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To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 23 February 2017 at 2.00 pm

The King's Centre, Oxford

Peter G. Clark
Interim Chief Executive

15/02/2017

Contact Officer: ***Katie Read, Policy & Partnership Officer***
Tel: 07584 909530; Email: katie.read@oxfordshire.gov.uk

Membership

Chairman – District Councillor Anna Badcock
Vice Chairman - City Councillor Ed Turner

Board Members:

Cllr Jeanette Baker	West Oxfordshire District Council
Ian Davies	Cherwell & South Northants District Council
Cllr John Donaldson	Cherwell District Council
Laura Epton	Healthwatch Ambassador
Emma Henrion	Healthwatch Ambassador
Cllr Hilary Hibbert-Biles	OCC – Cabinet Member for Public Health
Cllr Monica Lovatt	Vale of White Horse District Council
Dr Jonathan McWilliam	Director of Public Health
Dr Paul Park	Vice Clinical Chair of Oxfordshire Clinical Commissioning Group
Jackie Wilderspin	Public Health Specialist

Notes:

- ***Date of next meeting: 20 April 2017***

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.

AGENDA

1. Welcome by Chairman, District Councillor Anna Badcock

2. Apologies for Absence and Temporary Appointments

3. Declaration of Interest - see guidance note opposite

4. Petitions and Public Address

5. Minutes of Last Meeting (Pages 1 - 8)

2.05pm
5 minutes

To approve the minutes of the meeting held on 20 October 2016 and receive information arising from them.

6. Performance report (Pages 9 - 26)

2.10pm
45 minutes

Performance report presented by Jonathan McWilliam, Director of Public Health, Oxfordshire County Council

A report on progress against the targets of the Health Improvement Board in Quarter 2, including a breakdown of performance against housing indicators.

Two further report cards will be presented on the NHS Health Check Programme indicators and the rough sleeping indicator.

NHS Health Checks report card presented by Eunan O'Neill, Consultant in Public Health, Oxfordshire County Council

Rough sleeping report card presented by Jon Dearing, Chairman of the Housing Support Advisory Group

7. Healthwatch Ambassadors' report (Pages 27 - 32)

2.55pm
20 minutes

Report presented by Healthwatch Ambassadors Emma Henrion and Laura Epton.

The report sets out proposals for actions to be taken by the Health Improvement Board

in response to the recommendations from the Oxfordshire Health Inequalities Commission.

8. Health Inequalities update

3.15pm
15 minutes

Verbal update provided by Jonathan McWilliam, Director of Public Health, Oxfordshire County Council.

A verbal update will be provided on the outcomes of a Health Improvement Board workshop which considered the recommendations of the Health Inequalities Commission.

9. Oxfordshire Healthy Weight Action Plan (Pages 33 - 38)

3.30pm
30 minutes

Report presented by Sal Culmer and Kate Austin, Health Improvement Practitioners, Oxfordshire County Council; and Richard Neal, Oxfordshire Sport and Physical Activity

An update on progress with the Healthy Weight Action Plan, including specific input from Oxfordshire Sport and Physical Activity on the Children and Young People's Physical Activity Action Plan.

10. Forward Plan (Pages 39 - 40)

4.00pm
5 minutes

Forward plan presented by Cllr Anna Badcock, Chairman of HIB

A discussion about the forward plan for the Health Improvement Board.

NHS Oxfordshire Clinical Commissioning Group
OXFORDSHIRE COUNTY COUNCIL
healthwatch Oxfordshire

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on Thursday 20th October commencing at 2.00 pm and finishing at 4.30 pm.

Present:

Board Members:	Councillor Anna Badcock (Chairman), South Oxfordshire District Council Councillor Ed Turner (Vice-Chairman), Oxford City Council Heather McCulloch, Healthy Communities Manager (substituting for Councillor Jeanette Baker, West Oxfordshire District Council) Ian Davies, Cherwell District Council Jackie Wilderspin, Public Health Specialist Dr Jonathan McWilliam, Director of Public Health
Officers:	
Whole of meeting:	Val Johnson, Oxford City Council Katie Read, Oxfordshire County Council
Part of meeting:	
Agenda item 7	Natalia Lachkou, Oxfordshire County Council
Agenda item 8	Donna Husband, Public Health, Oxfordshire County Council
Agenda item 9	Dale Hoyland, National Energy Foundation
Agenda item 10	Eunan O'Neill, Public Health, Oxfordshire County Council
Agenda item 11	Ian Halliday, Oxford City Council Claire Spendley, Chair of Oxfordshire Air Quality Group

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

If you have a query please contact Katie Read (Tel 07584 909530; Email: katie.read@oxfordshire.gov.uk)

