8	475,800	30,100
4	Brighton	13.7	367,900	26,800
5	Bournemouth	12.5	309,300	24,700
6	Aldershot	11.6	360,400	31,200
7	Reading	11.3	375,200	33,300
8	Worthing	10.7	279,100	26,100
9	Exeter	10.5	253,500	24,100
10	Bristol	10.4	275,900	26,600

Trends in house prices

Over the past 10 years the increase in the median (mid-point) house price in Oxfordshire has been above the South East region and England. Between 2006 and 2016, the median price of housing in Oxfordshire increased from £218,000 to £325,000, an increase of 49% compared with 46% in the South East and 33% in England. The districts seeing the highest increase were Cherwell (60%) and Oxford (60%). In other words, the local affordability gap is getting worse compared with England.

Median house price 2002 to 2016



Source: ONS released March 2017; *These data are part of the House Price Statistics for Small Areas (HPSSAs) release, produced by ONS. These statistics report the count and median price of all dwellings sold and registered in a given year. They are calculated using open data from the Land Registry, a source of comprehensive record level administrative data on property transactions.*

Median house price 2006 to 2016

	Q3-2006	Q3-2016	Q3-2006 to Q3 2016	
Cherwell	£183,000	£292,250	*£109,250*	*+60%*
Oxford	£235,000	£375,000	*£140,000*	*+60%*
South Oxfordshire	£241,100	£355,000	*£113,900*	*+47%*
Vale of White Horse	£225,000	£325,000	*£100,000*	*+44%*
West Oxfordshire	£212,000	£300,000	*£88,000*	*+42%*
Oxfordshire	**£218,000**	**£325,000**	***£107,000***	***+49%***
South East	£198,950	£290,000	*£91,050*	*+46%*
England	£165,000	£220,000	*£55,000*	*+33%*

Source: ONS, released March 2017

All services are trying to find new ways to address this problem, and we are likely to need to look beyond the county boundary to developments around, say, High Wycombe to find the solution. Other options such as building hostels for workers are also being considered.

I have dwelt on housing prices because they illustrate with crystal clarity why the demographic challenge is real, it is here now, and it our most pressing challenge.

The ageing population

It is a blessing and a great achievement that people are living longer, often into a productive and active old age…… But it brings with it a new raft of issues for society to deal with…….

Growth of the population aged 65+

Between 2015 and 2030, Oxfordshire County Council predicts that the growth of people in the age group 65+ to be, 62,700 or **an increase of 53%.** This takes into account the plans available for new housing.

Growth of the population aged 85+

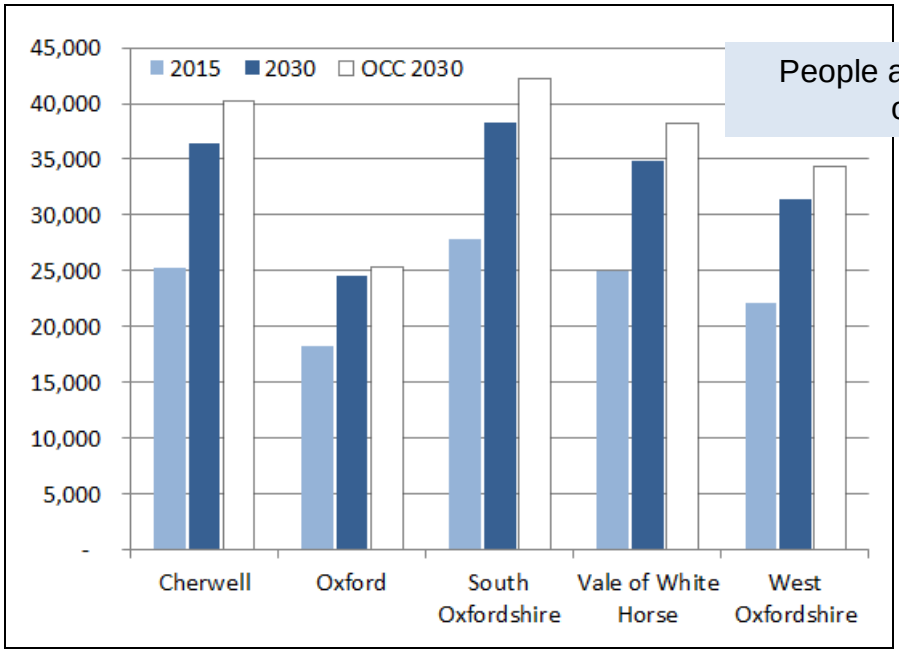
Between 2015 and 2030, Oxfordshire County Council predicts that the increase in people aged 85 and over in Oxfordshire to increase by +15,600 or **an increase of 96%** - a huge percentage increase.

Why does this matter? It is to be welcomed that life expectancy is increasing and in terms of opportunities it has been said that “70 is the new 50”. But in planning terms it presents a serious dilemma. It matters because as well as being simply more people, it means more people in the age group who experience most long term disease and disability, and, with advances in treatment and care that means more expense per head than in previous decades….. and not only that…….

……It matters also because at the same time the proportion of older to younger adults is increasing and this puts a pressure on the tax-base. Every penny going into the exchequer has to be made to go further while the demand on every pound increases.

Looking at this in more detail, different parts of the county are affected differently. The chart below tells the story. It shows the 65 plus population in 2015 and then shows two growth scenarios for 2030. The middle bar in each group shows the growth without house building and the bar on the right of each group takes account of what we know of planned housing growth.

Forecast growth in the number of people aged 65 and over between 2015 and 2030– ONS vs Oxfordshire County Council projections



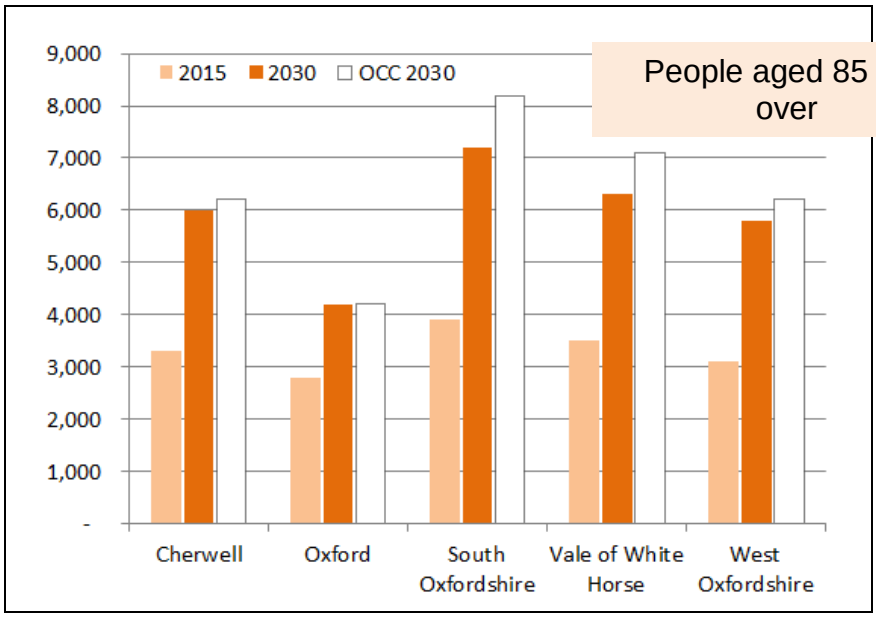
Source: ONS 2014-based sub-national population projections and Oxfordshire County Council released December 2016 including assumptions on expected housing growth

It shows that:

- The rate of growth is pretty evenly spread across all Districts
- Housing increase swells the numbers considerably, apart from in Oxford where housing growth is constrained

Looking at the same data for over 85's using the same format gives the picture below:

Forecast growth in the number of people aged 85 and over between 2015 and 2030
ONS and Oxfordshire County Council projections



Source: ONS 2014-based sub-national population projections and Oxfordshire County Council released December 2016 including assumptions on expected housing growth

It shows that:

- There is uneven growth. The city is the outlier as it has a 'younger' population.
- Housing growth adds to the predicted rise more in South Oxfordshire and Vale of the White Horse than elsewhere.

OK, one might ask, so ***the population is ageing, but is it getting healthier?***

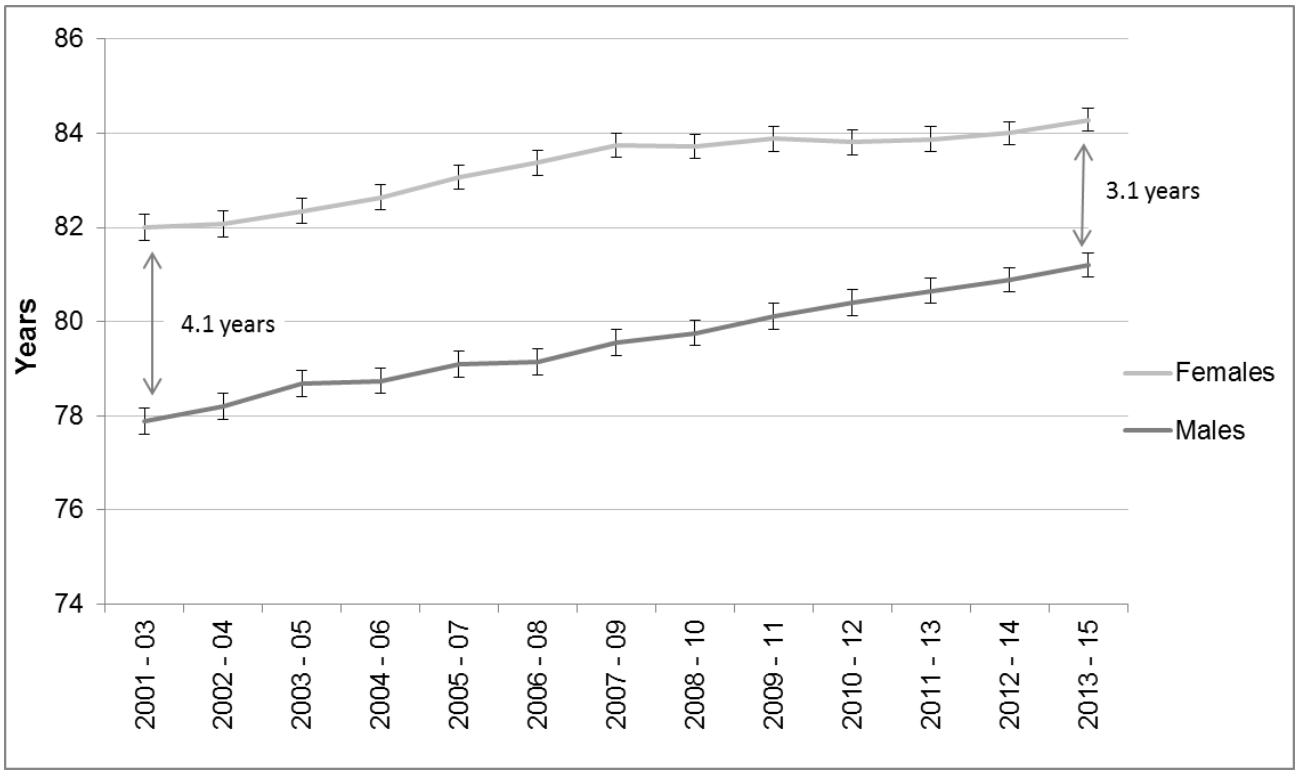
……An interesting question with no easy overall answer.

We can shed light on it by comparing two statistics.

The first is called 'life expectancy at birth' which estimates the average number of years a person born in an area could expect to live if they were to experience that area's mortality rates in the future. It's a best estimate, as no one really knows the exact answer.

It predicts that both males and females will continue to live longer. The gap between male and female life expectancy in Oxfordshire is narrowing. The gap in 2013-15 is the same as it was in 2012-14. A similar narrowing can be seen for England and in the South East region, so this is a national trend.

Male and female life expectancy at birth in Oxfordshire, 3-year rolling data for 2001-03 to 2013-15



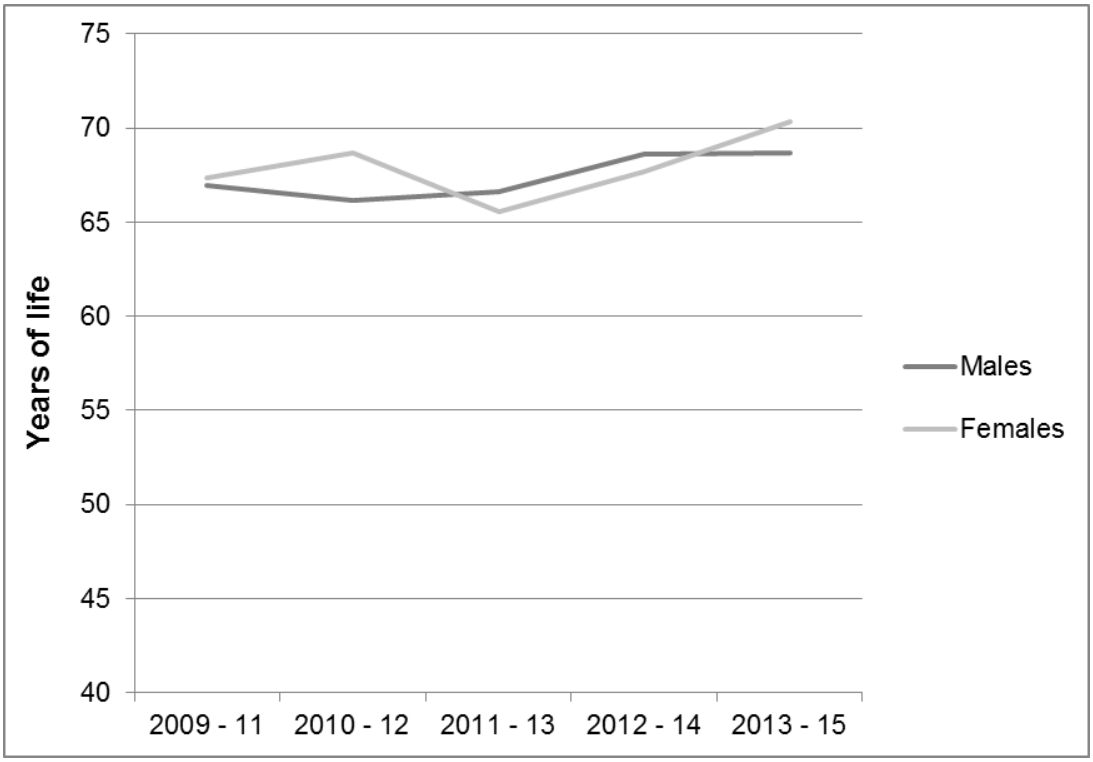
Source: Office for National Statistics (ONS). Vertical axis starts at 74 years, not zero

So far so good – longer life is the engine which drives the demographic challenge with regard to ageing, but the big question is ***are we ageing well or will more older people add to the demand for health and social care?***

A second statistic called 'Healthy Life Expectancy' points towards an answer. This statistic estimates how long we can expect to live in a reasonable state of health.

The picture is shown over the page:

Healthy Life expectancy at birth in Oxfordshire (2009-11 to 2013-15)



It shows that, on average, healthy life expectancy lasts into one's late sixties and the trend is moving slowly upwards – which is a good thing, BUT it isn't increasing as fast as average overall life expectancy……

So we can conclude that ***an ageing population will indeed create a further increase in demand for services because 'good health' isn't increasing as fast as 'long life'.*** This in turn means that services really do need to adapt quickly to demographic change, or, other things being equal, they will simply not cope.

What should we do about it?

Keeping it very simple again, and assuming the exchequer doesn't find a crock of gold any time soon, the answer would seem to contain the following elements:

1. Stay in good health for longer through preventing ill health

2. Coordinate all health and social care services so that they pull together, using new technologies to find new solutions

3. Create a single planning system for Oxfordshire encompassing health, social care, housing, and infrastructure planning

4. Be open to new ways of doing things because……

The demographic challenge means the change is inevitable.

What did we say last year and what progress has been made?

Last year's recommendations have essentially been met. They talked about the need to have a full debate about the NHS's consultation and to scrutinise it thoroughly. The recommendations also proposed that health and social care should be better integrated and more should be done to prevent disease before it starts. So what has been achieved? Looking at the big picture:

- The NHS has put forward significant proposals for change to meet these challenges in a lengthy consultation. Its reception was mixed to say the least. Overall, I think the need for change was broadly accepted, but the specific changes put forward proved controversial. A decision has now been made and is currently being challenged – we await the results.

- Local Government leaders have debated publicly the need to pull together via the many different proposals for reshaping Local Government and through devolution proposals. This has also proved to be very contentious.

- Integration of health and social care has moved forward through the Government's new 'Improved Better Care Fund' and we have a new Director of Adult Social Services in post who is reviewing current arrangements thoroughly so that we can move forward.

- The basics of prevention are in good order (immunisation, screening, maternal health etc.), but organisations have not been able to release funding to make a further step change as tight budgets are swallowed by the immediate service needs of today.

What should we do next?

Again, keeping it very simple, essentially we need to resolve these issues and move on – which is what we are all trying to do. It sounds easy but in practice it is difficult because the precise solutions are not obvious and so debate continues. However, being locked in debate and achieving little is unlikely to suffice for long. Perhaps we need to find a 'good enough' solution that everyone can agree to live with so that we can move on. I understand that this is a re-statement of the obvious, but I am hoping it might help to do just that. The key is that these are interlocking issues that need to solved as a single whole.

Recommendations

1. The NHS, County Council, District Councils, Universities and the Local Enterprise Partnership should pull together to resolve the current debates about 4 topics:

   - What is the best shape for NHS services for Oxfordshire?

   - What is the best way of achieving a sensible integration of health and social care - including local democracy in health care planning?

   - How can all organisations pull together a 'masterplan' to tackle issues such as the future use of NHS sites in Headington and Banbury, including travel and transport issues, so that services are improved and the 'knowledge economy' boosted?
   - How should housing growth be best coordinated so that developments and their supporting infrastructure are planned as one?

2. Local Government organisations should work together to create a single planning framework including 'health and social care planning', housing planning and infrastructure planning as a single whole.

3. All organisations should agree how to fund a step change in preventative services.

Chapter 2: Building Healthy Communities

For the last two years I have concentrated on public health aspects of the built environment. This year I want to combine that topic with a focus on air quality because two are closely connected in terms of solutions. I will look at air quality first.

Air quality

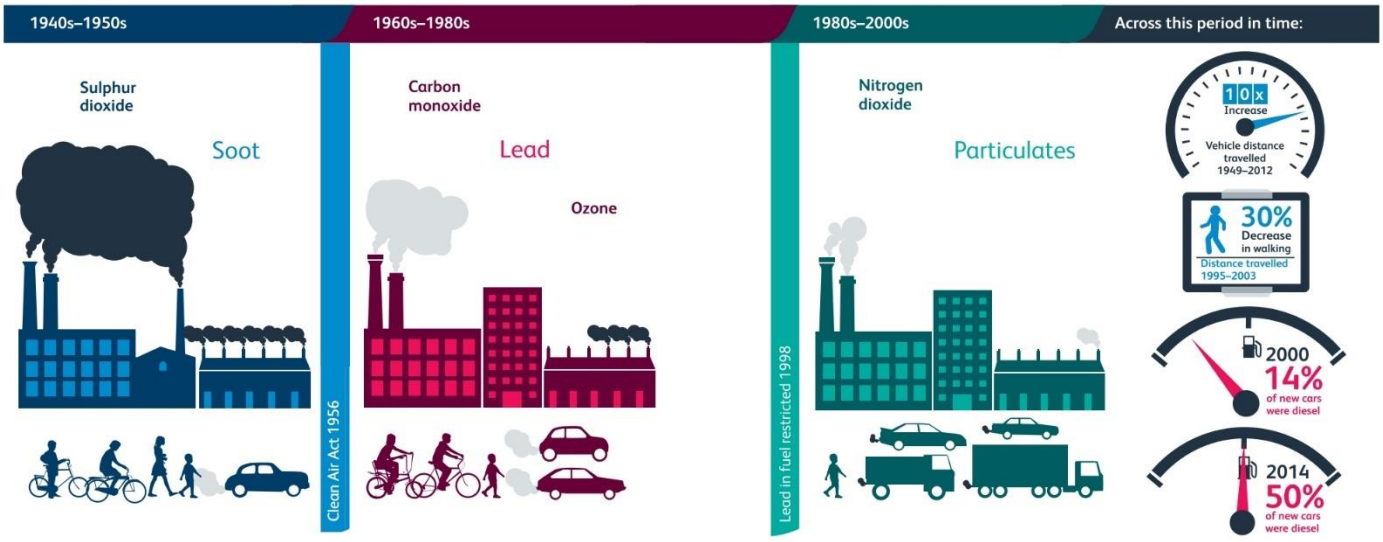
Air quality is a complex topic and I want to approach it from a Public Health point of view. The history of the long term improvement of the air we breathe is a jewel in Public Health's crown.

It's also an interesting topic because it underlines a historical truth of all public health activity – you solve one problem and another rises up to take its place.

Just as beating off many infectious diseases leads to the challenges of long life, and just as improving prosperity and diet leads to the challenges of obesity, so it is with air quality.

In this case it's an issue of scientific advances revealing underlying problems we didn't know were there before – in this case the problems of 'particulates' in the air and their health consequences.

The history of Public health and air quality is summarised in the following schematic:



This shows that in the 19th and 20th centuries the big problem was soot from coal fires and industry – which we solved. In the mid to late 20th century the big problem was lead, mainly from petrol – which we solved.

The new problem is oxides of nitrogen - nitrogen dioxide and its family of gasses – shorthanded as NOx. This has grabbed the headlines recently and is now being grappled with by Government because it is the only atmospheric pollutant where the UK fails to meet EU standards and the Government have been obliged to tackle this by the High Court.