ITEM	ACTION
1. Welcome The Chairman, Councillor Anna Badcock, welcomed all to the meeting.	
2. Apologies for Absence and Temporary Appointments Apologies were received from: Councillor Monica Lovatt, Councillor Hilary Hibbert-Biles, Councillor John Donaldson, Dr Paul Park, Emma Henrion and Laura Epton. Heather McCulloch substituted for Councillor Jeanette Baker.	
3. Declaration of Interest No declarations were received.	
4. Petitions and Public Address No petitions or public addresses were received.	
5. Minutes of Last Meeting The minutes of the July meeting were approved.	
6. Performance report Jonathan McWilliam presented the Quarter 1 performance report to the Board. At 8.3 – Take up of NHS Health checks is usually quite low in the first quarter – this is linked to when invitations are sent out. Public Health confirmed they have a new member of staff working with GP surgeries to improve these figures. Board members noted the wide variation in performance across CCG localities and encouraged the sharing of best practice to help improve performance. **A report card on NHS Health checks will be provided at the next meeting and will include some suggestions on how to improve take-up across the board.** At 8.4 – Point of correction noted - the RAG rating for the smoking cessation target is green not amber, as performance is on-target. At 8.6 and 8.7 – Members queried the direction of travel for performance on the number of opiate and non-opiate users leaving treatment. Commissioners are having regular improvement meetings with providers that are chaired by Public Health England. The recent improvement in performance is considered a trend that will continue. Members discussed the need to keep a watching brief on rough sleeping figures, as anecdotal evidence suggests numbers are not reducing compared with last year. In light of this and the Government's recently announced grant funding for rough sleeping projects, **it was agreed that a discussion on rough sleeping would be scheduled for the next meeting.**	**Eunan O'Neill** **Natalia Lachkou**

At 11.1 and 11.2 – Whilst immunisation rates are high, overall performance is starting to slip below the 95% target. **The Board requested a report card on immunisation at its meeting in April 2017 to understand why.**	**NHS England**
7. Housing Related Support Natalia Lachkou provided a verbal update on commissioning of housing related support services. An implementation plan is being developed jointly and will be agreed in November, after which conversations with providers about new arrangements can begin. A legal agreement for the new partnership arrangements is being drafted to come into effect from April 2017. The total funding for three years will be just under £3m, with a larger investment in year one to support the transition to new arrangements, and an early review in year 2. Funding is likely to be significantly reduced after year 3. Services will continue to be prioritised for people with complex needs and local homelessness services will be protected wherever possible. As part of the review different combinations of housing with support will be considered as it is clear that some parts of the current pathway are working well, but other areas have blockages. Members highlighted the recent announcement of a Government homelessness prevention programme as a new opportunity to access additional funding and were keen for this to be explored. It was confirmed for members that priorities for access to housing related support services are likely to stay the same, but there is a need for greater case management and sign-off when agreeing access to local provision. Members were keen to know the outcomes of the domestic abuse review and the effect of housing related support changes on people at risk of domestic violence. The review is in the final stages of approval and will finalised by November. **The outcomes of the domestic abuse review will be discussed at the Board's next meeting and circulated for information ahead of that date.**	 **Sarah Carter**
8. Government's Childhood Obesity Plan Donna Husband outlined the key elements of the Government's recent Plan for Action to tackle childhood obesity. Its main focus is on food, schools, physical activity and the use of technology. Public Health England is focusing on food production at a national level (e.g. the sugar levy and working with national food producers) and how foods are categorised and advertised. Through the Healthy Weight Action Plan locally Public Health is mapping	

food provision in leisure centres and workplaces, as well as working with schools on the offer of healthy school meals. Oxfordshire Sport and Physical Activity is also looking at the quality of sport in schools. Members were pleased to note an emphasis at a national level on dealing with problems related to the food industry, but disappointed with a lack of focus on environmental changes, e.g. NHS Healthy New Towns. Areas that members could influence locally were identified as: - Availability of healthy food options in the public sector, - All children getting one hour of sport per day, - Improved coordination and quality of sport in schools, - Enabling health professionals to better support people. **Work on these areas will be incorporated into Healthy Weight Action Plan and reported on at the next meeting.** Members welcomed a new focus on physical activity through Ofsted inspections, but acknowledged the difficulties Local Authorities experience influencing schools, despite a clear correlation between health and educational attainment. The use of Head teacher champions was suggested, as well as peer to peer support through Youth Health Champions. Liaison with the Oxfordshire Strategic Schools Partnership was proposed as a route for engagement with schools about physical activity. It was announced that the City Council's food poverty mapping project is open for partners to contribute to. **Members agreed to cascade the food poverty mapping consultation to colleagues for the database to be populated for the whole county.**	 **Donna Husband** **All**
9. Affordable Warmth Network briefing Dale Hoyland provided a briefing on the outcomes of the British Gas Energy Trust funded 'Better Housing Better Health' project and proposed a performance measure for the Affordable Warmth Network going forward. The Board welcomed a proposed target that includes more building based measures, but was keen to understand the prospect of achieving this if the delivery of such measures depends on future funding for the project, which has not yet been identified. Other options for funding continue to be explored by the Network, such as the Ofgem energy company obligation and funding via Eco Three. It was acknowledged that having an agreed target with the Board could help strengthen the Network's business case for future funding applications. However, members also recognised partners' responsibility to reduce fuel poverty in all possible ways, not solely through the Affordable Warmth Network. **The Board agreed to collectively explore how fuel poverty can be tackled throughout a range of service areas, as well as through the**	 **All**

Network. This will include an evaluation of the responsibilities of energy companies and the different funding pots available for projects of this nature. **The following target will be adopted under 10.4:** **‘Through the work of the Affordable Warmth Network, 1430 residents will receive help, support or information to improve fuel poverty, with an aspiration that, by 2020, 25% of the interventions will be building based improvements to energy efficiency.’**	 **Jackie Wilderspin**
10. Health Protection Forum Annual Report Eunan O’Neill presented the Health Protection Forum Annual Report on activity within 2015-16. Members recognised the importance of demonstrating vigilance in monitoring the outbreak of infections to ensure appropriate responses from stakeholders. Data on bowel screening continues to be a year out of date. Members commented that the lack of coordinated promotion of screening programmes and Health checks, etc. may be contributing to low uptake. **A report card was requested on screening programmes for the next meeting, as well as suggestions for greater coordination between agencies promoting these.** Members queried the level of access to sexual health services as part of a discussion on the prevalence of HIV and sexually transmitted infections. It was reported that access is good and activity in East Oxford is particularly high.	 **NHS England**
11. Air Quality Management Annual Report Ian Halliday and Claire Spendley presented the Air Quality Management Annual Report for 2015 -16. It was reported that all current Air Quality Management Areas (AQMA) are being caused by traffic. Solutions are focused on improvements in emissions and a reduction in traffic, but the Air Quality Group is keen to join up with walking, cycling and obesity prevention initiatives. **Links will be made between Public Health and the Air Quality Group regarding work around active travel.** Members discussed the need for a more collective approach to managing air quality, recognising that individual action can only go so far. It was emphasised that District Authorities and the City also need to work closely with the County Council on infrastructure planning / issues where this could greatly affect air quality. **The profile of air quality and its links with health will be raised at the Health and Wellbeing Board.**	 **Ian Halliday / Jackie Wilderspin** **Cllr Badcock / Cllr Turner**

12. Bicester Healthy New Town Ian Davies presented a progress report on Bicester's Healthy New Town, highlighting a few key objectives of the project. In particular community activation was highlighted as an important part of combatting loneliness and isolation. It was also reported that primary care is changing in Bicester as the trend is to move towards super-surgeries and more acute care being delivered in the community. A number of quick wins have already been identified by sharing learning across the nine NHS Healthy New Town sites. Learning points from the Bicester New Town Initiative will be used to make recommendations for changes across Oxfordshire. Members were pleased to know that organisations within Bicester are as enthusiastic about the benefits of the Healthy New Town initiative as those at a macro-level. It was suggested that a separate report is presented to the Board on the Barton Park Healthy New Town, which is quite different from Bicester's project. **An item on Barton Park Healthy New Town will be scheduled for a future meeting.**	**Katie Read**
13. Alcohol and Drugs Partnership Annual Report Jackie Wilderspin presented the Alcohol and Drugs Partnership Annual Report for 2015-16 and an update on recent work of the Partnership, namely: • The legal highs working group is being disbanded as these substances are now illegal, although the group has met to share intelligence about the drugs now is use. Initial findings suggest people are going back to using Class-A substances. • A winter alcohol campaign is being planned, targeting pregnant women. Members emphasised the importance of early intervention, particularly for young people who display risky behaviours, and were disappointed at the lack of some youth services in deprived areas. Members were assured that the young people's working group is working to smooth pathways for referral and access across service areas and looking to engage children and young people in developing a video for their peers to understand the risks associated with drugs and alcohol.	
14. Director of Public Health Annual Report Jonathan McWilliam presented his Annual Report as Director of Public Health, highlighting a number of key challenges for population health, namely: • Demographic changes,	

• Tackling obesity, • Considering health inequalities in everything, • Increasing mental health problems. It was acknowledged that the Oxfordshire Health and Care Transformation Plan will have a significant impact on health provision locally and it was recommended that the Board receives this and formally considers the proposals for consultation when they are published. **An item on the Oxfordshire Health and Care Transformation Plan will be scheduled for a future meeting.** Members were made aware of a housing and health event, focused on older people. **The outcomes of this event will be fed back to the Board.**	**Katie Read** **Val Johnson**
15. Forward Plan **From the meeting the following items will be added to the forward Plan**: • Report card on NHS Health checks (Feb 2017) • Report card on bowel screening (Feb 2017) • Report care on immunisation (April 2017) • Rough sleeping (Feb 2017) • Domestic abuse review outcomes (Feb 2017)	**Katie Read**
The meeting closed at 4.30pm	

.... in the Chair

Date of signing

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Health Improvement Board
January 2017

Q2 Performance Report 2016/17

Background

1. The Health Improvement Board is expected to have oversight and of performance on four priorities within Oxfordshire's Joint Health and Wellbeing Strategy 2015-2019, and ensure appropriate action is taken by partner organisations to deliver the priorities and measures, on behalf of the Health and Wellbeing Board.

2. The four priorities the Board has responsibility for are:

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

Current Performance

3. A table showing the agreed measures under each priority, expected performance and current performance is attached as appendix A.

4. There are some indicators that are reported on an annual basis and some on a half-yearly basis - these will be reported in future reports following the release of the data.