Road transport makes up 38% of all NOx pollution, and it is highly concentrated in towns & cities where people live. Road traffic continues to grow: between 2000 – 2015 the number of licensed

cars increased from 24.4m to 30.3m. Diesel cars, the worst offenders when it comes to nitrogen oxide, have increased their share of the car market from 12.9% to 37.8%. The widely reported controversy over the accuracy of testing vehicles for particulate emissions has helped to push this issue to the top of the agenda.

Historically the problems of air pollution have generally been solved through national and European standards and legislation. There is a huge debate raging as I write about the Government's proposals to tackle NOx. This includes extending initiatives such as clean air zones and whether responsibility should sit at national or local level. Whatever the outcome of that debate, money remains tight and we need to seek out low cost options we can start to do today.

In this report I want to concentrate on what we can do NOW in Oxfordshire and under our own steam as individuals and within current organisational budgets irrespective of Government's deliberations

Let's look in more detail at particulates in the air

In the 1990s it was felt that air pollution was no longer a major health issue in the United Kingdom. Legislation had made the great smogs of the 1950s a thing of the past. But evidence started to emerge that small particles emitted to the air from various sources, such as road transport, industry, agriculture and domestic fires, were still having an effect on health. This type of air pollution is so small that it can't be seen by the naked eye, but can get into our respiratory systems. For example, nitrogen dioxide and sulphur dioxide are produced by burning fuel, whilst ozone is formed by chemical reactions in the air.

The scientific understanding of the health effects of everyday air pollution has changed dramatically in recent years. Population effects of air pollution that were largely unknown in the 1990s and uncertain until recently are now quantifiable.

Studies have shown that long-term exposure **(over several years)** reduces average life-expectancy, mainly due to triggering death from cardiovascular and respiratory causes and from lung cancer. Air pollution is now associated with much greater public health risk than was understood even a decade ago.

In the UK, the Committee on the Medical Effects of Air Pollutants (COMEAP) estimated the burden of particulate air pollution in the UK in 2008 to be equivalent to nearly 29,000 deaths and an associated loss of population life of 340,000 life years lost.

It is important to understand that long-term exposure to air pollution is not thought to be the sole cause of deaths. Rather, it is considered to be a contributory factor – this is an important point.

Impact on deaths

An Air Quality Toolkit for Directors of Public Health was published by Defra in March 2017 and looks at the health impact of air pollution and particulates in particular. According to the toolkit:

> *'Short-term exposure to particulates over a period of a few hours to weeks can cause respiratory effects such as wheezing, coughing and exacerbations of asthma and chronic*

bronchitis. It can trigger CVD-related mortality and non-fatal events including myocardial ischemia and myocardial infarctions (MI), acute decompensated MI, arrhythmias and strokes.'

In plain English, this means that if you are exposed to particulates for a period of time, it may cause breathing problems and in some cases it can trigger underlying heart problems and strokes. These may in turn contribute to one's death. This is, it seems, the mechanism through which particulates impact on health.

Because of the indirect nature of the effect, it is difficult to measure, estimate or be certain about.

The toolkit sets out a method for calculating the rate of mortality 'attributable' to Particulate Matter. We always need to be careful with 'attributable' statistics. It means that a group of experts have looked at the science and have made a best estimate. In Oxfordshire this rate is 12.6 deaths per 100,000 population per year. What does this actually mean? Well, there is a sort of 'league table' of 'attributable' causes of death (all are best estimates) which looks like this for under 75s:

Measure	Mortality rate, per 100,000	
	Oxfordshire	England
Overall preventable mortality	142.6	184.5
Preventable cancer	64.5	81.1
Preventable heart disease and stroke	34.7	48.1
Mortality attributable to Particulate Matter	12.6	39.0
Preventable Liver disease	11.3	15.9
Communicable diseases	9.4	10.5

It is very clear that the number of deaths relating to air quality, preventable cancer, heart disease stroke, preventable liver disease and communicable diseases in Oxfordshire are well below the national averages and this is a good result. However, this does not mean that we should be complacent. We need to act to consolidate this position and strengthen it further.

The figures mean that preventable deaths associated with particulates are estimated to be associated around 1/5th of the number of preventable deaths due to cancer and around 1/3 of the number of preventable deaths associated with preventable heart disease and stroke.

It is important to grasp when particulates contribute to a death they generally act as a trigger. This isn't like smoking or alcohol related deaths where the main cause is the tobacco or the alcohol directly.

Clearly this isn't an exact science. It is easy to build castles on sand using these statistics, but it does give us a guide – enough to say that the experts think that particulates are a real health issue and should be tackled.

The Government's recent consultation on the topic summed it up as follows,

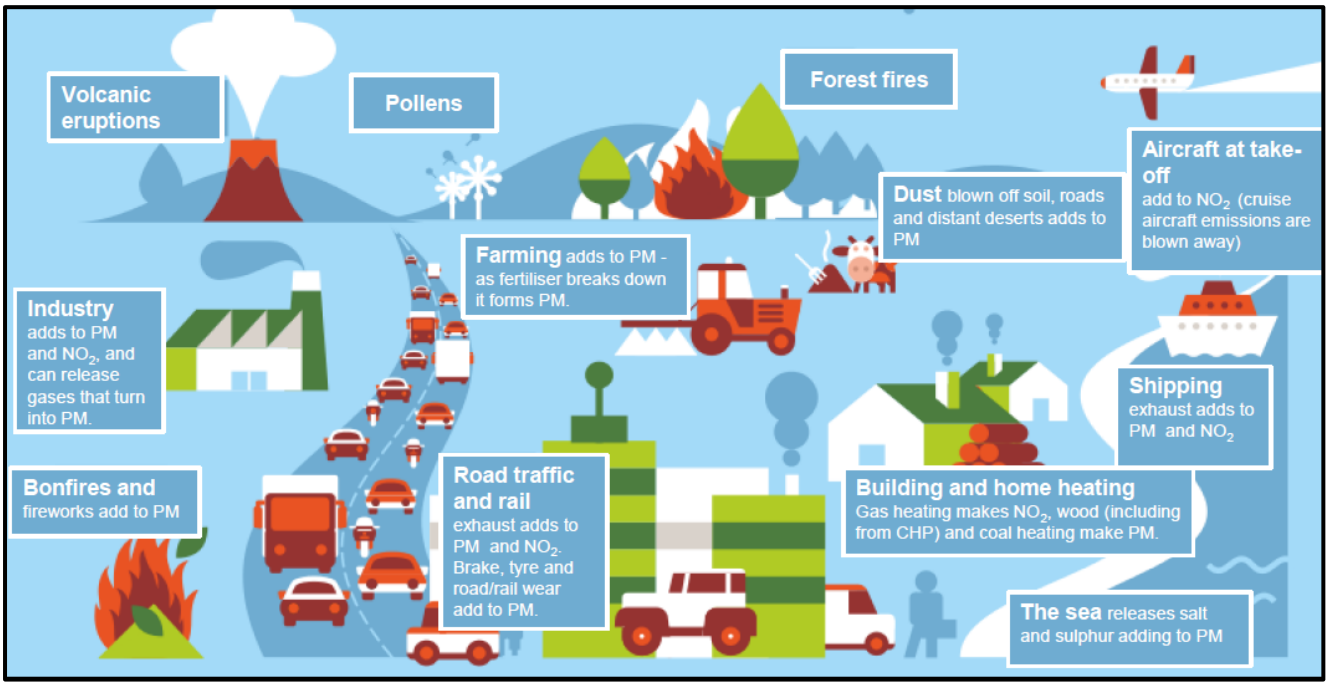
*Poor air quality is the largest **environmental** risk to public health in the UK. It is known to have more severe effects on vulnerable groups, for example the elderly, children and people already suffering from **pre-existing** health conditions such as respiratory and cardiovascular conditions. Studies have suggested that the most deprived areas of Britain bear a disproportionate share of poor air quality.*

I would stress that this isn't the biggest threat to the public's health, but it is judged the most pressing environmental risk.

Much of the action has to come nationally from Government, but there is evidence that people are voting with their feet and sales of diesel cars are reported to have fallen recently.

Where does air pollution come from?

The following schematic paints the picture and shows that the sources of pollution are many and varied from the fire in your hearth, to traffic, to pollen, to aircraft, to industry, to agriculture. There's no escape, but this diversity of sources *does* mean that we can all do something about it. for example, 39% of these tiny particles of dust that lodge in the lungs are caused by coal and wood burning.



Exposure to air pollution in everyday life can come from ordinary activities like being near traffic, sitting in traffic jams, traditional home fires and bonfires.

The effects are localised, so, although they are more concentrated in towns, they also occur at hot spots in rural areas like busy crossroads.

Also, air pollution levels tend to be higher in less well-off areas, this is yet another cause of disadvantage which being less well-off brings. These are analysed in chapter 3.

What can we do about it?

While we wait for Government to decide what to do, there are actions we can take – and the good news is that many of these are already in hand. For example, we can:

- Make it easier for people to cycle and walk more through better planning
- Plan cycle routes through quiet areas
- Build pedestrian areas and green spaces into the design of communities and regeneration schemes
- Shift transport fleets to electric or electric hybrid vehicles
- Choose new cars with more care.
- Encourage fewer car journeys through 'park and ride' and similar schemes
- If you suffer from diseases that high levels of pollution might trigger, you can keep an eye on DEFRA's pollution warnings and adapt your lifestyle to avoid areas with high levels of emissions.
- Consider 'no-idling zones' outside schools and similar areas
- Consider where possible installing gas central heating, or modern wood stoves rather than open fires, smokeless coal rather than house coal or burning dry high quality wood rather than green wood.

Whatever the outcomes of the debate on air pollution, the local actions will all boil down to better local planning, which builds health into community design, and residents making choices which are heathy ones.

All of which leads us nicely into an update on the main featured item from last year's report, namely getting health into local planning and the 2 healthy new towns we have as pilot sites in Oxfordshire in Bicester and in Barton.

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

Last year we talked about the benefits of building green spaces, community areas, cycle paths and the like into the design of communities. I want to report on progress in two ways – a report of a workshop we held and an update on the Healthy New Towns.

'Planning For Health' Workshop

In November 2016, the County Council hosted a County-wide Health and Planning learning event for Officers working in areas such as planning, transport planning, health commissioning and health improvement. Officers from County, District and City Councils and the local NHS attended. The idea of the event was to enable us to learn together about best practice for creating healthy environments. We were grateful for the support from our regional colleagues at Public Health England (South East) who helped with guiding the learning themes and sourcing the key note speakers.

We aimed for participants to be able to:

- understand the link between health and the built environment
- understand how the planning system works and how it can contribute to health improvement
- keep abreast of national, regional and local work to improve health through the built environment

- learn about current good practice through case studies
- meet other health and planning colleagues from across Oxfordshire to network and learn more about each other's roles.

A wide range of speakers gave the national, regional and local perspective. Some of our speakers included Public Health England, the Town and Country Planning Association, other Local Authorities and both Healthy New Towns in Oxfordshire.

The event was really 'buzzing' and enthusiastic. The main lessons learned included:

- **Early involvement in the Planning Process** - including the need for early health involvement in planning and for a Health Impact Assessment (HIA) to be completed early on for new developments.

- Working in constructive partnerships is essential.

- Understanding the **roles of stakeholders/organisations** and how they could contribute to health through planning.

- Understanding the specialist 'tools' that help to make sound plans.

- Learning from **examples of good practice** elsewhere.

- **Evidence and statistics** being useful to be able to demonstrate the impact of planning innovation on health

- **Understanding the health Issues** within communities, and that loneliness and isolation are big issues that need to be addressed. There was recognition of the impact of disadvantage on health and the potential of small initiatives to make a big difference.

- **Understanding the economic benefits** of greener and healthier forms of transport and how these can be encouraged - including the long term benefits of investment in walking. Considering and encouraging active travel (i.e. going by bike or walking) at the earliest possible stage in planning new communities.

The event was a real boost to this area of work, and we need to keep this momentum going. We all have a part to play in this. We need to remember though, it's not just about infrastructure. It's about creating a place where people can actually meet and get together, and where it is easy to stroll, cycle and play in safety.

Healthy New Towns – what has happened in the year since my last report?

Last year I highlighted the NHS Healthy New Town Programme and the opportunities that this could bring to Oxfordshire. With two Healthy New Towns, Barton and Bicester, both within our County there is a real chance to make a difference to the health of not only those living in (or who will be living in) those areas to benefit, but momentum to share this benefit and learning wider – and this is perhaps the real added value.

We can see that the builders are on site now, but what else is happening in the actual community, and what does it mean for the people who live in those areas now or who might live there in the future?

I can report that it's been a productive year. Both areas have been:

- Fine-tuning priorities and keeping the dialogue between organisations flowing.

- Engaging the community to pave the way for new residents coming to the area. Various engagement workshops/meetings have taken place. Everyone tells me that getting residents involved early on is the key.

Bicester is taking a whole town approach and similarly Barton a whole area approach as 'One Barton'

We can look at some of the key achievements and successes of each of the Healthy New Towns in more detail.

Barton

- Funding was secured through WREN (a not-for-profit business that awards grants for to communities) for physical improvements to Fettiplace Road linking the 'linear park' to Barton Park via what is now called 'Barton's Park'. This will mean that people can access green space, play areas and socialise and it will join the new community to the existing community.

- Carrying out a **'**Health Impact Assessment' (a device for systematically recording the impact on residents' health when new initiatives are planned) was commissioned which suggested improvements.

- Supporting Bury Knowle's social prescribing pilot (a jargon term for 'prescribing' healthy activities to people instead of pills and powders). This might include joining a group or a club to reduce loneliness and isolation or attending a local exercise class or health walk to become more active.

- Commissioning research to gain a deeper understanding of existing and potential residents' health needs. This can be used by health and other service providers including the voluntary and community sector providers, GPs, leisure and physical activity services, green spaces etc, to help inform the planning of services for the area.

- Providing training for people working in Barton to:

    - understand the link between food, poverty, poor diet and health, and how all that links to the price and availability of fresh fruit and veg and how to avoid the really fatty and salty foods.

    - give people brief advice about stopping smoking, cut down on drinking and tips for staying mentally healthy.

- Supporting the Oxford Brookes University's Healthy Urban Mobility study to look into how access to cycling in Barton can be improved for older people.

- Eight community-led health and wellbeing pilot projects receiving grant-funding to generate learning from practice. The grant scheme was open for applications up to £5,000. Projects included a full independent review of Food Banks to shape the future management of the food bank within the Barton Neighbourhood Centre, ensuring that people needing to access the food bank are best supported. This work then led to the creation of a Barton Community Cupboard - a market-style provision which includes a fridge, recipe cards and a cook book inspired by recipes from local residents' attending a cooking session for all ages. The project has aimed to reduce the stigma attached with using a food bank.

- Another real success story has been the work in Barton to increase the uptake of Healthy Start Vouchers. Healthy Start is a national service through which free vouchers are given to selected families every week to spend on milk, fresh and frozen fruit and vegetables, and infant formula milk. You can also get free vitamins. You qualify for Healthy Start if you're at least 10 weeks pregnant or have a child under four years old and you or your family receive:

    - Income Support, or
    - Income-based Jobseeker's Allowance, or
    - Income-related Employment and Support Allowance, or
    - Child Tax Credit *(with a family income of £16,190 or less per year)*
    - Universal Credit *(with a family take home pay of £408 or less per month)*
    - You also qualify if you are under 18 and pregnant, even if you don't get any of the above benefits.

    This was done by an outfit called Good Food Oxford. They did it by producing:

    - A paper and electronic map of retailers which accept Healthy Start Vouchers
    - Promotion by local retailers their participation in the scheme
    - Use of posters and community newspaper
    - A guidance leaflet for frontline service providers to help individuals to complete the form

Bicester Healthy New Town

Initiatives during the year included:

- Launch of the community activation programme with small grants available up to £1000. Some of the activities funded have included:

    - A Scout Group purchasing equipment to provide adventurous outdoor activities for children aged 6+.

    - A pilot street-play activity delivered by Oxfordshire Play Association.

- Setting up a Bicester meeting for local learning disabled adults through the voluntary organisation My Life My Choice. The programme has encouraged the group to be active and take responsibility for their health as well as offering the usual support of the organisation which promotes volunteering and social activity.

- Bicester and Kidlington Ramblers were funded for the printing of a book of local walks of 5 miles and under. The book aims to encourage people to get out and enjoy their local area more and to become more active.

- Looking at how to improve the care of people with diabetes between primary, secondary and community care. Some of this will involve collaborative working with other Healthy New Town sites to work out the impact of population growth on demand for GP services.

- A Healthy Weight Strategy produced to address childhood obesity in Bicester. The plan outlines life stages, services, key messages and initiatives. The plan aims to provide a co-ordinated approach, with consistent messages which will link to national and local initiatives.

- Engaging all Bicester schools to participate in Walk to School week for May 2017. A springboard to promote a year round walking to school programme.

What else have we done in the past year?

There are many signs that the penny has dropped and that 'getting health into planning' is now a necessity. The Public Health team's work with planners at County and District level has increased remarkably and there is a demand for more – which is a really positive development.
BUT

It doesn't just happen by accident and it needs a sustained and coordinated approach which we are now moving towards – on a shoe-string….

The key is to

- know your topic so you have something positive and easy to offer

- Know the people and get involved in the networks

- concentrate on the economic benefits and the need to cut diseases such as diabetes, heart disease and some cancers off at the source – as well as slowing the progress of dementia….. and avoid preaching and nannying!

- keep selling the message:

'planning is health and health is planning'

Recommendations

1. All Local Authorities should improve air quality at local level under our own steam through keeping up the work to integrate 'public health and planning'.

2. All Local Authorities should continue to monitor and actively engage with the Healthy New Towns programme and use the lessons learnt to improve all local planning across the County

Chapter 3: Breaking the Cycle of Disadvantage

This year I want to achieve 4 things:

1. To keep the issue of disadvantage high on organisations' agendas
2. To describe overall disadvantage in Oxfordshire in a straightforward way
3. To report in detail on the basket of indicators agreed last year to monitor progress
4. To report on the work of the excellent Health Inequalities Commission

Why is this topic important?

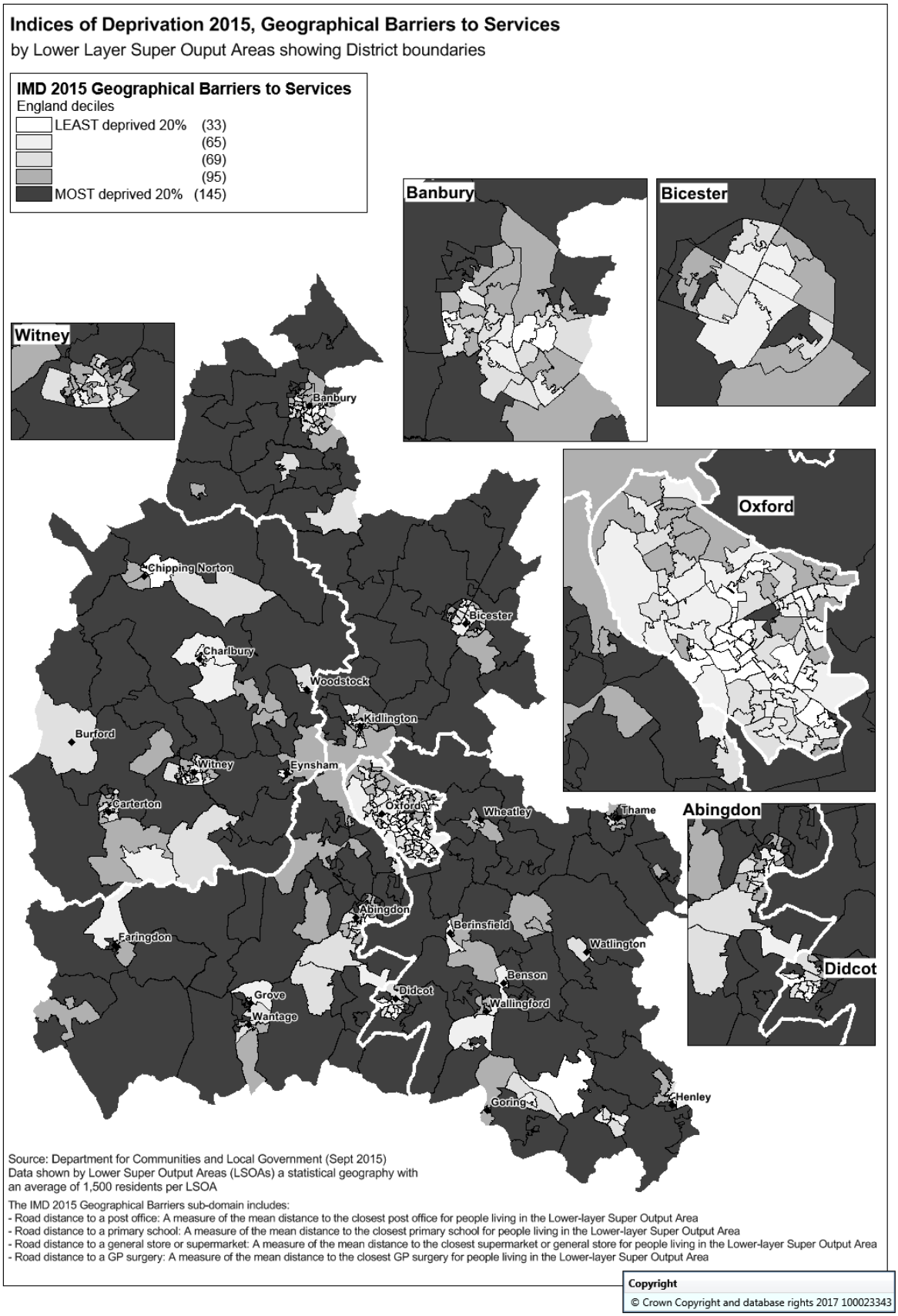
Because disadvantage is one of the factors strongly associated with poor health and poor life chances. Reducing disadvantage will directly improve health and will help people to live lives which are productive and less burdened by disease.