5. For the indicators that can be regularly reported on, current performance (at Q2) can be summarised as follows:

   - 4 indicators are Green.
   - 6 indicators are Amber (defined as within 5% of target).
   - 3 indicators are Red

6. The indicators that are red are:

   8.3 Take-up of invitation for NHS Health Checks should exceed national average (2015-16 = 47.9% nationally) and aspire to 55% in year ahead. There was an error recording national average at time of priority setting - figure for England was 47.9% for 2015/16 (not 51.7%). This is a cumulative figure so may reach target by end year.

   8.4 Number of people quitting smoking for at least 4 weeks should exceed 2015-16 baseline by at least 10% (15-16 baseline = 1923). The number of quitters by Q2 had reached 978. This indicates that it will not reach target of 2115 by end-year.

   8.7 Number of users on NON-OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment. This has remained at a similar level to Q1 (20%) - target is 26.2%.

Sue Lygo
Health Improvement Practitioner February 2017

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

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
8.1	At least 60% of those sent bowel screening packs will complete and return them (aged 60-74 years) - and adequately screened	60%	59.1%		0%		0%		0%		Data six months in arrears.
8.2	Of people aged 40-74 who are eligible for health checks once every 5 years, at least 15% are invited to attend during the year. No CCG locality should record less than 15% and all should aspire to 20%.	15%	5.0%		10.2%		0.0%		0%		Most CCG Localities have similar % offered. West Oxfordshire is lowest and South East is highest.
8.3	Take-up of invitation for NHS Health Checks should exceed national average (2015-16 = 47.9% nationally) and aspire to 55% in year ahead. No CCG locality should record less than 50%.	>47.9% (Aspire 55%)	35.1%		40.8%		0.0%		0%		Uptake varies from 33% in North East to 50% in West Oxfordshire. **NB: error recording national average at time of priority setting - figure for England 47.9% in 2015/16 (not 51.7%). Cumulative figure.**
8.4	Number of people quitting smoking for at least 4 weeks should exceed 2015-16 baseline by at least 10% (15-16 baseline = 1923)	> 2115 by end year	551		978		0		0		
8.5	Mother smoking at time of delivery should decrease to below 8% - Oxfordshire CCG	<8%	7.8%		7.2%		0.0%		0.0%		-
8.6	Number of users of OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.	> 4.5% 5% end year (Aspire 6.8% long term)	4.6%		4.3%		0.0%		0.0%		

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
8.7	Number of users on NON-OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.	> 26.2% 30% end year (Aspire 37.3% long term)	20.8%		20.0%		0.0%		0.0%		-

Priority 9: Preventing chronic disease through tackling obesity

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
9.1	National Childhood Measurement Programme (NCMP) - obesity prevalence in Year 6.	<=16%									
9.2	Reduce by 0.5% the proportion of people who are NOT physically active for at least 30 minutes a week (baseline for Oxfordshire 21.9% Jan14-15)	Reduce by 0.5% from baseline (21.9%)	23.4%								Updated PHOF Aug 2016. This has been classed as "amber" as it remains significantly better than England (28.7%)
9.3	Babies breastfed at 6-8 weeks of age (County) No individual CCG locality should have a rate of less than 55%)	63%	62.2%		61.7%		61.8%		0.0%		Trying to obtain these data at locality level (SL)

Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
10.1	The number of households in temporary accommodation on 31 March 2017 should be no greater than level reported in March 2016 (baseline 190 households)	≥190			192				0		

	Indicator	Target	Quarter 1 Fig.	Quarter 1 RAG	Quarter 2 Fig.	Quarter 2 RAG	Quarter 3 Fig.	Quarter 3 RAG	Quarter 4 Fig.	Quarter 4 RAG	Comments
10.2	At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.2% 2015-16)	75%	85.1%		84%		0%		0%		
10.3	At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless.	80%			86.4%				0%		
10.4	Increase the number of households in Oxfordshire who have received significant increases in energy efficiency of their homes or their ability to afford adequate heating, as a result of the activity of the Affordable Warmth Network and their partners	Needs a new target					0		0		
10.5	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 90 (2015)	≥90			79		0		0		
10.6	At least 70% of young people leaving supported housing services will have positive outcomes in 2016-17, aspiring to 95%	<=70% Aspire 95%					0%		0%		

Priority 11: Preventing infectious disease through immunisation

	Indicator	Target	Quarter 1 Fig.	Quarter 1 RAG	Quarter 2 Fig.	Quarter 2 RAG	Quarter 3 Fig.	Quarter 3 RAG	Quarter 4 Fig.	Quarter 4 RAG	Comments
11.1	At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 years No CCG locality should perform below 94%	95%	95.0%		94.5%		0.0%		0.0%		Data not available by CCG locality at present.

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 years No CCG locality should perform below 94%	95%	93.4%		92.5%		0.0%		0.0%		Data not available by CCG locality at present.
11.3	Seasonal Flu <65 at risk (Oxfordshire CCG)	≥ 55%							0.0%		
11.4	HPV 12-13 years (Human papillomavirus) 2 doses	≥ 90%							0%		-

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Health Improvement Board: Report card

1. Details

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

Strategic Lead: Dr Eunan O'Neill, Consultant in Public Health **Last updated:** February 2017

Overview: The NHS Health Check Programme aims to prevent heart disease, stroke, type 2 diabetes and kidney disease, and raise awareness of dementia. In April 2013 the NHS Health Check became a statutory public health service in England. Oxfordshire County Council are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years. In Oxfordshire, this is delivered through 72 GP Providers with 71 being members of the Oxfordshire Clinical Commissioning Group (OCCG).

Priority 8.2: Of people aged 40-74 who are eligible for a NHS Health Checks once every 5 years, at least 15% are invited to attend during the year. No OCCG locality should record less than 15% and all should aspire to 20%.

Progress measure: **Current indicator RAG Rating** Green

	Actual				Year To Date			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Planned	3.75%	3.75%	3.75%	3.75%	3.75%	7.50%	11.25%	15.00%
Actual	5.0%	5.2%	4.2%	0.0%	5.0%	10.2%	14.4%	0.0%

Table 1: Actual and cumulative % of NHS Health Checks invited as reported to Public Health England between 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3).

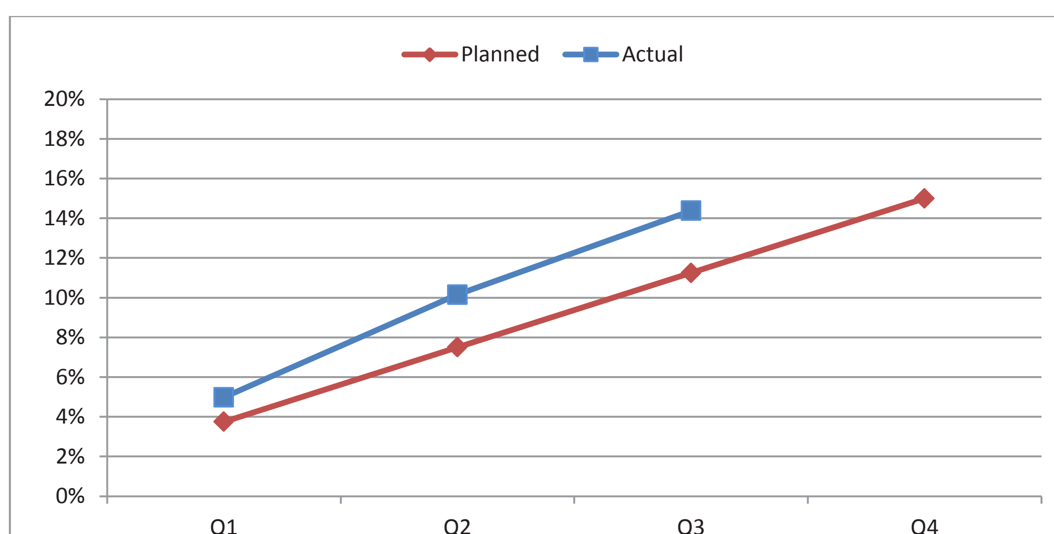

Figure 1. Cumulative trend % of NHS Health Checks invited as reported to Public Health England between 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3) vs. planned target.

OCCG Locality	Eligible Population	Number offered an NHS Health Check YTD	% Offered an NHS Health Check YTD
North East Oxfordshire	23,116	3,135	13.6%
North Oxfordshire	31,545	4,092	13.0%
Oxford City	42,272	6,687	15.8%
South East Oxfordshire	28,082	4,402	15.7%
South West Oxfordshire	40,575	5,898	14.5%
West Oxfordshire	23,379	2,961	12.7%
Other (non-OCCG GP Provider)	1,998	280	14.0%
Totals	**190,967**	**27,455**	**14.4%**

Table 2: Number and % of NHS Health Checks invited, broken down by OCCG locality between 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3).

What is the story behind this activity / trend? - Analysis of Performance

Oxfordshire continues to perform well against this priority, having also achieved this in the previous three years that the County Council has been responsible for the NHS Health Checks Programme (since April 2013). Based on current projections, using the data from 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3), the 15% invite aim will be achieved in 2016/17. Additionally, all OCCG localities are projected to achieve the 15% target.

Compared to the South East region (9.5%) and England (8.9%) activity, based on data from 1st April 2016 to 30th September 2016 (Q1 and Q2), Oxfordshire (10.2%) performs above both. Note that the South East and England data for 1st October 2016 to 31st December 2016 (Q3) will be published for further benchmarking on Thursday 23 February 2017.

Since the County Council has been responsible for the NHS Health Checks Programme, based on data from 1st April 2013 to 30th September 2016, Oxfordshire has invited 139,184 residents for their NHS Health Checks. This accounts to 79.2% of the eligible population, ranking us above the South East (61.9%) and England (66%) for the same time period.