Overall disadvantage in Oxfordshire in two pictures

If I were asked to give a 'helicopter view' of disadvantage in Oxfordshire, I would do it through two pictures, one highlighting rural disadvantage and one urban disadvantage.

Rural Disadvantage

A 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.


Indices of Deprivation 2015, Geographical Barriers to Services
by Lower Layer Super Ouput Areas showing District boundaries
IMD 2015 Geographical Barriers to Services
England deciles
LEAST deprived 20% (33)
(65)
(69)
(95)
MOST deprived 20% (145)
Banbury
Bicester
Witney
Oxford
Abingdon
Didcot
Chipping Norton
Charlbury
Woodstock
Kidlington
Burford
Eynsham
Carterton
Wheatley
Thame
Faringdon
Berinsfield
Watlington
Benson
Grove
Wantage
Wallingford
Goring
Henley
Source: Department for Communities and Local Government (Sept 2015)
Data shown by Lower Super Output Areas (LSOAs) a statistical geography with an average of 1,500 residents per LSOA
The IMD 2015 Geographical Barriers sub-domain includes:
- Road distance to a post office: A measure of the mean distance to the closest post office for people living in the Lower-layer Super Output Area
- Road distance to a primary school: A measure of the mean distance to the closest primary school for people living in the Lower-layer Super Output Area
- Road distance to a general store or supermarket: A measure of the mean distance to the closest supermarket or general store for people living in the Lower-layer Super Output Area
- Road distance to a GP surgery: A measure of the mean distance to the closest GP surgery for people living in the Lower-layer Super Output Area
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The map shows that the majority of Oxfordshire's 407 small areas are more deprived according to this measure 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 mostly fall on older people and we see the results particularly in terms of isolation and loneliness and in terms of difficulty in getting about. This is where the demographic challenge will be felt the most and services will need to be designed to meet the needs of these communities.

This is difficult because:

- modern hi-tech services tend to need centralised kit and centralised specialists
- it gets harder for anyone to do home visits because of the increasing busyness of the roads

The way to square the circle seems to be to use hi-tech aids (like the alarm systems some people wear on their wrists or round their necks) and on-line communication, and to plan the routes of home carers really carefully. The other solution was discussed in the previous chapter – i.e. planning new communities around communal spaces and local facilities. Nonetheless, there are inevitable challenges to come as GP surgeries coalesce, becoming more specialist and less local.

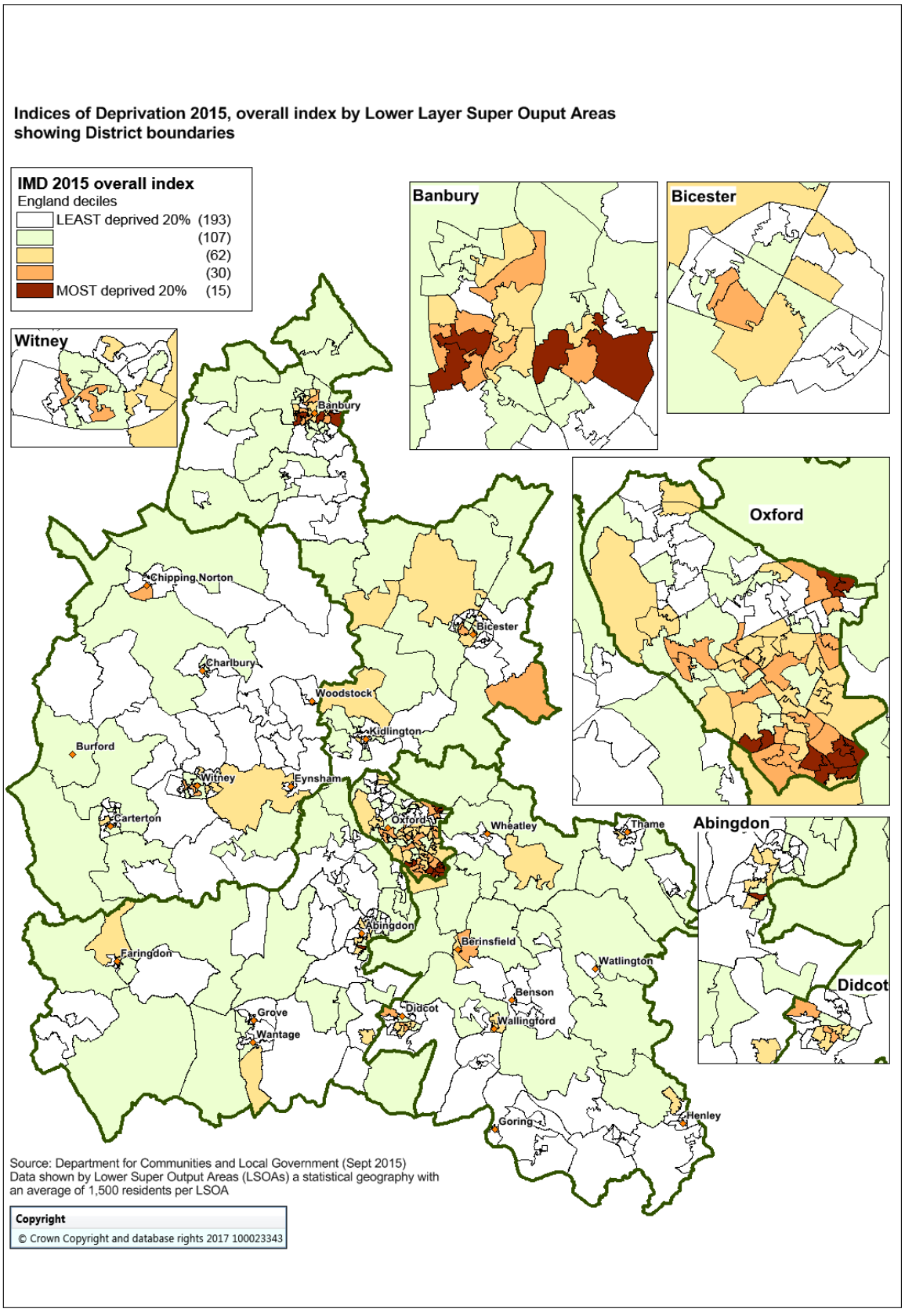
In conclusion, this picture of rural disadvantage presents one side of the coin of disadvantage in Oxfordshire.

Urban Disadvantage – the 'Index of Multiple Deprivation' (IMD)

This is the flip side of the coin and tends to pick out disadvantage in areas of greater population density - which I am loosely calling 'urban'.

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.



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 –Berinsfield is a good example of an area where disadvantage is '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 in the country

The most disadvantaged areas are concentrated in parts of Oxford City and Banbury with one in Abingdon.

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.

In summary, these two 'faces of Oxfordshire' usefully sum up the overall picture when it comes to disadvantage.

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.

Report on the Basket of Indicators

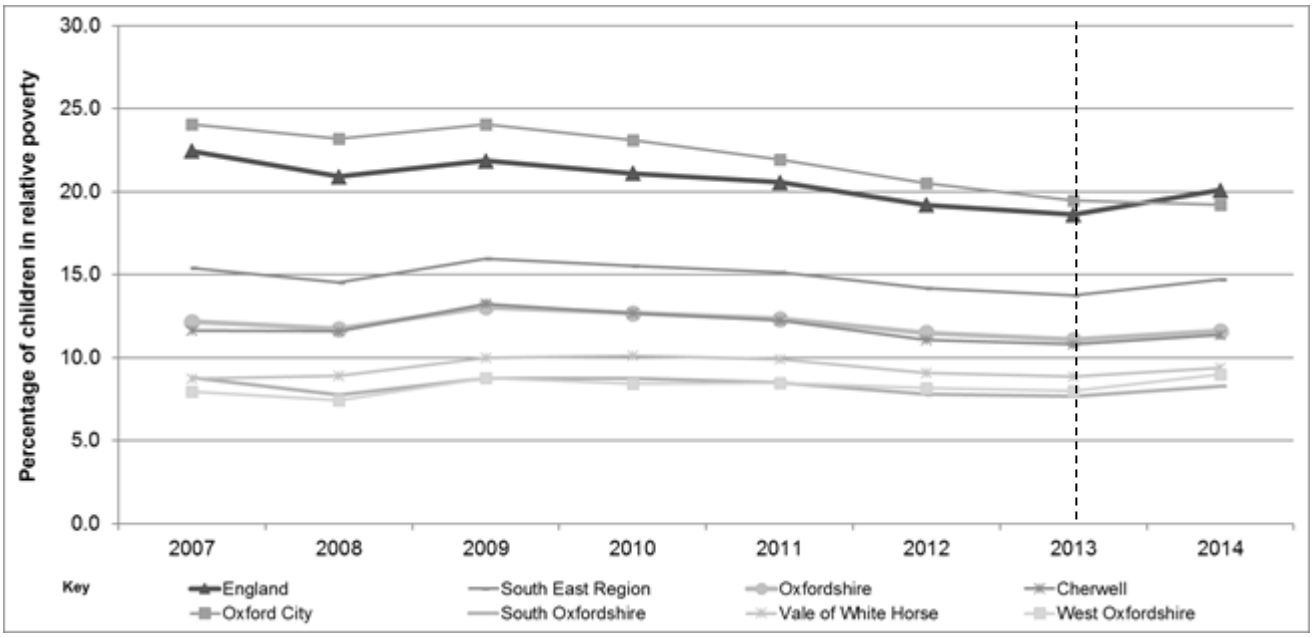
In last year's report I identified a basket of high quality indicators which would help us to measure progress in the fight against disadvantage. I set a baseline figure for comparison and will report on progress against these one by one.

Indicator 1. Child poverty

Percentage of children (under 16 years) in Low-Income Families (2007 to 2014 calendar years)

The proportion of families classed as having 'children in poverty' had fallen for the last few years but has increased slightly across the board according to the latest data from 2014. This is a national trend. The reasons for this are unclear, and a single year's figures need to be treated with caution but it is important that we closely monitor this figure going forward. The correct name for this is indicator is 'relative poverty'. An individual is considered to be living in relative poverty if their household income is less than 60% of median national income. Nationally two-thirds of children in poverty are living in households where at least one adult is in work.

Percentage of children (under 16 years) in Low-Income Families Local Measure (2007 to 2014 calendar years)



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

The chart shows that:

- The proportion of children in poverty has increased slightly since we set the baseline (2013 data) across all geographic areas.
- Oxfordshire has a significantly lower percentage of children in low-income families than England. This is good news.
- Oxford City has higher levels than the rest of the County and is closer to the national average.

Note: this is a national statistic and takes time to collate and so we are still seeing historic data from 2014.

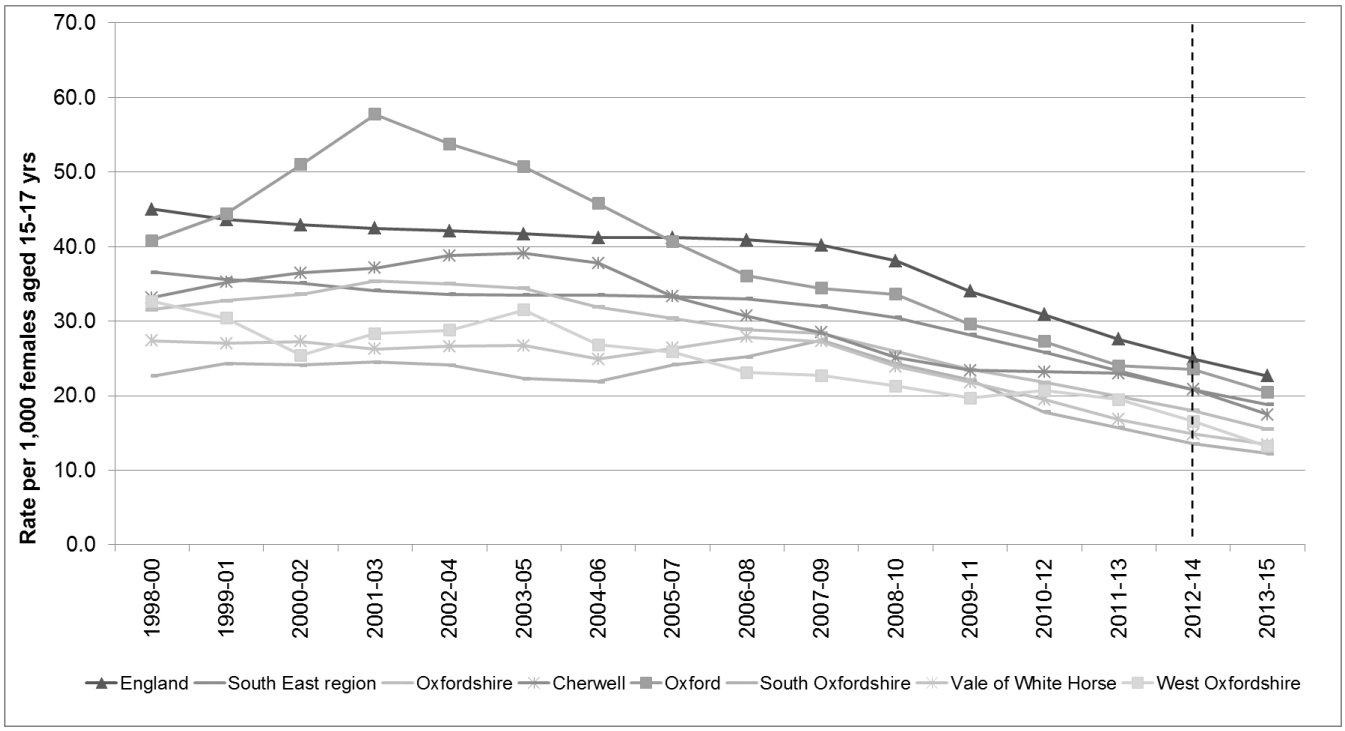
The profound influence and impact of poverty on health needs to be widely recognized and systematically addressed.

Also, as ever, if we drill down into the figures the gaps widen. Whilst Oxfordshire is overall a very 'healthy and wealthy' county, there are significant differences in poverty. For example: children living in Rose Hill & Iffley, Blackbird Leys, Banbury Ruscote, Littlemore, Churchill and Northfield Brook are in the top 10% of children in England aged 0 to 15 living in less wealthy families.

Indicator 2. Teenage pregnancy

This indicator measures all conceptions in females under 18 years of age, no matter whether the pregnancy ends in birth or in a termination.

Under 18 conception rate per 1,000 female population aged 15-17 years 1998-2000 to 2013-15 (3-years combined)



Source: Office for National Statistics (ONS) - combining information from birth registrations and abortion notifications

The chart shows that:

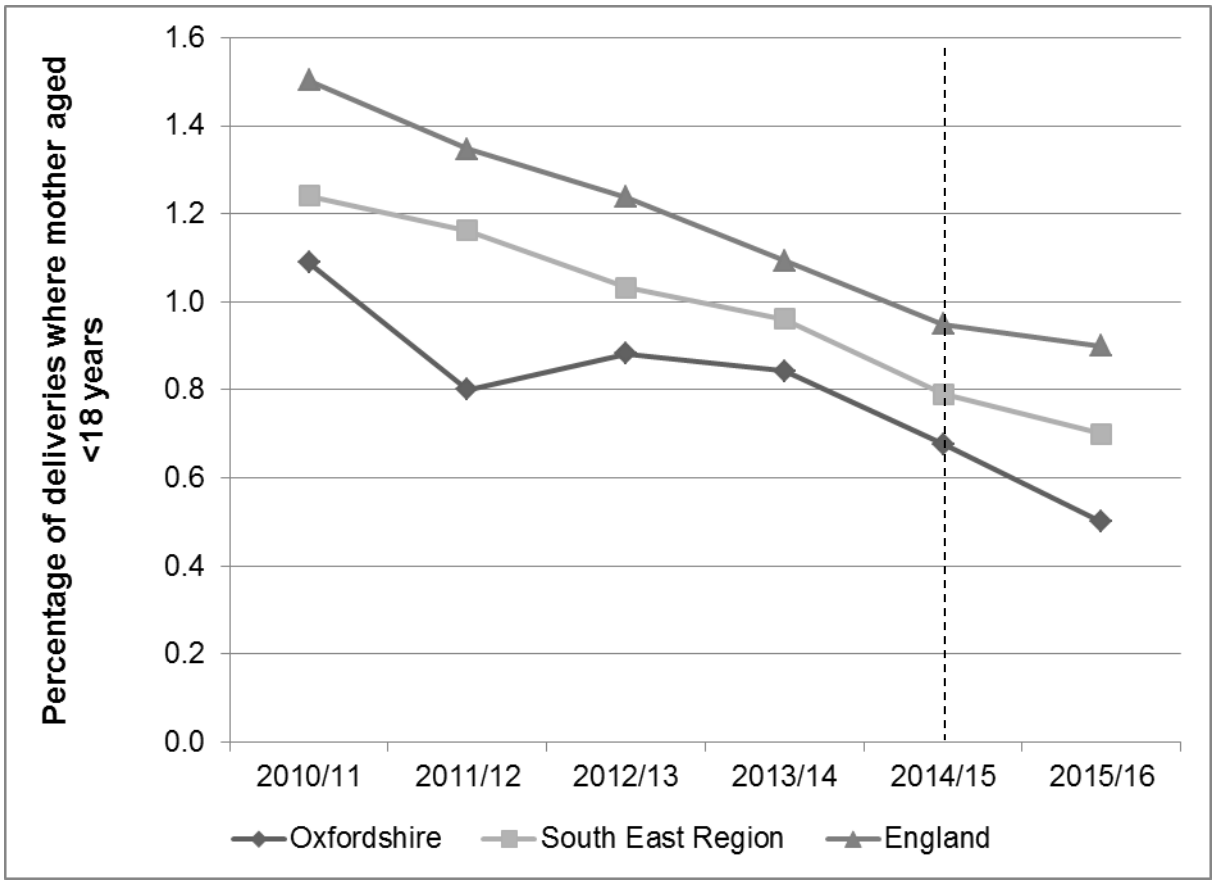
- The teenage conception rate in Oxfordshire is lower than the national average and is decreasing broadly in line with national and regional trends.
- There has been a welcome sharp decline in Oxford City since 2001-03
- Most recent data (2013-15) continues on a downward trend across all geographies.
- This is a good result.

Indicator 3. Percentage of Teenage Mothers

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

Almost half of teenage conceptions result in termination. This indicator measures the percentage of births to mothers aged under 18.

Under 18 conception rate per 1,000 female population aged 15-17 years 1998-2000 to 2013-15 (3-years combined)



Source: Public Health England: Child Health Profiles: Pregnancy & Birth

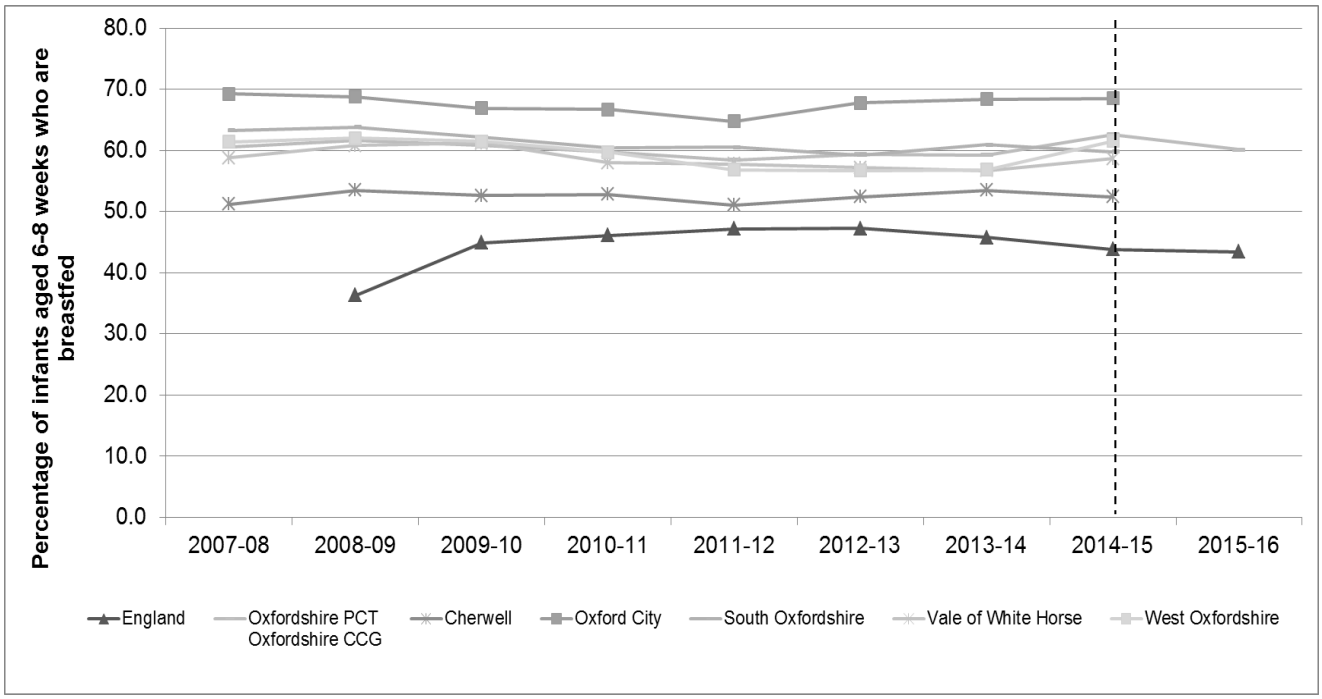
The chart shows that:

- The proportion of births to mothers under 18 years has reduced.
- This is a national trend.
- The proportion in Oxfordshire continues to be lower than the national or regional figures.
- This is another good result, and particularly good in Oxfordshire.

Indicator 4. Breastfeeding at 6-8 weeks

Breastfeeding is important and underpins a healthy life. Its positive effects on health are long-lasting. The breastfeeding rate remains high in Oxfordshire compared to England. The challenge is to get the rates higher in the lowest areas which are historically: Banbury, Bicester, Kidlington, Didcot, Wantage and South East Oxford.

Percentage of infants aged 6-8 weeks who are being breastfed (partially or wholly) – 2007/08 to 2015/16



Source: NHS England

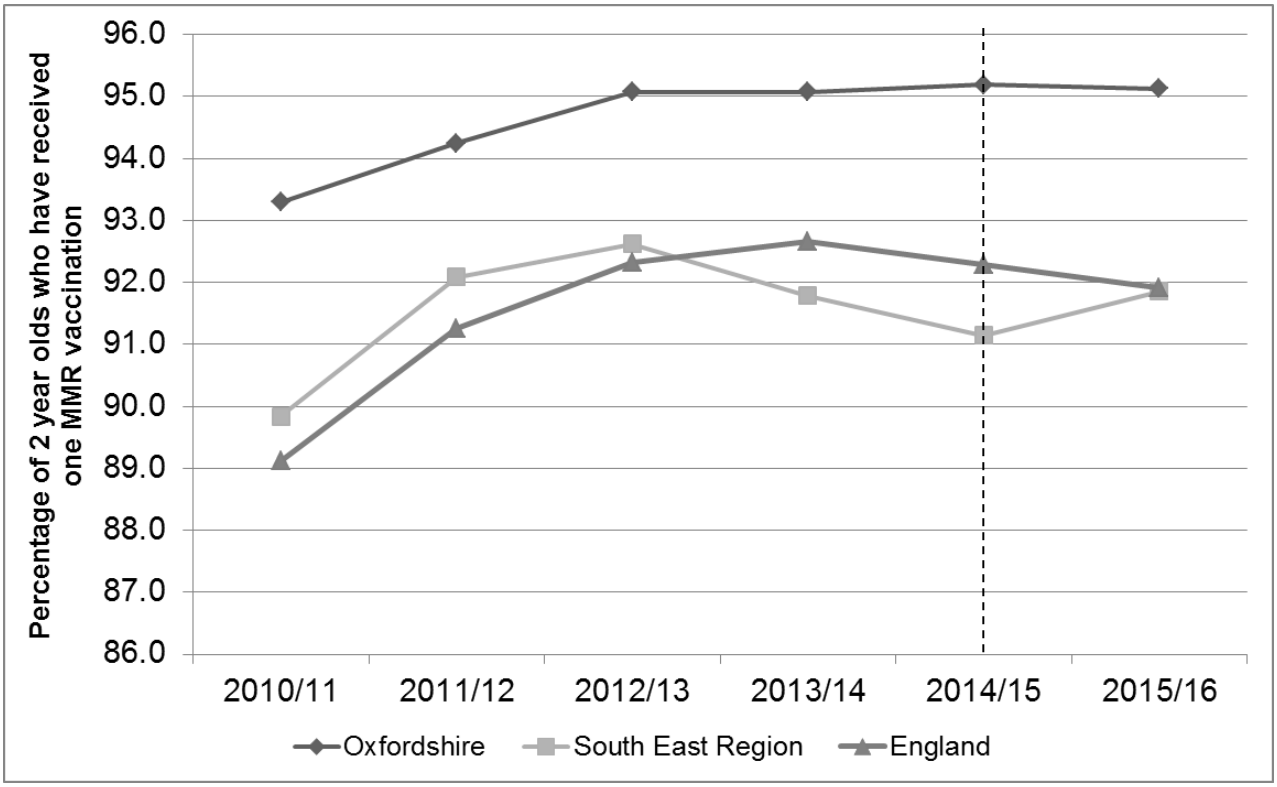
The chart shows that:

- Nationally the prevalence of breastfeeding at 6-8 weeks increased over this time period and now appears to be levelling off at around 43%
- Oxfordshire has a significantly higher rate of breastfeeding at 6-8 weeks than England average at just over 60% This is a good result.
- Locally breast feeding rates remain fairly stable for the county as a whole.
- Data at district level are currently not available for 2015/16

Indicator 5. Childhood Immunisation

Children should receive two Measles, Mumps and Rubella (MMR) vaccinations, one by the time they are 2 years old and the second by 5 years old. We use this as an indicator for the uptake of all immunisations as this is one of many immunisations for children. We monitor all the rates thoroughly through the Public Health Protection Board and through the Health Improvement Board. Oxfordshire's results are very good and NHS England and Public Health England are to be congratulated. An initiative has begun to push the rates higher by tracking down the families who slip through the net individually and offering their children the vaccine.

Percentage of 2 year olds who have received one MMR vaccination



Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England

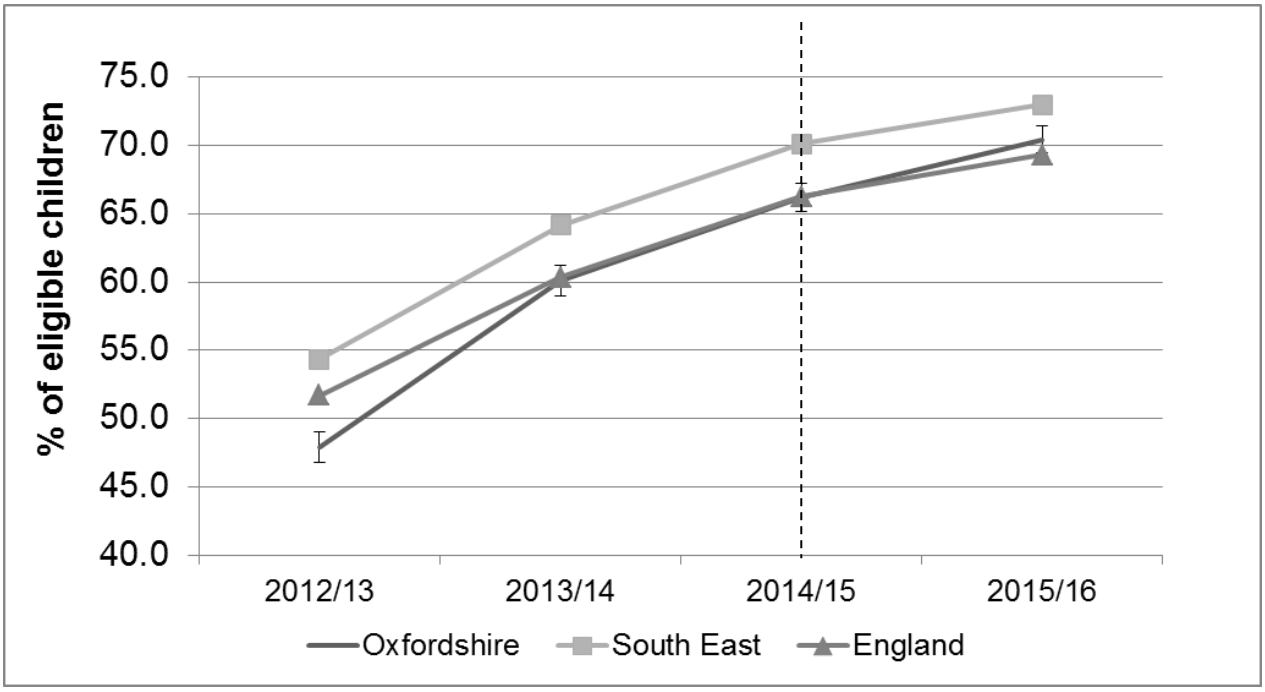
The chart shows that:

- Oxfordshire remains significantly higher than national and regional average. This is an excellent result – our vigilance is paying off.
- Nationally this vaccination coverage is falling and we are bucking this trend.

Indicator 6. School readiness

This indicator measures children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children. Children are defined as having reached a good level of development if they achieve at least the expected level in their 'early learning goals' in the following areas: personal, social and emotional development; physical development and, communication and languages, as well as early tests of mathematics and literacy. This is a useful measure of health in its broadest sense of 'life potential' and a useful marker for disadvantage between different groups of children.

Percentage of children achieving a good level of development at the end of reception year



The data shows that:

- Oxfordshire has a slightly higher percentage of children with a 'good development' compared with the England average but remains below the regional average.
- The proportion of children achieving a good level of development at the end of reception year has increased across all three geographies.
- There is a clear gap between males (63%) and females (78%) in Oxfordshire, similar to national and regional figures.
- The percentages in children with free school meal status is much lower at 51% (43% in males and 59% in females).
- This is reasonable progress but shows the need to focus on disadvantaged groups if performance is to improve.

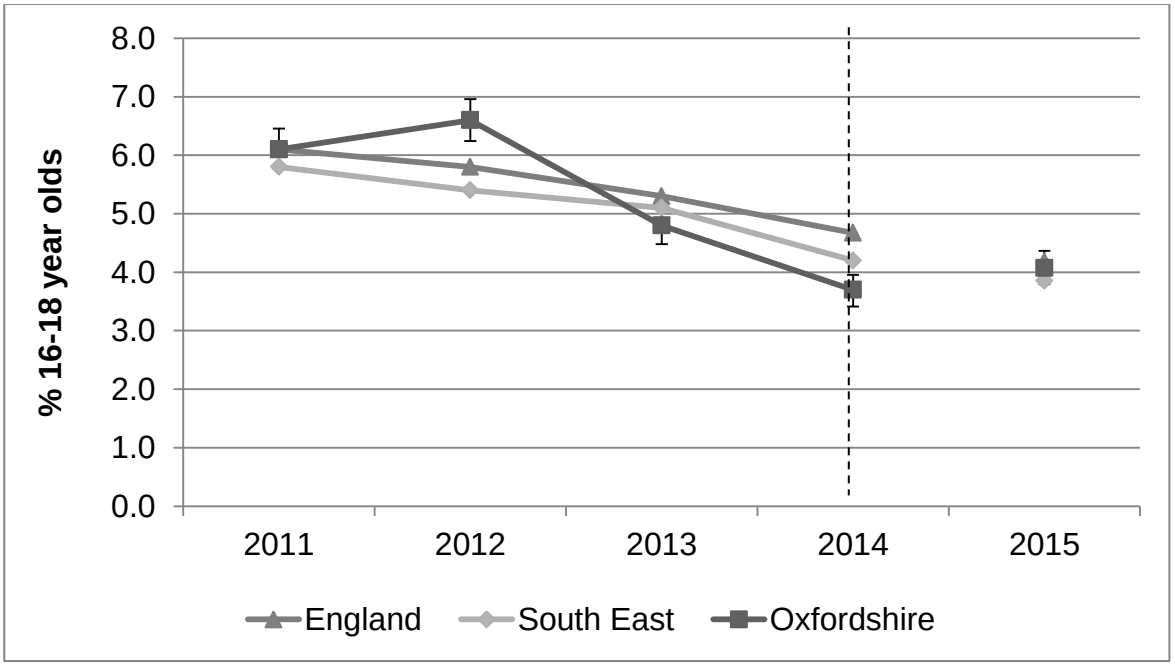
Indicator 7. GCSE results

Unfortunately, the previous indicator which allowed us to measure GCSE performance between different areas and different groups of children in the County has been discontinued by Government. It is unclear whether the new 'performance 8' statistic will be as useful – and there is as yet little data for comparison. Rather than report on this figure prematurely this year, I will need to see how well it is received before I use it to draw conclusions.

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

This is a useful general indicator of future life chances and prosperity for young people.
The way the data has been counted has also changed since last year to try to make it more accurate, so we can't compare it accurately with previous years. The problem comes because for some young people it is not known what their status is. To try to account for this, the new method takes figures for where it is not known if young people are not in education, employment or training and assumes a proportion of them are not and adds this to the old figure. For that reason, there is a break in the line in the chart below and then new figures are shown as a new 'blob' for 2015.

Percentage of 16-18 year olds not in education, employment or training



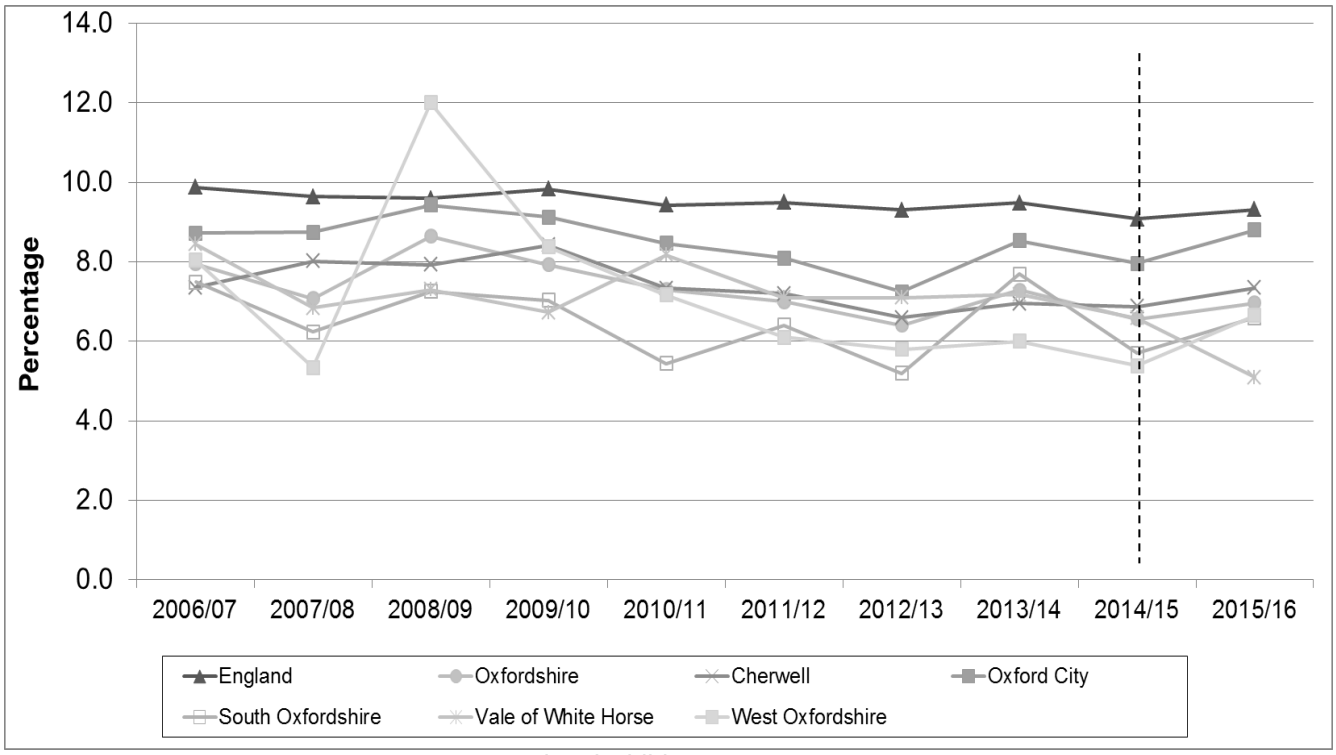
Source: Public Health Outcomes Framework

The data shows that:

- The Oxfordshire figure is comparable to regional and national levels.
- We will monitor this new data in future reports.

Indicator 9. Obesity in children in reception year

Percentage of children in Reception Year (4/5 year olds) who are obese 2006/07 to 2015/16 (Academic years)

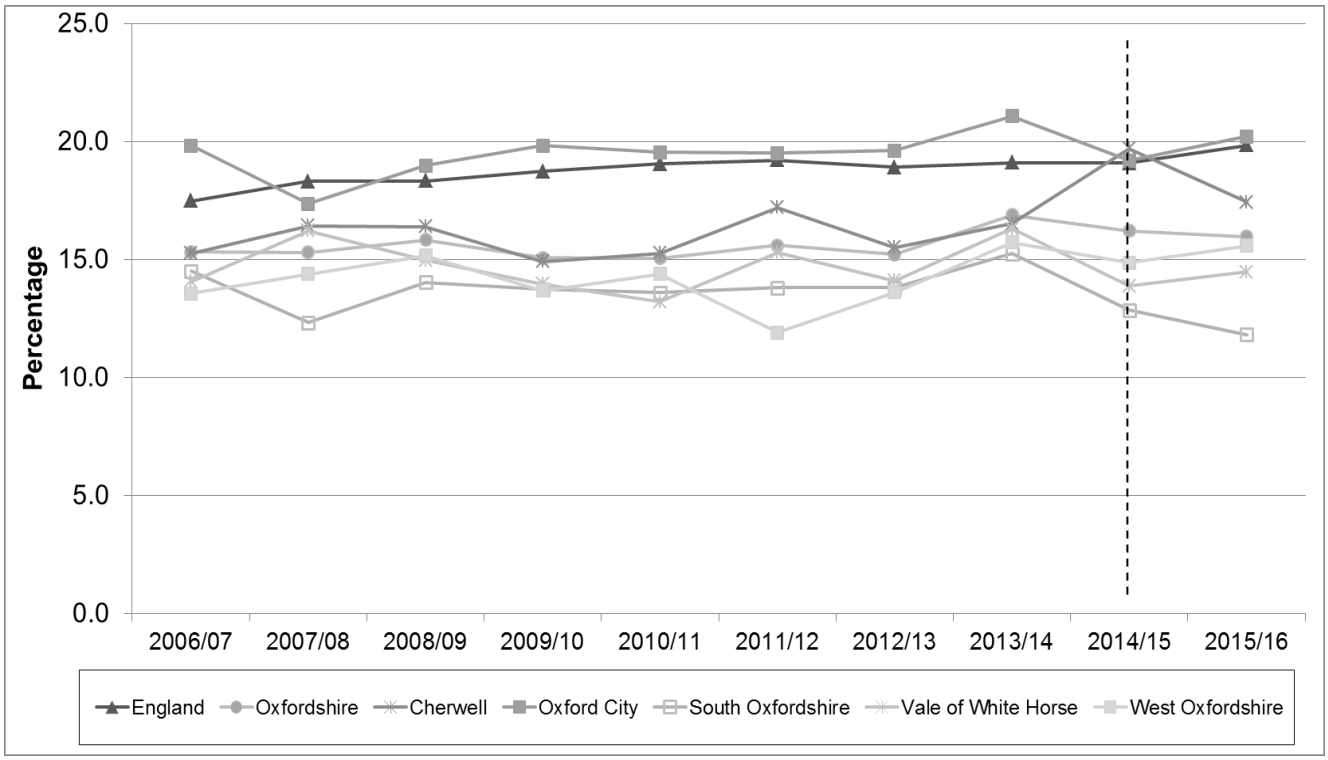


Source: National Child Measurement Programme

- Prevalence of childhood obesity among this age group has remained fairly level at around 7% with some fluctuation at a district level.
- We continue to buck the national trend which is just over 9% and this is a good result.
- Levels of obesity in this age group remain higher in Oxford City, probably reflecting the association between social disadvantage and higher levels of obesity.

Indicator 10. Obesity in Year 6 (10/11 years)

Percentage of year 6 children (10-11 years old) who are obese 2006/07 to 2015/16 (Academic years)

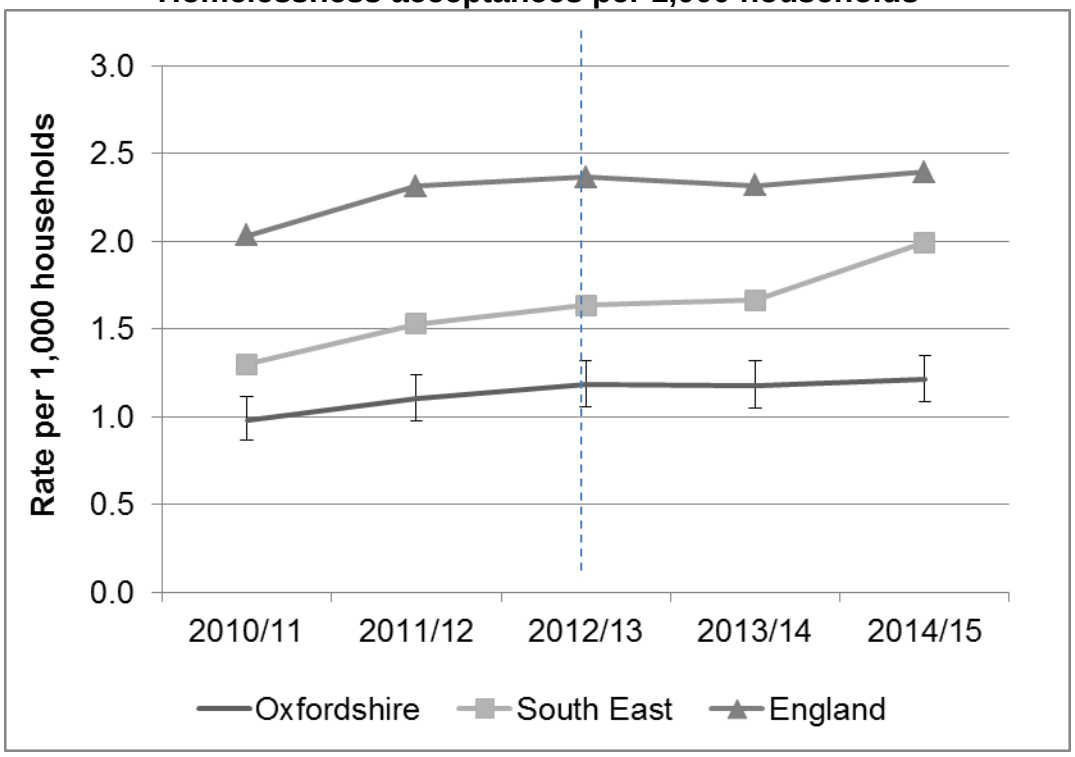


- The county figure has continued to fall and is around 16% - better than the England average by almost 4 percentage points (19.8%). This is a significant achievement.
- Oxford City has a higher rate at 20%, again, probably reflecting higher average rates of social disadvantage.
- After an increase in 2014/15 the rate in Cherwell has decreased to 17% for 2015/16 which is good news.