Maintaining performance against this indicator should be acknowledged as a success given the current workload pressures on the Primary Care system, as highlighted in a recent paper presented by the Chief Operating Officer and Deputy Chief Executive at OCCG to the Oxfordshire Health and Overview Scrutiny Committee in November 2016. Commissioners have worked closely with GP Providers to improve the range of methods that can be used to invite an eligible resident for their NHS Health Check, providing flexibility has enabled GP Providers to utilise more time and cost effective systems to contact their patients (i.e. the use of Docmail).

Priority 8.3: Take-up of invitation for NHS Health Checks should exceed national average (2015-16 = 47.9% nationally) and aspire to 55% in year ahead. No CCG locality should record less than 50%.

Progress measure **Current indicator RAG Rating** Red

	Actual				Year To Date			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Planned	51.7%	51.7%	51.7%	51.7%	51.7%	51.7%	51.7%	51.7%
Actual	35.1%	46.2%	54.0%		35.1%	40.8%	44.7%	

Table 3: Actual and cumulative percentage uptake of NHS Health Checks of those invited, as reported to Public Health England between 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3).

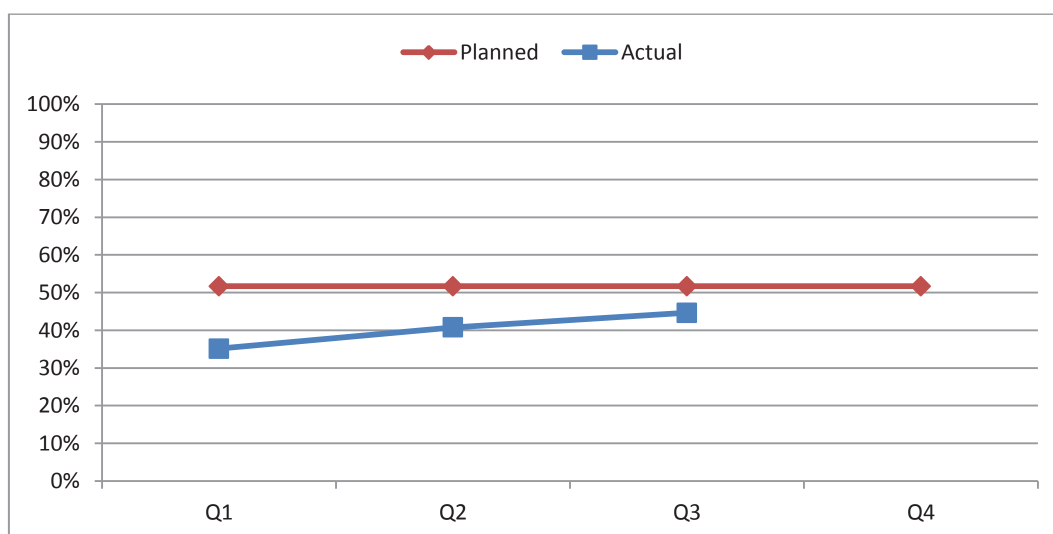

Figure 2: Cumulative percentage uptake trend of NHS Health Checks of those invited, as reported to Public Health England between 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3) vs. planned target.

OCCG Locality	Eligible Population	Number offered a NHS Health Check YTD	Number of NHS Health Checks Completed YTD	% Uptake
North East Oxfordshire	23,116	3,135	1,201	38.3%
North Oxfordshire	31,545	4,092	2,043	49.9%
Oxford City	42,272	6,687	2,511	37.6%
South East Oxfordshire	28,082	4,402	2,108	47.9%
South West Oxfordshire	40,575	5,898	2,829	48.0%
West Oxfordshire	23,379	2,961	1,445	48.8%
Other (non-OCCG GP Provider)	1,998	280	123	43.9%
Totals	**190,967**	**27,455**	**12,260**	**44.7%**

Table 4: Cumulative uptake percentage of NHS Health Checks broken down by OCCG locality between 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3).

What is the story behind this activity / trend? - Analysis of Performance

Oxfordshire and all OCCG localities are currently underperforming against this Priority. Commissioners note that historically the uptake activity between 1st January 2016 to 31st March 2017 (Q4) is the highest of all four quarters. In Q4 2014/15 and 2015/16 the uptake was 73.2% and 58.2% respectively. If the County Council achieves the same level of activity as the same period in 2015/16 (58.2% - 8289 offers and 4821 completed) then the projected year-end uptake percentage will be 47.8%. If the County Council achieves the same level of activity as the same period in 2014/15 (73.2.2% - 8143 offers and 5959 completed) then the projected year-end uptake % will be 51.2%. As detailed in Section 2 below, the current initiatives and actions being implemented in 2016/17 are similar to that of 2014/15. Based on current projections, using the data from 1st April 2016 to 31st December 2016 (Q1, Q2 and Q3) and the expected increase in Q4, the 47.9% uptake aim can be achieved in 2016/17.

The increased uptake percentage activity associated to 1st January 2016 to 31st March 2017 (Q4) is linked to a number of factors. Primarily, as reflected in performance within Priority 8.2, GP Providers front load their offers in the first three quarters. Commissioners have advocated this approach since April 2014 as it enables a sufficient period of time for residents to respond to the offer within the financial year and enable GP Providers time to invest resources in their 2nd and 3rd offers to non-responders in a period of time where there can be more capacity from staff (both clinical and administrative) post flu season. This has financial implications for the GP Provider linked to the current contractual bonus incentives linked to uptake percentage. Secondly, the County Council run the majority of the marketing and communications plan during this period. The aim of the plan is to ‘nudge’ residents that have already received their offer in the year to contact their GP to make their appointment. This is anecdotally a period of time where residents think about their current health and have greater motivation to seek support.