Indicator 11. Homeless Households

Homelessness is a direct reflection of disadvantage to families and is therefore a useful overall indicator.

Homelessness acceptances per 1,000 households

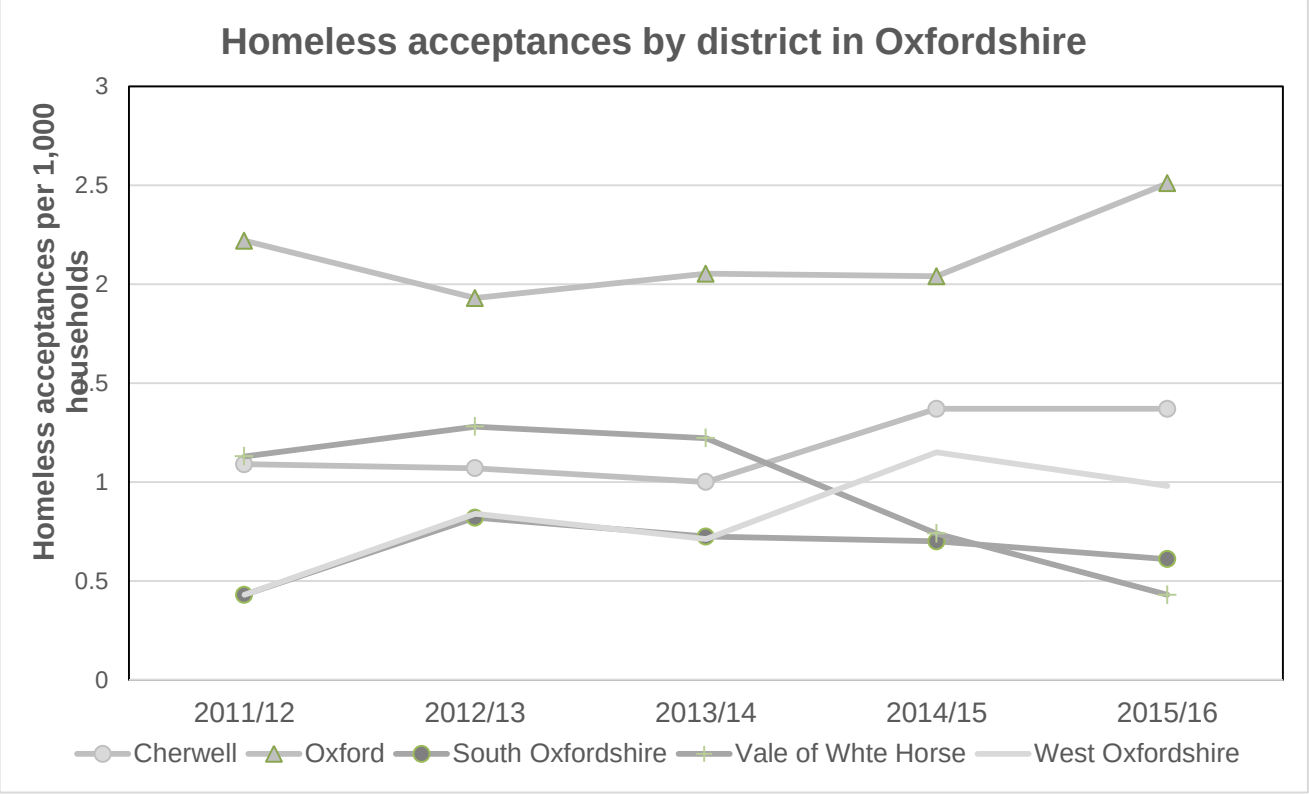


The chart shows that:

- Oxfordshire's results are well below the national average and have remained fairly stable.
- National figures are slightly up and regional figures show a sharp upward trend.
- It is a good result that Oxfordshire's figure is both lower and more stable than our regional neighbours.

Homelessness acceptances per 1000 households by districts in Oxfordshire

We know that homelessness varies widely across the different Districts. As this is an important indicator, it is worth drilling down more into the data to look at the trends at District level.



The chart shows that:

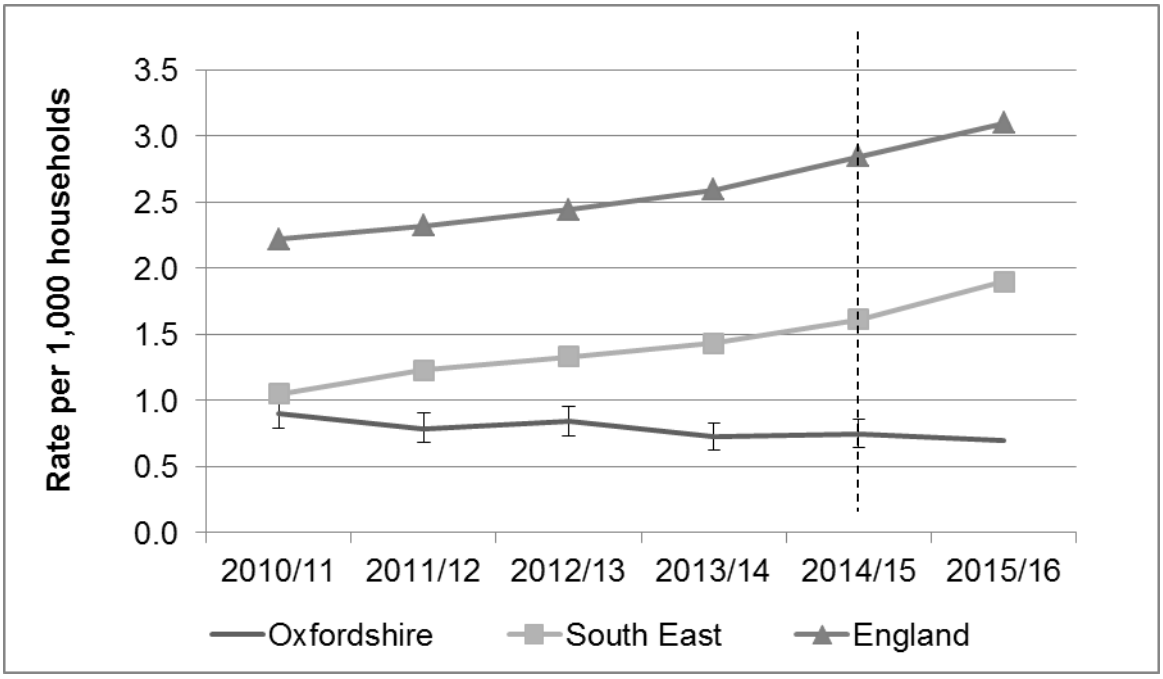
- Oxford City has increased to 2.5 homeless acceptances per 1,000 households (higher than the rate for England), putting the level higher than it has been in recent years. This is concerning and the trend needs to be monitored closely. It is possible for quite wide random fluctuations to occur in this data as the numbers involved are quite small and so a watching brief is appropriate, but the figure is a cause for concern.

- The rates in the other districts have also fluctuated – up slightly in Cherwell and down in South Oxfordshire and West Oxfordshire. Vale of the White Horse continues to show a marked downward trend.

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 better than facing homelessness.

Households in temporary accommodation per 1,000 households



The chart shows that:

- The rate in Oxfordshire shows a gradual continued reduction while rates nationally and regionally have increased.
- This is a good result and indicates overall success in tackling disadvantage.

Summary from the basket of indicators.

Statistics around teenage pregnancy, teenage mothers, obesity, young people in employment and training, households in temporary accommodation, homelessness overall and breastfeeding show good or reasonable results indicating that progress is being made.

Statistics around child poverty, school readiness and homeless acceptances in the city require a close watching brief.

What we said last year and what we have done about it

Last year's recommendations are set out below with a commentary on progress made:

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.
   Progress report: Good progress has been made and this is set out immediately below.

2. Trends in disadvantage should continue to be monitored closely in Director of Public Health Annual Reports
   Progress: This has been done through the Joint Strategic Needs Assessment and through this report.

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.
   Progress: This is scheduled to happen shortly.

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'.
   Progress: In the event, the consultation was divided into two parts. Disadvantage featured in the local phase 1 consultation document published by the CCG earlier in the year. However, it is the mooted phase 2 consultation on community services which will probably reflect whether variations between localities have been adequately taken into account to ameliorate health inequalities, so it is too early to form a judgement.

The Work of Oxfordshire's Health Inequalities Commission

I want to report here on the most significant event in tackling health inequalities and disadvantage which happened during the year – a report on the work of Oxfordshire's Health Inequalities Commission.

What is the Health Inequalities Commission?

The independent Health Inequalities Commission for Oxfordshire was commissioned by the Health and Wellbeing Board and carried out its work throughout 2016. It was the brainchild of the Chair of Oxfordshire's Clinical Commissioning Group and took two years of persistent effort to bring about. The Clinical Commissioning Group, the County Council's Public Health team, along with many other partners, including Oxfordshire Healthwatch played a midwife role. The report of the Commission was presented by the independent Chair, Professor Sian Griffiths, to the Health and Wellbeing Board in November 2016 and at a launch event on 1st December, chaired by the Leader of the County Council, attended by the media and a wide range of partners.

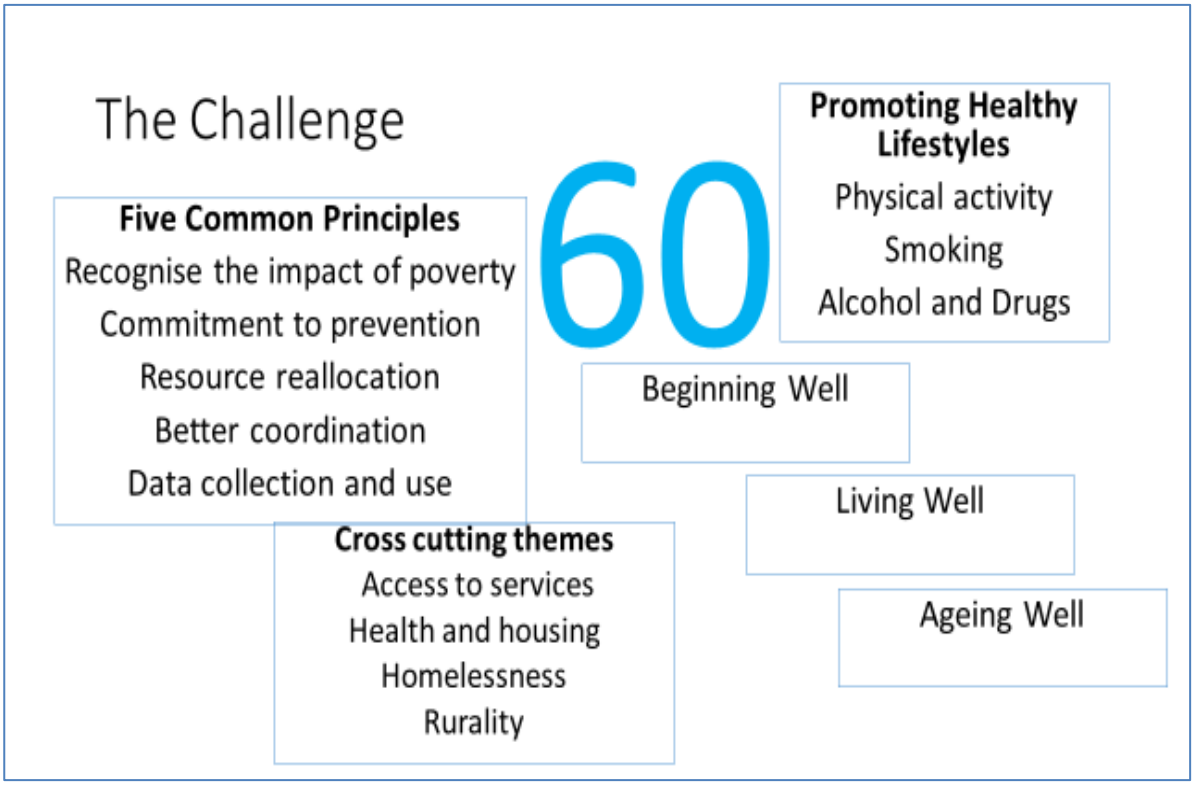
The Health Inequalities Commissioners were independent members selected from statutory and voluntary sector organisations and academia. They received written submissions and verbal presentations from a wide range of people and organisations at four public meetings held around Oxfordshire in the winter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

What did it say and who signed up to its recommendations?

The Introduction to the report of the commission summarised their remit as follows:

Health inequalities are preventable and unjust differences in health status. People in lower socio-economic groups are more likely to experience chronic ill health and die earlier than those who are more advantaged. But as Sir Michael Marmot has highlighted, health inequalities are not just poor health for poorer people but affect us all – "it is not about them, the poor, and us the non-poor: it is about all of us below the very top who have worse health than we could have. The gradient involves everyone".

There are 60 recommendations in the report which are arranged in a set of themes as follows:



How are we taking it forward and who is involved?

The Health and Wellbeing Board agreed to oversee the implementation of the recommendations and receive regular updates.

The report was discussed by a wide range of organisations who signed up to deliver the recommendations, including:

- Oxfordshire Health and Wellbeing Board and its subgroups - The Children's Trust, The Health Improvement Board and the Joint Management Group for Older People.
- Oxfordshire Clinical Commissioning Group Executive, Board and Localities.
- Oxford University Hospitals Foundation Trust Management Executive and Public Health Steering Group

- Oxford Health Foundation Trust Board
- The Stronger Communities partnership in Oxford and the linked Local health partnerships in Wood Farm and Rose Hill
- Cherwell Local Strategic Partnership and 'Brighter Futures' in Banbury
- Oxford City Council Scrutiny Committee, in their oversight capacity.

In addition, an Implementation Workshop was held in May 2017 attended by a wide range of public and voluntary sector organisations. They began the process of identifying current work and discussing how this can be developed.

It may be impossible to keep a complete overview of the activity that develops as a result of the report, as many groups and organisations have renewed their efforts and energy in addressing health inequalities – that was one of the goals of the Commission, to mainstream the debate about health inequalities. This is good news. In addition, a multi-agency Implementation Steering Group has now been set up and will work together in taking forward the recommendations in a more formal way. Their first tasks include:

- Making sure there is a comprehensive overview of all the recommendations and what is being done in response
- Setting up a workshop to explore social prescribing (prescribing healthy activities) as a means of improving health inequalities and beefing up existing prevention initiatives
- Setting up a (modest) Innovation Fund and determining the criteria by which money pledged by all local authorities and the Clinical Commissioning Group can be used effectively.

How do we keep this initiative going?

It is important to maintain the interest and focus on tackling inequalities and disadvantage that have been stoked by the Health Inequalities Commission. This can be done in several ways:

- Demonstrating the impact of current work and new developments on tackling inequalities will keep the momentum going. Keeping watch over a range of indicators that show the variation in health outcomes will be important and a basket of indicators is being drawn up to help with that.
- Changing systems so that they address inequalities. For example, commissioning new services should consider the needs of people in the population who have worse outcomes or poor access to services. The Joint Strategic Needs Assessment and other sources of information will help with this needs assessment.
- Adopting the "Health in All Policies" approach to developing public policies which looks at the health implications of decisions, tries to join things up and prevents harmful health impacts.

- Making sure major plans, such as the Sustainability and Transformation Plan and Joint Health and Well Being Strategy, include action to address inequalities and deliver results.

- Using the Innovation Fund well and attracting more funding to sustain and develop good practice and make a difference.

This annual report is part of that process, and also aims to help carry the torch lit by this work.

What concrete things have happened as a result?

Individual organisations will of course be taking their own actions, not all of which we will know about, and this is to be welcomed. The report aims to galvanise us all – not just the big organisations. The process of bringing about change in the statutory services will be a long haul and we are still putting the foundations in place - but there are already some encouraging signs that things are happening:

The response to the call to improve prevention initiatives includes:

- Oxfordshire Sport and Physical Activity have begun to prepare plans for improving levels of physical activity in disadvantaged groups. Although an initial bid to Sport England to take the work forward was unsuccessful, other opportunities are being worked through.

- A database of food banks and other free or affordable food suppliers has been drawn up by Good Food Oxford. They are also providing 'food poverty awareness' training for front line services and have developed guidelines on "healthy cooking" for those who are training people in cooking skills.

Challenges to improve inequalities faced by vulnerable groups are being responded to, for example:

- Planning to make Barton a dementia friendly community as part of the Barton Healthy New Town initiative.

- A Trailblazer grant to reduce homelessness on discharge from hospital or prison. This involves a wide range of partners, led by the City Council.

- Programmes that promote personal resilience and positive lifestyle choices are being run for specific vulnerable groups. This includes a programme for people recovering from drugs or alcohol misuse which is called "Get Connected", run by Aspire and Turning Point. A similar programme, "Active Body, Healthy Mind", is run for mental health service users along with access to regular physical health checks.

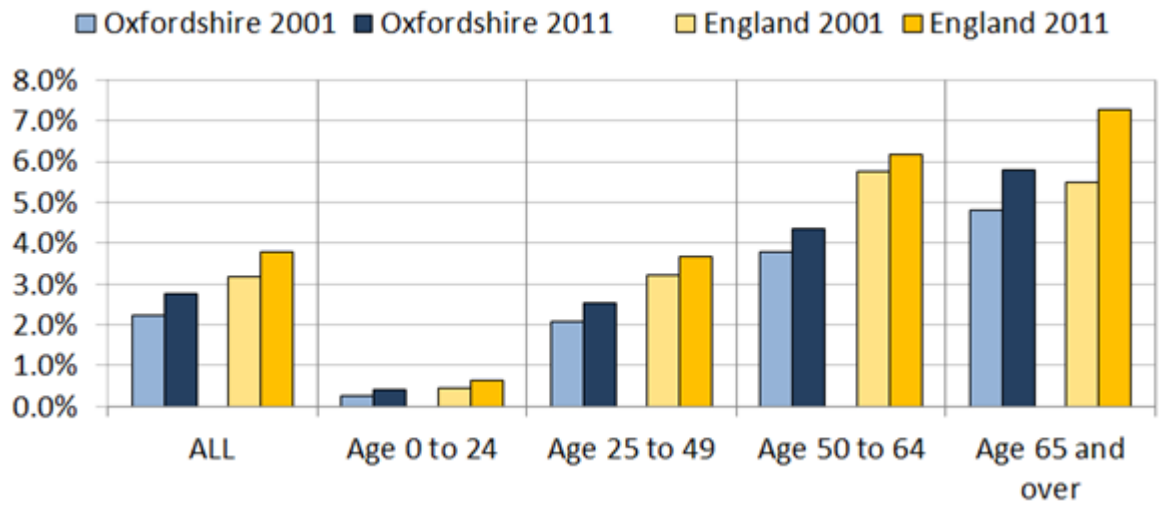
- A pilot project has been set up to provide counselling to children who are asylum seekers or refugees. This is already in place in Oxford Spires Academy and needs more funding to be expanded. This is led by Refugee Resource.

Caring for others as a cause of disadvantage

Previous reports have highlighted caring for others as a factor which can cause disadvantage. Before I close this chapter I am keen to report on the current situation.

Looking at the last two censuses shows the following picture for Oxfordshire compared with national data:

% of people providing 20 or more hours of unpaid care per week by age 2001 to 2011, Oxfordshire and England



The chart shows:

- An increase in the proportion of people providing unpaid care (of 20 or more hours per week) across all age group in Oxfordshire.
- The proportion of carers in each of the broad age groups in Oxfordshire remains below the England average.
- Between 2001 and 2011, the increase in the proportion of carers in the age group 50 to 64 in Oxfordshire was above the increase in that age group nationally.

As highlighted in previous reports, carers do a marvellous job, and organisations should continue to make sure they are well supported and taken into account when planning new services.

Recommendations

1. The Health and Wellbeing Board should ensure that the work of the Health Inequalities Commission continues to be taken forward.
2. The Basket of indicators of inequalities in childhood should be reported in the DPH annual report next year. The Health Improvement board should monitor homeless acceptances closely during the year.
3. The next phase of the Oxfordshire Sustainability and Transformation Plan should target disadvantaged groups and seek to level up inequalities. The service 'offer' should not be 'one size fits all' and the needs of different parts of the county should be recognised.

Chapter 4: Lifestyles and Preventing Disease Before It Starts

We are what we eat, breathe, drink and do: whichever way we look at it, how we live our lives has a huge impact on our health. True, our genetics at birth deal us a basic hand of cards to play, but how well we feel, and how long we live has a lot to do with how we play our hand. What's your game-plan?

This chapter looks at some of the things people in Oxfordshire do that affect their health and looks at some of the actions we are taking to inform them of their choices and give them a helping hand.

This isn't about nannying, it's about giving the people the inside info to help them make the best choices they can.

The Health Survey for England gives us a good place to start – and the picture here will apply pretty well to Oxfordshire. In 2015 a total of 8,034 adults (aged 16 and over) and 5,714 children (aged 0 to 15) were interviewed. 5,378 adults and 1,297 children had a nurse visit as part of the survey.

The headlines (which we will unpack in this chapter) were:

- Smoking in adults fell from 28% in 1998 to 18% in 2015 – this is excellent. However, we know that around 25-30% of manual workers still smoke – this is a serious health inequality

- Alcohol consumption in adults is falling slowly (bringing with it a decline in alcohol related disease) – good news

- Obesity and overweight increased – it is now the new 'norm', with around half of adults overweight or obese – this is bad news for our future health.

- Children reporting smoking and drinking both fell steeply – more good news –though of course new threats like 'new psychoactive substances' (formerly called "legal highs") may be filling some of this gap.

- I would also add that teenage pregnancy continues to fall both locally and nationally – which is also good news.

So, what does this quick overview tell us?

It tells us that the lifestyle challenge that is still on the rise is all about obesity. Let's look at that first.

Obesity, Diet and Exercise

I'm not for a moment minimising other challenges and issues, but the unavoidable fact is that as a society the problem we are storing up for ourselves is all about our weight. Why? Because it leads to heart disease, cancer, mobility and disability problems and costs the economy an estimated £27bn, the NHS £6bn and social care £350m each year.

We also know that it is an inequalities issue and affects women more than men, unskilled workers more than skilled and Black and Asian ethnic groups more than white.

The UK Millennium Cohort Study, published an update in 2017 which illustrates this point beautifully. The following chart from the report shows very clearly that prevalence of children overweight increased by age and by lower maternal academic attainment. Mothers without qualifications (and so with less income and fewer choices) had on average children who were around 75% more likely to be overweight than mothers with degrees. The chart also underlines the steady increase in overweight children with age.

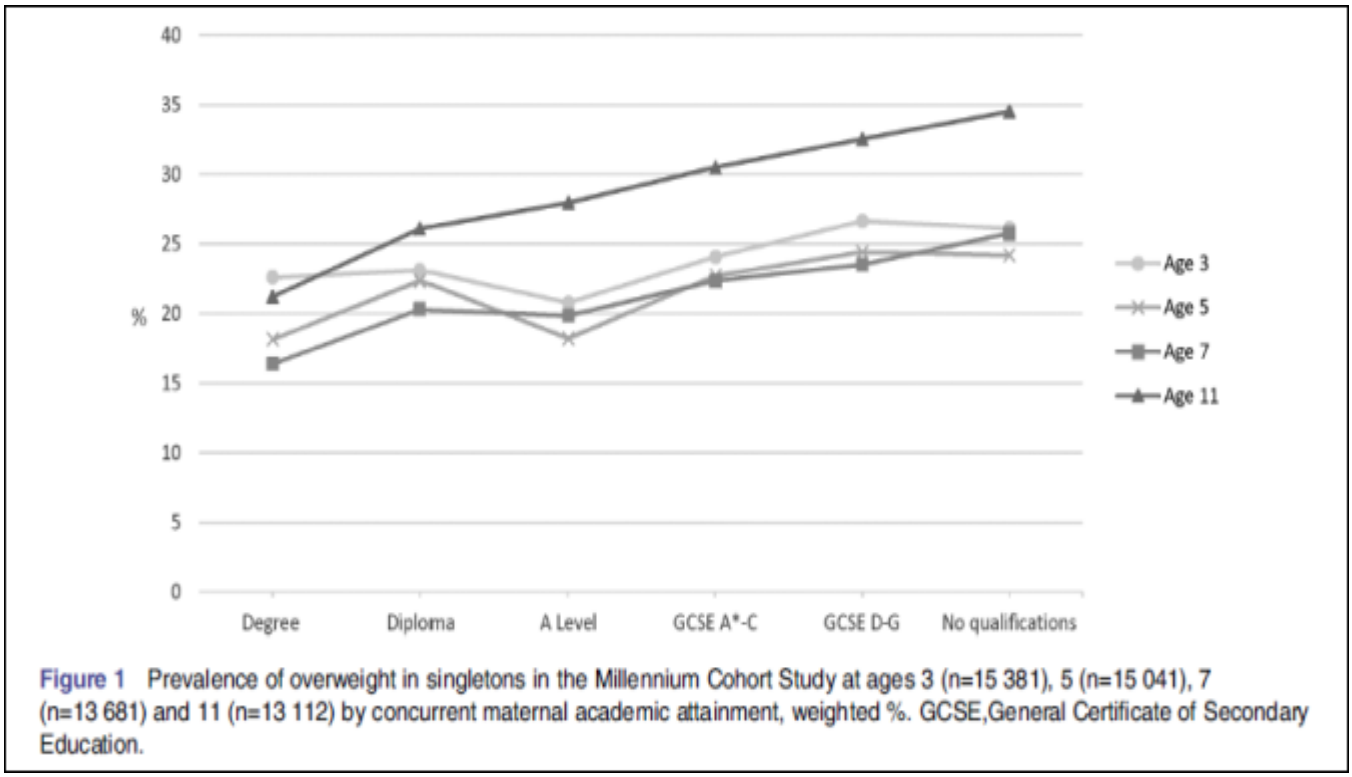


Figure 1 Prevalence of overweight in singletons in the Millennium Cohort Study at ages 3 (n=15 381), 5 (n=15 041), 7 (n=13 681) and 11 (n=13 112) by concurrent maternal academic attainment, weighted %. GCSE,General Certificate of Secondary Education.

We saw again in the previous chapter that obesity begins early – doubling between reception year and year 10, and continues to increase into adulthood.

A recent report from Public Health England sets out the situation with regard to physical inactivity well;

"Put simply, we are not burning off enough of the calories that we consume. People in the UK are around 20% less active now than in the 1960s. If current trends continue, we will be 35% less active by 2030. We are the first generation to need to make a conscious decision to build physical activity into our daily lives. Fewer of us have manual jobs. Technology dominates at home and at work, the 2 places where we spend most of our time. Societal changes have designed physical activity out of our lives."

This won't be news to anyone who has read these reports before as it has featured as an issue in ten out of ten reports. Why? Because it is still a problem and, as a collective, we still haven't cracked it…… although there may be some 'green shoots' of hope emerging.

If it matters so much, and we all know about it, why is it so hard?

I suspect this is for a number of reasons which I have teased out below. This isn't about victim blaming – absolutely not – this is really hard stuff – if it wasn't, it wouldn't be such a problem. In brief, the issues seem to be:

1. What we want regarding our lifestyles short-term works against us long- term when it comes to weight gain. We want comfortable lives, we want to travel by car or public transport, we want to watch TV, we want fast and easy food - and all these things lead to weight gain over time.

2. Our genetic programming may work against us. The evolutionists tell us we are programmed to gobble goodies when we see them to hedge against times of famine from our hunter-gatherer days (e.g. a glut of ripe fruit on a tree) by building up a fat store. That makes sense, but we are fortunate that the famine doesn't come any more, and so the fat builds up.

3. Because weight gain is insidious and we are hard-wired for short term responses. We seem to be programmed to respond to immediate dangers and tend to be blind to longer term issues.

4. Because the problem becomes invisible when the majority have it – I suspect that if you could bring a coach full of time-travellers from the 1950's they would be truly surprised to see us now.

5. Because the answer is multi-facetted. The answer isn't simple and implies change by individuals, families, organisations employers and government. We need a 'team UK' effort – and this is always difficult.

6. Because it isn't fair –Our metabolic rates and our genetic make-up are like hands of cards dealt to us at birth. It means that we put on the pounds in different patterns to one another. Where one loses another gains – it isn't fair. It also means that the answer isn't a one shot deal. The answer will vary from individual to individual and this makes setting a consistent policy harder.

7. Because it changes with age. I think many of us know that if we were to eat now what we ate as twenty-somethings we would put on weight very quickly. We are probably on average also less active than in our younger days. This implies that our eating and exercise patterns need to change with age. It is another challenge of an ageing society – how do we adapt to each decade, because the answers at 25 do not apply to 55.

8. Because it's so easy to put on weight and so hard to get it off. It's a bit like a lobster pot: easy to get into and hard to get out again. Many of us have tried slimming, and I think we all know how difficult it is to keep the pounds off once they have been lost. It does take a lifestyle change- and that can be hard graft.

9. Because we don't like preaching – especially if it makes us feel a bit uncomfortable. The messages are I think clear to us all. But they can get a bit 'preachy' and that tends to make us close our ears.

So what do we do?

The answer has to come through teamwork between the individual, family, government, employers, planners and organisations. It's about 1000 adjustments to 1000 tillers to turn the flotilla we all sail in…….. and there *are* green shoots - for example, in the last year or two:

- The health messages continue to seep home into the public's mind – the '5 a day' message is well embedded and shoppers are demanding healthier prepared foods – and the supermarkets are responding.
- At national level, Government has taken steps to improve food labelling and to reduce the sugar content of drinks.
- The climate in schools is changing – take for example the adoption of the 'daily mile' in schools across the country.
- Health and exercise options are being main-streamed by planners into new developments.
- The inequalities issues are clearer - and our Health Inequalities Commission report helps.
- Front-line health professionals are more willing to consider giving lifestyle advice during routine consultations.

And more locally……

- We have made very good progress in building exercise options into planning through the Healthy New Towns.
- The Health Improvement Board has made useful efforts to begin bringing recreation and leisure services together with the Sports Partnership to update its healthy weight strategy.
- The NHS has taken the topic of 'making every contact count' more seriously so as to get health advice into more face to face consultations.
- More schools are looking at options such as the 'daily mile'.

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

We said that this topic should become a priority for the NHS's Sustainability and Transformation Plan – this has happened on paper, but there is no spare cash to fund the scale of change needed.

We said that the Health Improvement Board should play its part in partnership activity and this has been more than achieved.

What should we do next?

To keep it brief, this is a long haul, so essentially it is more of the same – more awareness, more coordination and more money are required.

Recommendations regarding obesity, diet and physical activity.

1. The NHS should continue to seek a serious investment fund to take this work forwards.

2. The Health Improvement Board should continue to coordinate the activities of all Local Authorities and the NHS

3. Planners should continue to plan communities that support active lifestyles until this is the norm.

Alcohol

There seems to have been a helpful shift in drinking patterns that will reap benefits in the decades to come.

Previous reports have set out the real health risks of alcohol as a causative factor for a wide range of diseases and its corrosive effects on society when consumed to excess.

I am not saying the problems have gone away altogether because:

- There were over 1 million alcohol related hospital admissions in England in 2015 and over 23,000 deaths related to alcohol.

- Alcohol is a causal factor in many medical conditions including mouth, throat, colon, liver and breast cancers; strokes and heart failure; liver disease and pancreatitis as well as road traffic accidents and injuries due to falls.

- Alcohol affects us all – for example, the highest earners (those earning £40,000 and above annually) are more likely to be frequent drinkers and "binge" on their heaviest drinking day when compared with the lowest earners.

But on the other hand:

- Overall alcohol consumption in the UK has decreased between 2000 and 2014, reducing from over 10 litres of pure alcohol per person aged 15+ to around 9.5 litres per head

- The proportion of the adult population of Great Britain (aged 16 and over) who drink alcohol has fallen from 64% in 2005 to only 60% in 2016).

- Young people aged 16 to 24 years in Great Britain are less likely to drink than any other age group.

- Alcohol consumption in young people in general is falling

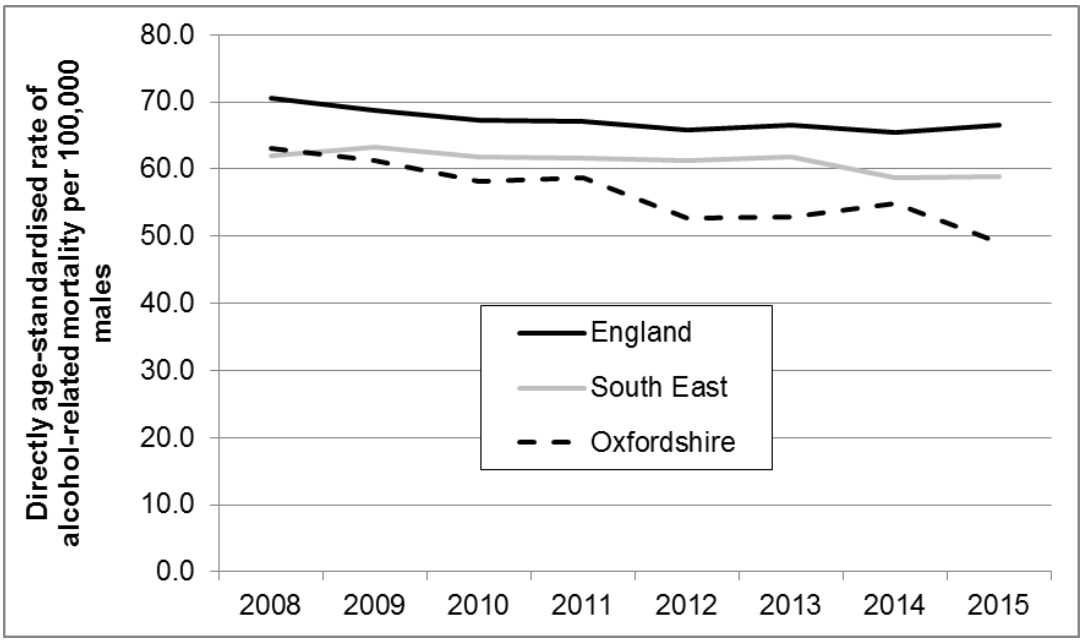
Why should this be?

I'm not sure anyone really knows. It may be that the health messages have hit home, or it may just be one of those complex societal 'fashions'. My money would be on the latter. Looked at over centuries, the average trend in alcohol consumption per capita has always fluctuated. We may have entered a down-turn and, whatever the reason, that is very good long term news.

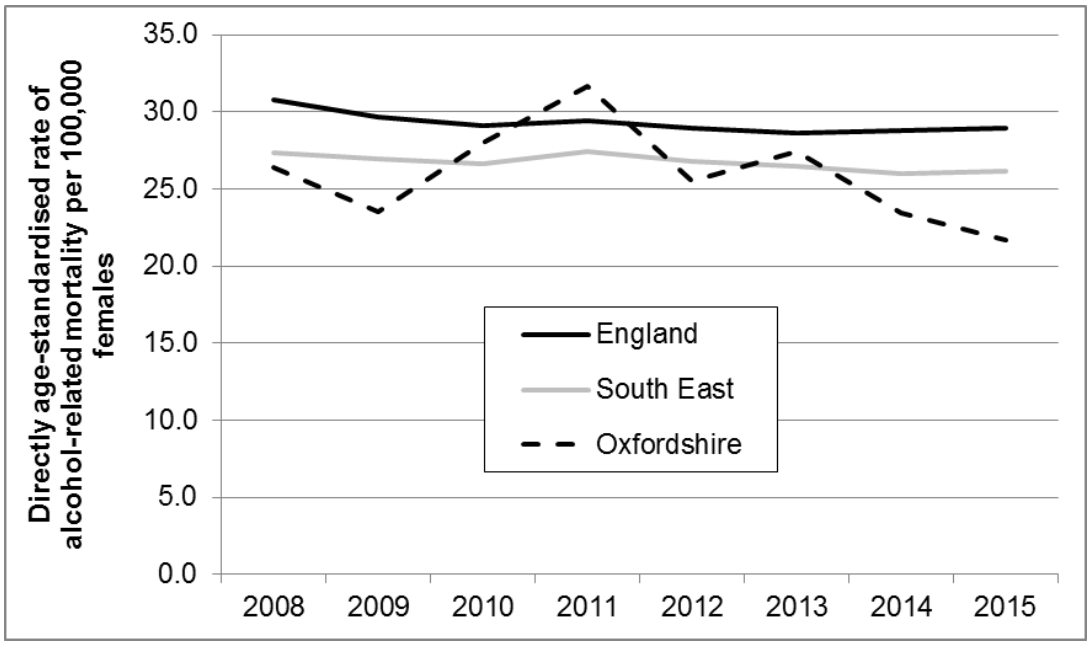
The statistics paint the picture well:

- Alcohol related deaths in males and females have been declining over the last 6 of 7 years and the figures are better for Oxfordshire than nationally. Also, deaths in females are around half of those in men

Alcohol-related mortality – males



Alcohol-related mortality – females

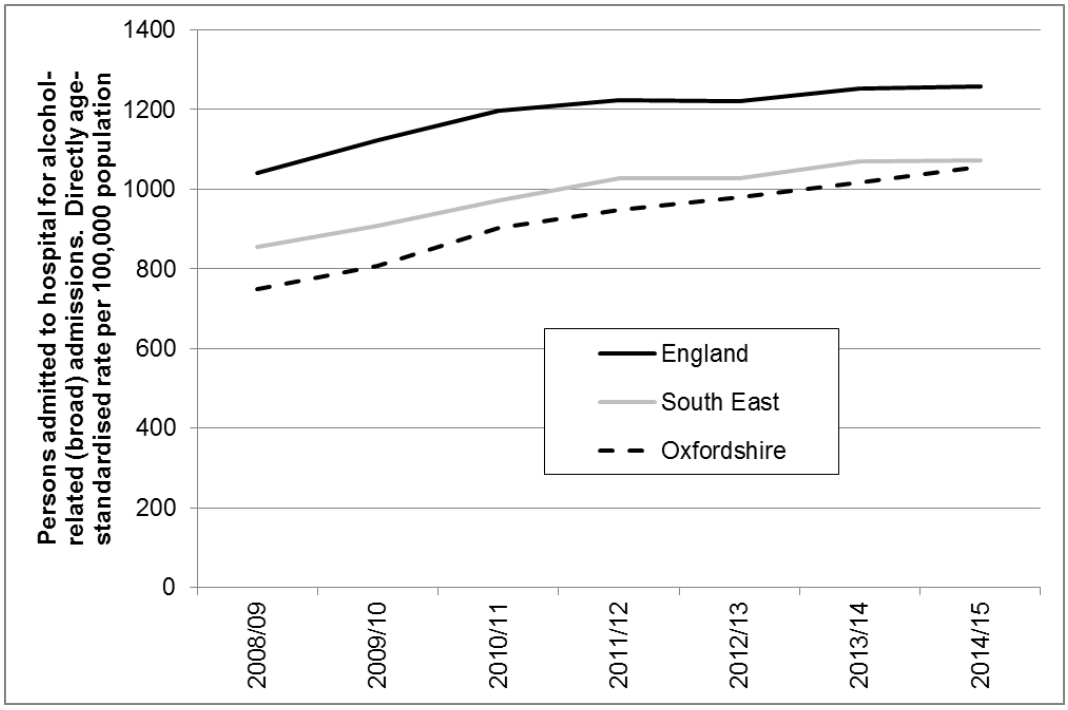


However, we aren't out of the woods yet as the figures for alcohol-related hospital admissions continue to show an upward trend. You can see this in the charts below which show people

admitted to hospital each year per 100,000 population. Because alcohol-related disease is long term, this might be the long term legacy of the drinking habits of previous decades – time will tell.

Whatever the reason, it is good news that the levels in Oxfordshire are well below national levels.

Persons admitted to hospital for alcohol-related conditions) - all ages



What Did We Say Last Year and What Have We Done About It?
Achievements in 2016-17

The Alcohol and Drugs Partnership reports the following progress in partnership work:

1. Identification and Brief Advice (IBA)

   The goal is to equip professionals with the confidence to give brief advice to people who are drinking too much. The partnership's role is to train the professional. This year the training was expanded to include smoking cessation and all sessions have been well attended by a range of professionals including those working in adult social care, early Intervention services, mental health organisations, charities, housing providers, primary care, pharmacies and Oxford University Hospitals Trust.

2. Targeted alcohol campaigns

   This year the Dry January campaign was again supported by the Fire and Rescue Service, and included 'mocktail' sessions run by Alcohol Concern. Advertising for the campaign included social media, the County Council's Yammer pages as well as an article in the Oxford Mail.

3. Improvement in Pathways to treatment.

Oxfordshire treatment services have been working hard to improve pathways between local hospitals and their services. Referral routes from both A&E and ward admissions back into the community have been reviewed as well as barriers to communication and continuation of prescribing. Staff from Turning Point (a drug and alcohol treatment organisation) continue to develop joint-working with the NHS, and a community alcohol detoxification nurse attends the John Radcliffe Hospital weekly to discuss patients and provide on-going community support for patients leaving hospital.

4. Street Pastors

Street Pastor schemes continue to flourish in the City and several market towns across Oxfordshire. Street Pastor schemes work in partnership with organisations such as the Police, Local Authorities, local door staff and licenced premises. They patrol the streets with a remit to 'care, listen and help'. Between April and September 2016 over 577 people were assisted by the street pastors.

What we said last year and progress made

Recommendations for 2016-17 were set out as follows:

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.

Progress report: This work is ongoing and, due to delays in publishing the Transformation Plan for Oxfordshire, it is not yet clear that last year's recommendations have been fully implemented.

Recommendations for 2017-18

1. The NHS should continue use the Sustainability and Transformation Plan to embed brief advice for people with problem drinking into all consultations. This should be backed up by staff training and support.

2. Campaigns should focus on the impact of alcohol on health so that there is increased awareness of the harmful effects of alcohol on cancer and cardiovascular disease in particular.

NHS Health Checks

The NHS Health Check is a national cardiovascular risk assessment and prevention programme which is commissioned by the County Council. It is delivered by local GPs and has been commissioned by the County Council's Public Health team since 2013

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

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

In Oxfordshire, the Health Improvement Board has set a target of 55% of those invited for a NHS Health Check take up the offer and receive the Check.

In 2016/17 in Oxfordshire 34,667 people were offered NHS Health Checks (18.2% of eligible population) and 17,847 checks were completed (9.3% of the total eligible population and 51.5% of those offered a check). This is an improvement on 2015/16 in terms of uptake (51.2% in 2015/16), but a decrease in percentage offered (20% in 2015/16) and percentage completed.

During 2016/17 of the 17,847 people who had a Health Check:

- **896 people were found at high risk of CVD, with 417 people now taking a statin**
- **275 people diagnosed as having high blood pressure, with 252 now on an antihypertensive drug**
- **63 people were diagnosed with diabetes**
- **1537 people were given brief advice regarding smoking, with 148 people referred/signposted to the local stop smoking service**
- **6310 people were given brief advice regarding physical activity, with 1706 people referred/signposted to the local physical activity services**
- **5821 people were given brief advice regarding weight management, with 283 people referred/signposted to the local weight management services**
- **1574 people completed a screening tool for their alcohol consumption. In addition1658 people were given brief advice regarding alcohol, with 8 people referred to the local alcohol services.**

This is a good result.