Compared to the South East region (40.6%) activity, based on data from 1st April 2016 to 30th September 2016 (Q1 and Q2), Oxfordshire (40.8%) out performs the average activity. However, Oxfordshire currently remains below the England average for this timeframe (46.2%). Note that the South East and England data for 1st October 2016 to 31st December 2016 (Q3) will be published for further benchmarking on Thursday 23 February 2017.

The percentage invited and percentage uptake should not be viewed in isolation when there remain other benchmarks of activity that can be considered. Priority 8.2 and 8.3 are two of the three Public Health Outcome Framework (PHOF) indicators linked to the NHS Health Checks Programme. The third relates to the percentage of the eligible population that have received an NHS Health Check. Since the County Council have been responsible for the NHS Health Checks Programme, based on data from 1st April 2013 to 30th September 2016, Oxfordshire have completed an NHS Health Check on 67,517 residents. This accounts to 35.6% of the eligible population, ranking us above the South East (27.5%) and England (31.8%) for the same time period.

2. What is being done? – Current initiatives and actions

Actions	**Commentary**
● Implementation of marketing and communications plan between October 2016 and March 2017. Activities include: • Targeted social media • Petrol stations • Branded taxis • Bus exteriors • Bus stops • Jack FM and Heart Radio • Oxford Mail and Witney Gazette	● Evaluation of marketing and communication plan due in April/May 2017 ● The marketing and communication plan was developed following recommendations from local market research carried out in May/June 2016. The objective of the research was to establish awareness, motivations and rationale for engagement and non-engagement with the NHS Health Check amongst Oxfordshire residents ● A similar scale marketing and communication plan was implemented during the same period in 2014/15, when uptake for Q4 was 73.2%
● Quality assure all 72 GP Providers during October 2016 and March 2017 to ensure they meet National Standards on each element of the Programme: 1) Invite and offer process; 2) Risk assessment; 3) Communication of risk; 4) Risk management. This includes face-to-face discussion with the GP Provider on current invite and uptake % performance	● Evaluation of Quality Assurance protocol due in April/May 2017 ● Only known Local Authority in England to adopt this method that includes a site visit ● A similar Quality Assurance protocol was implemented during the same period in 2014/15, when uptake for Q4 was 73.2% ● To date 44 of the 72 GP Providers have been visited
● Quarterly performance / activity dashboards specific for each GP Provider Additional support provided to GP Providers that are underperforming	● Contract Management of GP Providers. Awareness of the 22% payment cap on invites, reduces the risk of significant over performance of Priority 8.2 (that in turn improves outcomes for 8.3)
● Data Sharing Agreement with OCCG to report Quarterly data to OCCG locality groups that is broken down by GP Provider Working in partnership with OCCG to improve outcomes from the NHS Health Check Programme	● Previously no GP Provider breakdown has been provided for the OCCG locality co-ordinators to use within its reports, only the locality average. Benchmarking across peers will provide added value

- Providing GP Provider administration staff training and guidance on how to follow the current 'invite and offer' procedure

  Providing GP Provider clinical training and guidance how to follow the current risk assessment, communication of risk and risk management procedures

- Upskilling staff to ensure remain competent and meet the requirements set out in the current Service Specification

  Work with CEPN and Practice Nurse Forum to improve access to current training offered (face-to-face or eLearning)

3. What needs to be done? - New initiatives and actions

Actions	When
• **Service Audit** - Completion of the NHS Health Check StARS framework: A systematic approach to raising standards. The purpose of this framework is to provide the County Council with a structured and systematic approach that will support us in raising NHS Health Check delivery standards. It provides an opportunity to review and reflect on the delivery of the NHS Health Check Programme, to identify gaps and recognise achievement and subsequently focus future strategic and delivery activity more effectively and efficiently.	• Feb 2017 to April 2017
• **Health Equity Audit (HEA)** - Following recommendations within the Independent Health Inequalities Commission for Oxfordshire, complete another HEA. This will provide the County Council local evidence which can be used to inform action to improve equity of access and outcomes from the NHS Health Check Programme, inform resource allocation (so it is proportionate to actual needs and level of disadvantage of different population segments or geographic locations) and demonstrate compliance with the requirement of the 2010 Equality Act.	• May 2017 to June 2017
• **National Diabetes Prevention Programme (NDPP)** – Work with GP Providers, OCCG and NHS England to ensure the NHS Health Check Programme and NDPP align in order to avoid duplication of activities, maximise synergies between the Programmes, and enhance opportunities to improve uptake that identifies residents at risk.	• Feb 2017 and beyond
• **Marketing and communications plan –** Evaluate the 2016/17 plan, with recommendations for 2017/18. Utilise support from the national Behavioural Insights team at Public Health England to inform activities, including simplifying the messages and using SMS prompts.	• April/May 2017
• **Action Plan 2017/18 –** Use outcomes from the 2016/17 quality assurance protocol to inform primary objectives for 2017/18. Early evidence indicates that issues exist with the current clinical templates used by GP Providers (i.e. Emis). The implementation in 2017/18 of Emis Enterprise will provide opportunities to ensure the correct templates are used by GP Providers.	• May 2017