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

Last year we said we would continue to bring the NHS Health Check programme to the public's attention in new and innovative ways to further raise awareness in the local community. This peaked with a month long campaign in January using local radio and advertising on transport links- which is thought to have contributed to the increased uptake in quarter 4.

We also said we would continue to work with GPs to improve the uptake of the offer, including the invitation process. Commissioners are working with GPs to investigate a combined approach of electronic communications from GPs and simultaneous targeted marketing online to improve uptake of the offer.

The commissioning team continue to closely support practices and have visited every practice as part of quality auditing the programme. They provide feedback to GP practices on how to improve on the quality of the programme. The approach to quality auditing taken by the public health team is still considered a national exemplar.

Recommendations for NHS Health Checks

The NHS Health Check programme continues to perform well, is now well embedded in the health system and is well received by the public. However, the concerted efforts to raise the profile of this programme with the public and improve on it must be maintained. In order to achieve this we need to:

1. Continue to market the NHS Health Check programme in new and innovative ways which take advantage of emerging technologies to raise awareness and understanding of the benefits of the programme with the public.

2. Continue to work with GPs to improve on the uptake of the offer of a free NHS Health checks and investigate new ways to best collaborate on improving the invite process.

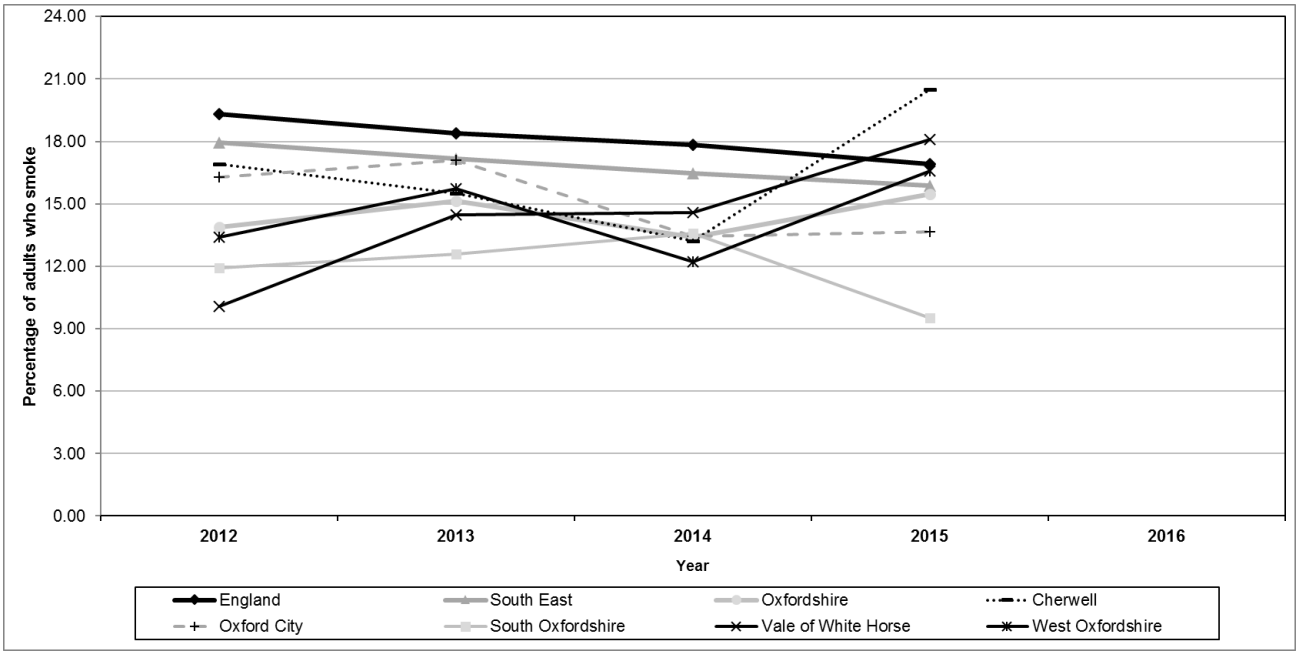
3. Better identify and engage with high risk groups to take up the offer of a free NHS Health Check.

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 diseases and events such as heart attacks and strokes, and dementia. In Oxfordshire the prevalence of adult smokers has seen a very welcome continued decline in the past few years. This decline is shown in the figure below. The prevalence of adults who smoke in Oxfordshire is currently estimated to be 15.5% (an estimate of 91,892 people) which is better than the national prevalence (16.9%). This is a good result.

The chart below shows the results. Because this is based on a survey of a limited number of people, the national line will be accurate, the County line fairly accurate and the District lines far less accurate and subject to wide fluctuations.

Smoking prevalence in individuals aged 18+ by District in Oxfordshire



(Source PHE)

However, we still cannot be complacent about smoking rates in the County. There is still 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.

Smoking is highly addictive and the best thing for health is not to start. Although the trend for smoking in young people is falling the prevalence of young people aged 15 years who report in the survey that they are current smokers is 10.4%. This is significantly worse than the national average of 8.2%. While this is of concern some caution has to be exercised as the data is estimated based on responses provided to surveys of young people and can be subject to statistical errors (i.e. in plain speak it may be a 'blip'.). We should monitor this trend to see if this is a consistent finding.

Stop Smoking Services

The decline in people accessing traditional stop smoking services seen in recent years was halted in Oxfordshire with 1923 quits recorded for 2015/16 – three less than in the previous year total of 1926. This was against the national decrease of 10% in the recorded number of quits recorded nationally. This is to be applauded but preventing a further decline in recorded quits is becoming increasingly difficult. Why? Because there are fewer smokers 'out there' and there has been a sea-change in the way people choose to quit tobacco – increasingly opting for self-help solutions rather than statutory services.

The impact of the dramatic increase in the use of e-cigarettes in the UK is the most significant contributor to the reduction in people accessing stop smoking services. Latest data estimates:

- An estimated 2.9 million adults in Great Britain currently use e-cigarettes up from 700,000 in 2012

- For the first time there are more ex-smokers (1.5 million) who use e-cigarettes than current smokers (1.3 million).

- Over half (52%) of e-cigarette users are now ex-smokers and 45% continue to smoke as well.

- The main reason given by ex-smokers who are currently vaping is to help them stop while for current smokers the main reason is to reduce the amount they smoke.

- The use of e-cigarettes as a quit aid and their increasing usage has opened a debate in the public health community on a national and international scale. Currently in 2017, public perceptions of harm from e-cigarettes still remains inaccurate with only 13% accurately understanding that e-cigarettes are a lot less harmful than smoking. Among those who smoke, perceptions of e-cigarettes are also getting more negative, with only 20% accurately believing in that e-cigarettes are a lot less harmful than smoking compared with 31% in 2015.

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.

Public Health England have helped to clarify the position and 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 should we move forward?
Our current services are now outdated. We need to move to a service which helps the general public but which also actively seeks out smokers in the most at-risk groups.

The public health team, in line with The National Institute for Health and Care Excellence (NICE) recommendations, are considering the following main areas for future services:

- Mass media and other education campaigns
- General education campaigns aimed at everyone;
- Media campaigns aimed at under 18s.
- Planning evidence based stop smoking services;
- Preventing children and young people from taking up smoking;
- Illegal sales
- Coordinated approach in schools
- Developing services which encourage better uptake in disadvantaged and minority communities who have higher rates of smoking.

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. Commissioners should re-commission services to deliver a blend of services to meet the changing attitudes and use of stop smoking services.

Oral Health

The marked improvement in oral health and the number of adults keeping their teeth as a result of better brushing with fluoride toothpaste and more awareness of oral health is welcome. However nationally in England the biggest cause of child hospital admission for general anaesthetic procedure is to provide dental extractions due to severe tooth decay. Tooth decay is one of the most easily preventable diseases and the high level of extractions under general anaesthetic is avoidable.

The picture in children

Local data is based on national surveys whose sample size is really too small to draw firm conclusions at lower than County level. However, looking at the national data, we can see that tooth decay is linked with other measures of general social disadvantage and so is a further source of inequality in the County. Latest available data from the 2015 oral health survey of five-year-old children shows that 77% of 5-year-old children 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 a good result there is room for improvement, the number of children who are decay free is significantly lower in Oxford than the other districts at 67%, probably reflecting social disadvantage.

During the 2016/17 dental teams have been conducting the latest national five-year-old children's survey and we expect to refresh the local data in the next twelve months.

The major sources of sugar which causes decay in children are found in soft drinks and cereals. Locally we will continue the work to educate children and parents about the impact of dietary choices on teeth and also wider health.

The picture in adults

Tooth decay has fallen in adults in England from 46% having active decay in their teeth 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 are we doing and what should we do next?

Since the NHS reorganisation, the responsibility for oral health has been split three ways. The NHS has a responsibility for dentists and more specialised oral surgery, Public Health England

provides dental public health advice while Local Government has an emphasis on prevention and commissioning oral surveys in line with the national programme.

The oral health promotion and dental epidemiology service commissioned by the County Council has been in operation since 1st April 2015. This service aims to work in collaboration with wider dental services to prevent oral health problems in children and adults. The range of activities provided by the service include:

- Accreditation scheme for pre-school settings
- Piloting tooth brushing programme in primary schools. Four primary schools took part in the pilot programme in which children brushed their teeth under supervision of staff. The programme developed better understanding of oral health and improved brushing skills in children, making tooth brushing a routine part of the day which improved attitudes to brushing in the young children involved.
- Training of 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.
- Piloting an accreditation scheme for care homes for elderly residents. The pilot successfully accredited three care homes as oral health promoting environments. The service trained staff to better understand the oral health needs of residents, the causes of oral disease, good oral hygiene for their residents and how to access dental services. The participating care homes also developed policies to better promote oral health for residents.
- Delivering oral health promotion sessions and events throughout the county
- Training health visitors in oral health to better understand the causes of tooth decay, oral development in young children, looking after teeth in young children and accessing dental services.
- Training staff who work in the community with children and adults to promote oral health with their client and user groups including causes of tooth decay, oral hygiene and access to dental services.
- Delivery of oral health promotion in local workplaces including Siemens and Thames Valley Police.
- Promotional events during National Smile Month and Mouth Cancer Awareness Month
- Provision of a lending service of health promotion resources for local stakeholders.

In the next year the oral health promotion service will

- Continue the supervised tooth brushing scheme in primary schools. Two of the schools in the pilot are planning to continue the programme and the service is looking to recruit new schools for the 2017/18 academic year.

- Find ways to reach a wider number of care homes.

- Continue to train staff in healthcare and community settings to become oral health promoters within their workplace with their service users and make every contact count.

- Continue support of oral health promotion development within both school health nurse and health visitor services.

- Continue to participate in oral health promotion events and sessions in the community to directly work with the public on raising the awareness of the importance of good oral health and accessing dental services.

Recommendations for Oral Health

1. The NHS should ensure that improvements in access to NHS dentistry are maintained including complex care and domiciliary care for older people and work continue to work to reduce child admissions for dental extractions under general anaesthetic.

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. Commissioners of the oral health promotion should work with colleagues to develop this programme to increase the number of care homes who sign up to this programme.

3. Continue to work with school health nurse and health visitor services to embed oral health prevention and promotion into children's health from 0-19, allowing for a healthier oral health start to life.

4. Continue to develop the supervised brushing scheme in primary schools, developing on the encouraging work of the pilot programme.

Chapter 5: Mental Health

Mental Health - Children and Young People

I reported last year on mental health in children and young people and I want to keep that focus this year.

Last year I reported on two topics – trends in mental wellbeing in this age group in general and self-harm.

Looking at each of these in turn, we noted that:

- mental wellbeing and mental distress are difficult to define and measure in this age group and that what is classed as a mental health problem changes over time

- however, the indications are that living in the modern world and a digital age puts new stresses and strains on young people

- young people are coming forward to seek help – and we can see this in the work of our school health nurses and through rising referrals to NHS services

- this increase is no bad thing as it also shows young people's awareness of the issues they face and also young people's general self-help attitude.

To recap, the picture of emotional resilience and mental wellbeing can be summed up as being built up in the following ways:

- 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 and there is a greater vulnerability to stresses and strains.

Regarding more severe mental health problems in Children and Young People, the main facts are:

- 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.

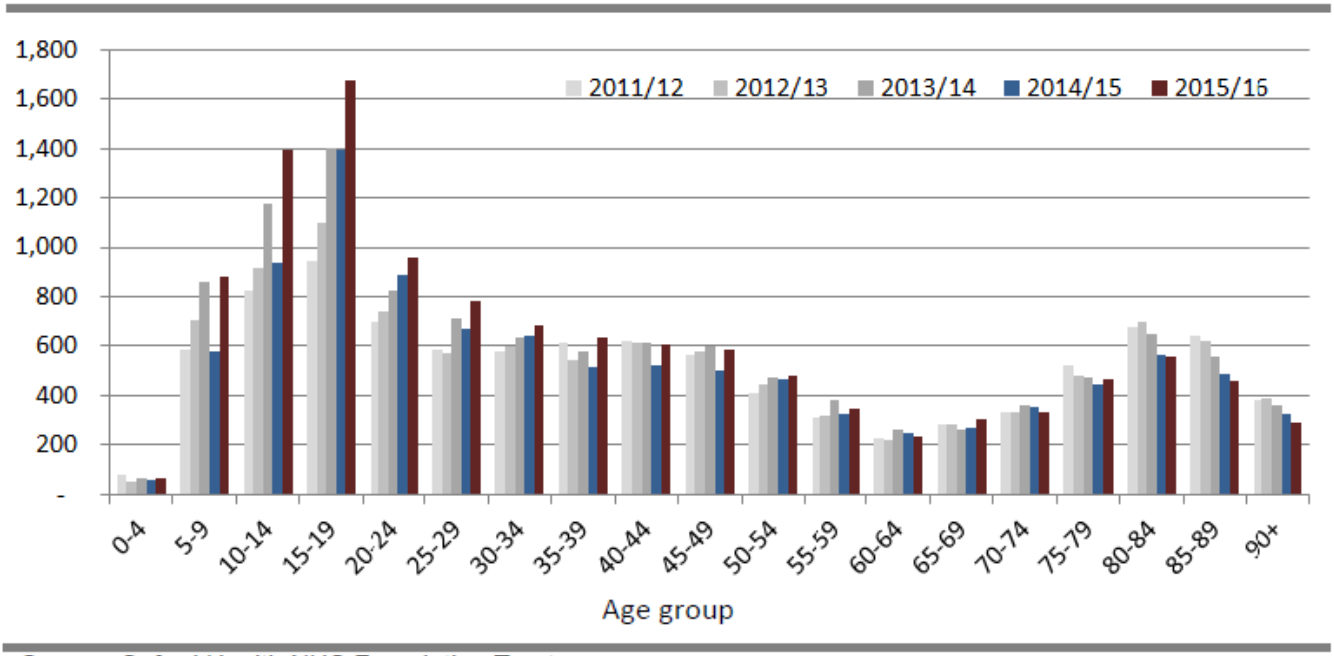
- The most disadvantaged communities and the most disadvantaged groups have the poorest mental and physical health and wellbeing. **Children from the poorest 20% of households have a three-fold greater risk of mental health problems than children from the wealthiest 20%.** Parental unemployment is also associated with a two-to three-fold greater risk of emotional or conduct disorder in childhood. This doesn't mean that one causes the other, it simply points out that the two factors are found together in the same families.

- 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, substance misuse problems and to become involved in offending.

- These issues are therefore significant and important.

In very general terms I suspect that what we are seeing overall is a generation who are subject to more moderate stresses (cyber-bullying for example), and that they have an increasing awareness of this, and, most importantly that they are seeking help. The chart below shows this through the rise in referrals of young people to mental health services.

Number of Oxfordshire residents referred to Oxford Health mental health services (2011-12 to 2015-16)



Source: Oxford Health NHS Foundation Trust

- The 15-19 age group continues to make up the largest proportion and number of patients referred to Oxford Health mental health services in 2015-16 and has seen the biggest increase since 2011-12.

- Between 2011-12 and 2015-16, the number of patient referrals aged 15-19 increased by 77%

I reported last year that children and young peoples' mental health service had just been overhauled. This is timely. The results of this were that a new contract for a new service model was awarded. The new service focusses on early prevention and intervention in partnership with voluntary agencies, public health services, education and children's social care to ensure children, young people and their families can get information, advice and support (including self-care) when there are emerging mental health problems. This is aimed at preventing more chronic and complex mental health problems, which can affect long term outcomes into adulthood.

We should also note the very valuable contribution our School Health Nurses make to the treatment of mental distress day in day out in our secondary schools.

The new service features:

- A single point of access for all referrals including self-referrals and clear publicised pathways for the most common conditions
- Active support for families and individuals to help them access other community services where this is more appropriate
- Partnership with voluntary organisations to support families better and improve movement between services for the young people with the most complex problems
- Reducing waiting times to improve access to support and treatment using evidence- based interventions to improve long term outcomes into adulthood
- Consultation, information and advice to families, young people and the wider children's workforce and the promotion of self-care and use of technology.
- Prevention and early intervention by working in schools and colleges to provide consultation, training and treatment in partnership with school health nurses and children's social care services

The service will include newly established specialist services such as:

- A dedicated Eating Disorder Service
- A new therapeutic team specifically working with young victims of child abuse and child sexual exploitation
- A new team to work with children who are 'Looked After' and those young people who are on 'the edge of care'
- An Autism Diagnostic Service with support for families after a diagnosis has been made
- A forensic psychiatry post working in the young people's housing pathway providing mental health expertise to some of our most complex young people and building capacity in the housing provider market

The focus for the first year is to deliver the 'single point of access' which will improve access to consultation, information and advice and treatment and, in addition, to start transforming the service into providing prevention and early intervention through working with primary and secondary schools across Oxfordshire. This includes School Health Nurses and improving integration and joint working with Children's Social Care. Voluntary organisations will play a key role as partners in delivering Child & Adolescent Mental Health Services (CAMHS).

This is clearly a substantial change and seems to respond well to the needs of young people. Implementation will take time – working with every Oxfordshire school is a huge task and a long process.

I think these are useful steps in the right direction.

Careful monitoring of this service and of new trends in the overall wellbeing of this age group will be essential.

Self Harm

I also reported last year on self-harm and reviewed the recent upward trend.

The last year has seen a mixed picture.
Measuring self-harm using hospital admissions shows that:

- rates in 10-14 year olds are down slightly
- rates in 15-19 year olds are up slightly
- rates in 20-24 year olds are down slightly

All of these figures are similar to the national picture. The trends we are seeing in Oxfordshire around self-harm are part of a national picture rather than a local one.

The new service mentioned above is intended to help to relieve the stresses that result in self-harm. It will be important to monitor the situation to see if there is a lasting impact.

In addition, last year I reported on an initiative that the Public Health team had undertaken locally. To recap, we commissioned a local Oxfordshire theatre company, Pegasus, to perform a play on self-harm in secondary schools across the county. 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 to.

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 have re-commissioned the play again for the academic year 2016/2017.

It is important that professional help to young people is made part of the mainstream of many services rather than as a stand-alone service.

Examples of this in action are shown by the following 'snapshots' of work in hand in mainstream services across Oxfordshire:

- School Health Nurses have been trained in child & young person mental health through a programme called PPEPcare. The training includes:

  - Supporting young people with low mood
  - Supporting young people with anxiety
  - Supporting young people who self-harm

- In addition, our nurses have run awareness campaigns to ensure that young people are aware of techniques they can use to improve their well-being and where they can access support should they need it.

- School Nurses also support young people with exam stress – and example comes from the Matthew Arnold School where the School Nurse ran sessions with sixth formers approaching exams. This will lead to 'Chill Out Tuesday' and 'Wind Down Wednesday' next year for all young people approaching exams.

- By the end of March 2017, the Oxfordshire Young Carers Service had identified and supported a total of 2,684 children and young adults (aged 0 -25 years) who provide unpaid care to a family member. Caring is also well known as an additional cause of stress for young people. This included 456 new young carers identified in the year 2016-17.

- The Health Visiting service also has a role to play - the County Council have commissioned Oxford Health NHS Foundation Trust to create a specialist post which will set up new postnatal mental health groups and train those who run them. This recognises that addressing mental health needs of mothers is paramount in promoting mental wellbeing and preventing mental health problems in their children.

In summary, self-harm is an important issue. There is evidence that services are responding well, but this situation needs to be actively monitored.

Recommendation

Children and Young Peoples' mental health and wellbeing and its related services should be monitored in future Director of Public Health annual reports.

Chapter 6 – Fighting Killer diseases

Main messages for this chapter:

Part 1. Epidemics and Antimicrobial Stewardship

The improvement in the quality of our living conditions and the advances in modern medicine have meant that the threat of major illness and large numbers of deaths due to communicable disease are seen as a problem of times past.

The continuing vigilance of Public Health services and sound planning of local and national organisations to respond to the spread of communicable diseases means that most of us can go about our daily lives without being aware of the efforts to protect the wider community from disease. The Ebola and Zika outbreaks of recent times are stark reminders of the continuing threat that can arise at any time and present a very real risk to us all, irrespective of borders. The Ebola cases in the Democratic Republic of Congo and elsewhere act as a stark reminder of the need for continual vigilance across the world.

We need to continue to prioritise the work that is done in the background every day of the year to prepare for the worst and the unimaginable. Directors of Public Health work closely with Public Health England and the NHS across Thames Valley to ensure that the response to any threat will be matched by a coordinated response to any outbreak, wherever it may arise. It is important that this partnership and cooperation is continued.

The right response still remains systemic and calm planning and organising ourselves NOW so we can respond when the need arises without fear or panic. The need to remain vigilant still holds true.

A continuing cause for concern is the threat of **antibiotic resistance** and the rise of “superbugs”. Antibiotics are important drugs for animals and humans in fighting bacterial infections which were once life-threatening. Bacteria are highly adaptable and the widespread misuse of antibiotics and inappropriate prescribing of antibiotics continues to lead to bacteria which have developed resistance to the antibiotics which were once effective.

The risk of bacteria which cannot be treated by any existing antibiotics is a real threat here in the UK and throughout the world. We continue to see outbreaks of resistant strains of bacteria, if we do not act we will see the number of resistant strains increase.

Failure for us all to act responsibly now could see antibiotics becoming ineffective and the return of people dying of once curable infections, returning us to the situation before the discovery of penicillin.

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.
- Continuing to build and maintain long standing relationships with colleagues in Public Health England and the NHS.
- Mainstreaming our plans by working with the Police, Military and many of the other organisations under the auspices of the Thames Valley Local Resilience Forum (LRF).
- Educating and advising professionals and the public of their role as individuals in limiting antibiotic resistance.

It is vital to keep the specialist workforce we have now to continue with this important work.

Part 2. Infectious and Communicable Diseases

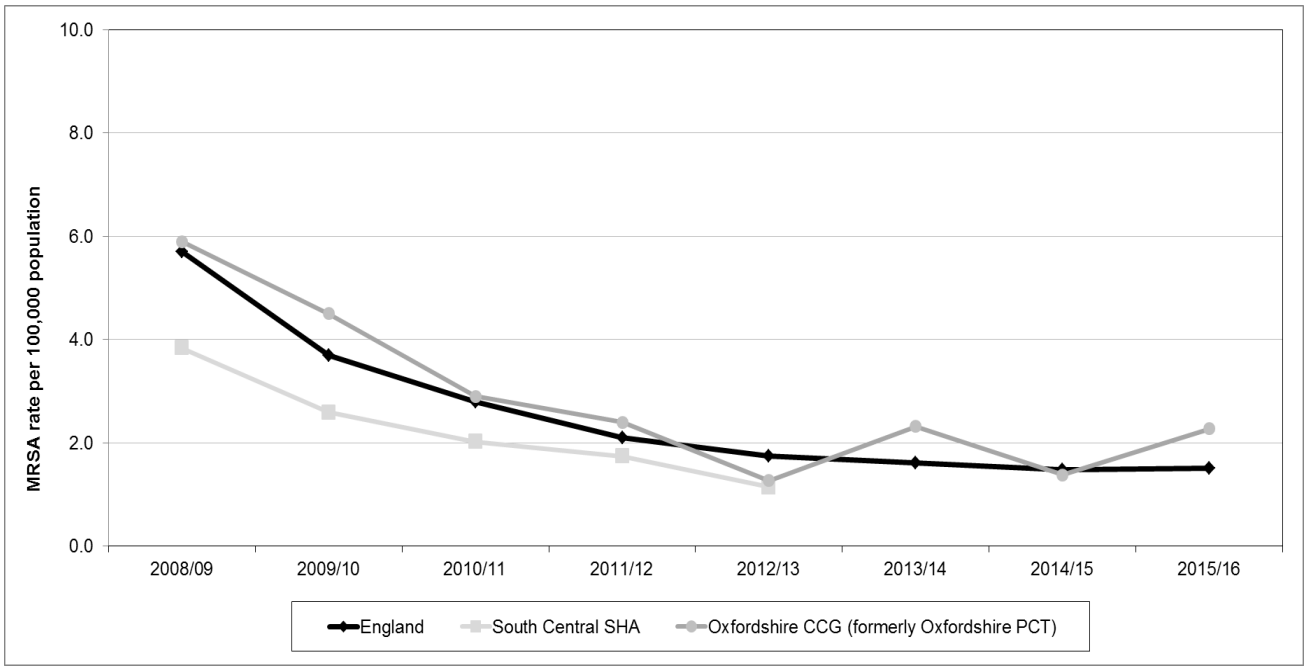
Health Care Associated Infections (HCAIs)

Infections caused by superbugs like Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C. diff.) continue to be an important cause of avoidable sickness and death, both in hospitals and in the community. These infections do not grab headlines as they have in the past but they still need everyone to remain vigilant to limit an increase in the incidence of infection.

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 an invasive procedure or a chronic wound) it can cause blood poisoning (bacteraemia). It can be difficult to treat people who are already very unwell so it is important to continue to look for causes of the infection and identify measures to further reduce our numbers of new cases of infection. 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 - 2015/16)



Public Health England (PHE), Health Protection Agency (HPA)

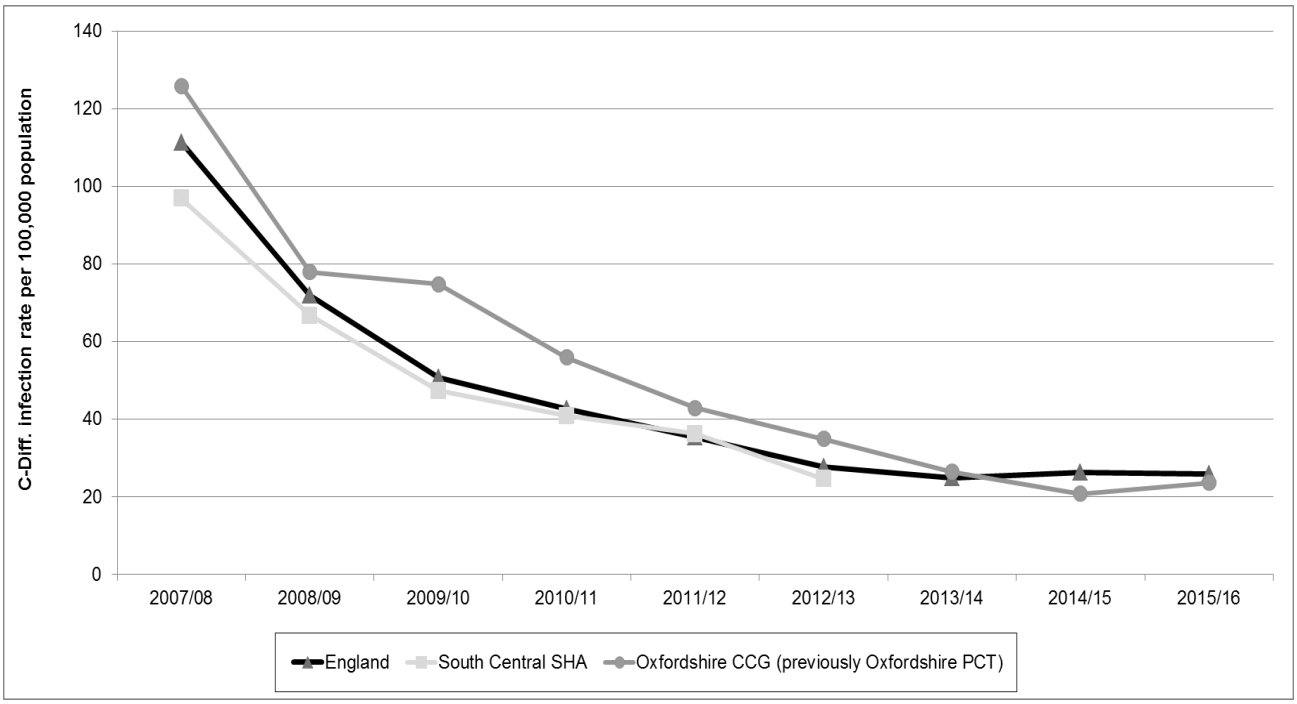
This shows that infections can be tackled, often by traditional hygiene methods. Nationally there is a zero tolerance policy and the rate of MRSA is still higher than we would like. There have been improvements in Oxfordshire over the past few years. However, the levels in Oxfordshire have increased slightly again in 2015/16 to be higher than the national average. This slight increase, which may be a statistical 'blip' due to the small number of cases each year reaffirms why continued vigilance is required by all hospital and community services to combat MRSA infections.

Clostridium difficile (C.diff)

Clostridium difficile is a bacterium that causes mild to severe diarrhoea which is potentially life-threatening especially in the old 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 has resulted in a steady reduction in cases in Oxfordshire since 2007/08 as shown in the chart below which is in line with the National trend. 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 on the rate of C.diff infections.

Clostridium Difficile Infection (CDI) - crude rate per 100,000 population (2007/08 to 2015/16)



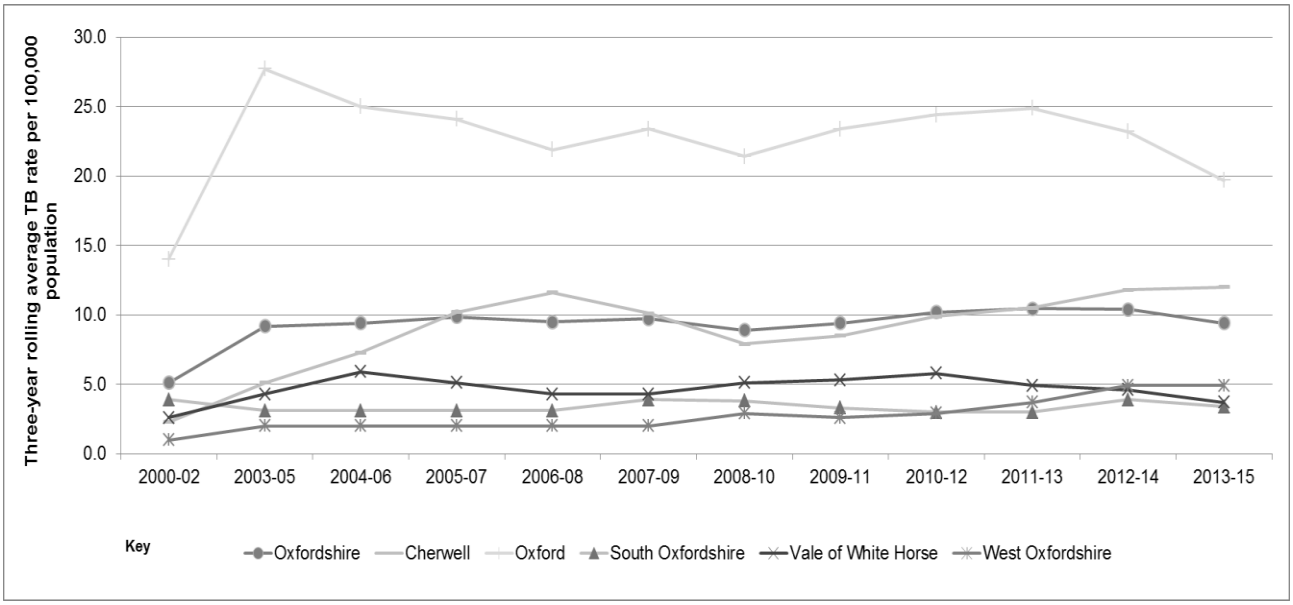
Public Health England (Health Protection Agency)

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 TB is not treated, active TB 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) – Incidence rate per 100,000 population (2000-2 to 2013-15)



Public Health England, Health Protection Agency (HPA) Enhanced Tuberculosis Surveillance

The levels of TB in the UK are beginning to show a reduction due to coordinated efforts by TB control boards across England to improve TB prevention, treatment and control.

The rate of TB in Oxfordshire is lower than the National average and similar to average levels in Thames Valley. In the UK the majority of cases occur in urban areas amongst young adults, those moving into the area from countries with high TB levels and those with a social risk of TB (e.g. homeless people). This is reflected in the higher rate of TB in Oxford compared to other Districts in the County.

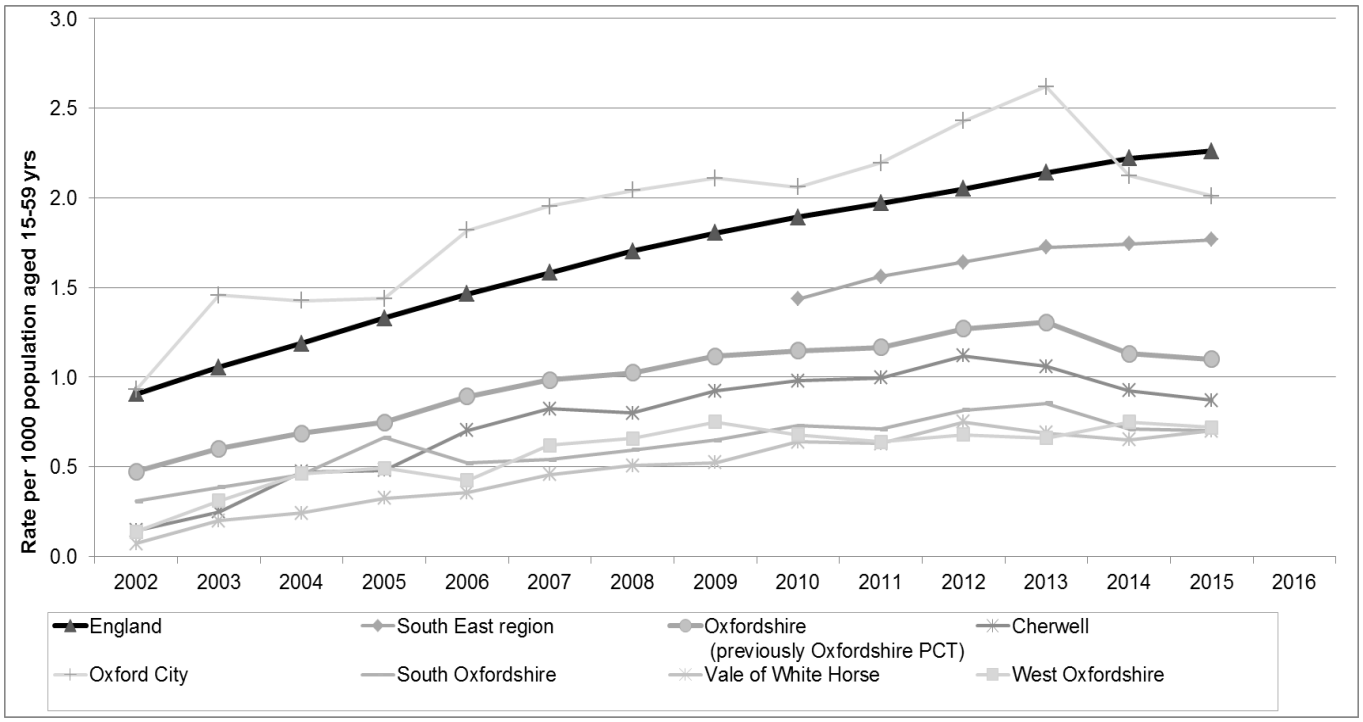
Public Health England has developed a TB strategy to address TB nationally. The TB control boards look at regional levels of TB and services to provide treatment. The Oxfordshire Clinical Commissioning Group is developing a model for a latent TB screening programme as part of a national initiative to identify and treat new entrants from high TB prevalence countries.

Sexually transmitted infections

HIV & AIDS

HIV does not raise public alarm like it did in the 1980s, but is still remains a significant disease both nationally and locally. Due to the advances in treatment, HIV is now considered a long term condition and those who have HIV infection can now expect to have a longer lifespan than previously expected by HIV carriers. As such we expect to have more people living with HIV long term. 2015 data shows that there were 448 people diagnosed with HIV living in Oxfordshire, 221 out of these 448 live in Oxford City. This trend is shown in the chart below and shows another decrease this year across the County.

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



Public Health England Sexual and Reproductive Health Profiles

Finding people with HIV infection is important because HIV often has few symptoms and a person can be infected for years, passing on the virus before they are aware of the illness. Also the sooner an infected individual begins their treatment the more effective treatment is with a better prognosis for the individual concerned. Trying to identify people with undiagnosed HIV is vital. We do this in three ways:

- Providing accessible testing for the local population. Since it started providing services in 2014, the sexual health service has provided 48,885 HIV tests across the service.

- Through community testing - we have 'HIV rapid testing' in a pharmacy in East Oxford. This test gives people an indication as to whether they require a full test: the rapid test takes 20 minutes and gives a fast result, although 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 the benefit of regular testing in high risk groups. In addition, the eligibility for accessing the condom scheme has been extended to men who have sex with men (MSM) and commercial sex workers, both groups being at higher risk of contracting HIV.

Once diagnosed, the prognosis for HIV sufferers is now good, with effective treatments available. HIV still cannot be fully cured but the progression of the disease can be slowed down considerably, symptoms suppressed and the chances of passing the disease on greatly can be decreased. Beyond Oxfordshire there are interesting developments nationally in preventing the spread of HIV in high risk groups using drugs to halt transmission (PrEP). NHS England will be trialling PrEP over the next three years.

Sexual Health

Sexually Transmitted Infections (STIs) are still high in England with the greatest number of cases in young heterosexual adults, and men who have sex with men (MSM). STIs are preventable through practicing 'safe sex'. Total rates of STIs in Oxfordshire are still 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.

Looking at each disease in turn gives the following picture which is generally good:

- Gonorrhoea- is below national average for Oxfordshire as a whole and all districts except in Oxford City. This is likely to be due to its younger age profile. There is a new system of testing to reduce the number of false positive diagnoses and it is expected that a reduction in diagnoses should be seen when the latest data are released.

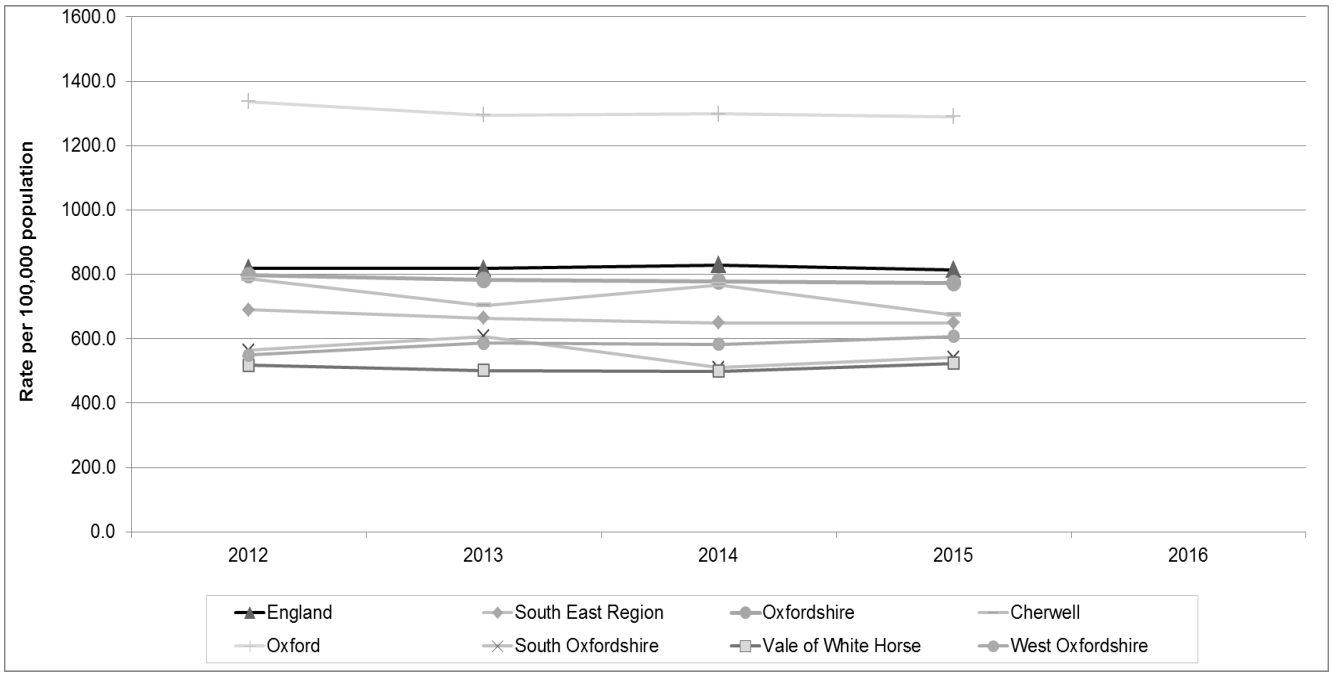
- Syphilis- still continues to fall and is below average in all areas of the County.

- Chlamydia- levels are lower than the national average in all Districts. Following evaluation and consultation the local service has been reshaped to be more focussed on accessing testing through online services. It is hoped that this will be more acceptable and accessible for young people to have a Chlamydia test.

- Genital Warts – rates are still below national average and have seen a decline in line with the National trend. Oxford City still has significantly higher number of cases (reflecting the significantly younger age group) but the trend is 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 of the City.

All new sexually transmitted infections (STIs) rate per 100,000 population aged 15-64 years - 2012 to 2015



Public Health England / Health Protection Agency - Sexual and Reproductive Health Profiles

The local sexual health service, which began in 2014, has seen good levels of activity and this is to be welcomed. The service has improved access to contraceptive and sexual health services conveniently in the same location which has improved the service for local users.

Since the service began in the first three years of operation, the service has delivered

- **91,763 STI treatment and testing consultations**
- **Provided 171,213 tests for STIs and 48,885 HIV tests**
- **Positively identified 32,629 STIs, HIV infections and other sexual health diagnoses**
- **Provided 51,156 consultations for family planning**
- **Fitted 5995 contraceptive devices (Long Acting Reversible Contraception)**
- **Prescribed 27,402 other forms of contraception**
- **Prescribed 3004 Emergency Hormone Contraception Treatments**

The service has continued to deliver on its established reputation in the community as a provider across a range of locations across the county where the local population can access all their sexual health services in one location.

In addition to this in the same period GP providers have delivered 15,760 coils and contraceptive implants and pharmacies have provided 4,103 doses of emergency hormonal contraception.

In line with best practice a partnership of local stakeholders continues to work together to identify and address priorities locally to further meet the sexual health needs of Oxfordshire and further improve on the decline of STI's in Oxfordshire.

Recommendation

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