• **Service Specification** – The current Service Specification expires in March 2018. Building on the updated National Guidance (published Feb 2017), the launch of NDPP (April 2017) and outcomes from the local HEA and StARS (as detailed above), commissioners will develop a new Service Specification for GP Providers. This will include a review of the current Payment Schedule.	• May 2017

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Health Improvement Partnership Board
Detailed performance report

1. Details

Strategic Priority: Tackling the broader determinants of health through better housing and preventing homelessness

Strategic Lead: District and City Councils (through the Housing Support Advisory Group)

PROGRESS MEASURE: 10.5 Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2015-16 (baseline 90)

Current indicator RAG Rating Green

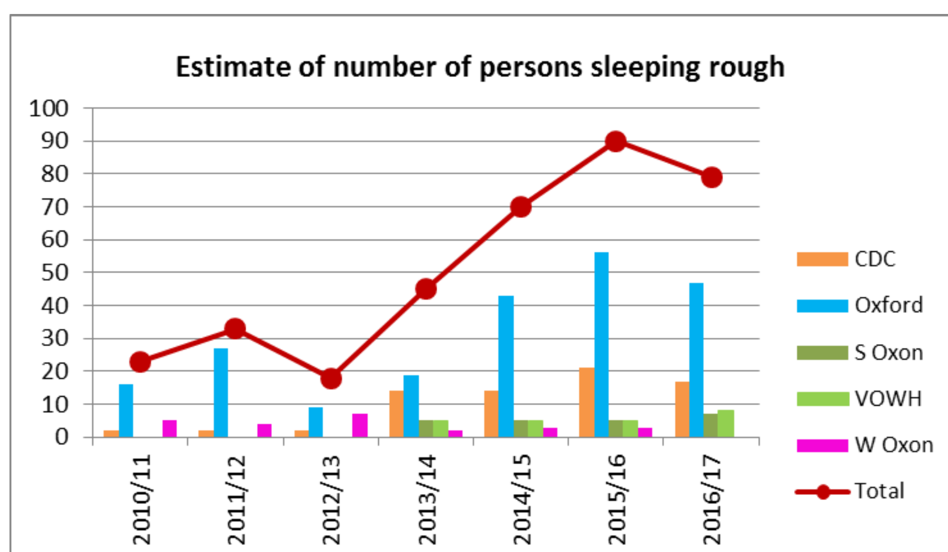
2. Trend Data

Since November 2014 all districts and the city council have reported their November estimate for rough sleepers according to the methodology set out by Homeless Link. This figure is reported annually, usually in Quarter 3. Oxford City Council also conducts a count of rough sleepers, which is reported below.

November estimate of rough sleeping for 2016:

Cherwell	City	South	Vale	West	**Total**
17	47	7	8	0	79
	Count: 33				

Since 2011 the prevalence of rough sleeping has increased, predominantly in Cherwell and the City.



3. What is the story behind this trend? - Analysis of Performance

Not surprisingly, the significant increases have taken place in Oxford and Cherwell; where individuals are aware that there will be more resources and other rough sleeper communities; as larger towns/cities.

The rise in rough sleeping reflects a national increase in this indicator. The autumn 2016 England Rough Sleeper Count increased by 16% compared to the previous year (DCLG). These statistics were released in January 2017 amid rising concern about the effects of insecure tenancies and rising rents, benefit cuts and shortages of affordable housing in many parts of the country.

The impact of the Welfare Reform agenda has undoubtedly had a negative effect on the number of rough sleepers. For example, a reduction in Local Housing Allowance has made it increasingly difficult for people in receipt of benefits to secure private rented accommodation, particularly when facing greater competition from working households also trying to secure accommodation in an expensive local housing market. The introduction of the reduced Benefit Cap has made it more difficult for benefit dependant households to sustain their tenancies. The high demand for housing in areas such as Oxford, coupled with low average wages and a lack of social housing makes Oxfordshire unaffordable for a large number of people.

4. What is being done? - Current initiatives and actions

Despite rising numbers in previous years, rough sleeping is reducing and the problem is being well managed in Oxfordshire.

Actions

- Rough sleeping and homelessness remains a strategic priority in all Districts and the City; in terms of priority and funding (£1.4 million per annum, in the City alone, to support `wrap-around' services).
- Outreach services are operated in all Districts, and the City, aimed particularly at entrenched rough sleepers.
- Regardless of priority need, rough sleepers are provided with dedicated local caseworkers.
- The Oxfordshire Homeless Pathway supports those with complex needs.
- The Floating Support service meets a range of needs and works with people to prevent homelessness.

Commentary

- It should be noted that funding for the Oxfordshire Homeless pathway will reduce from April 2017. This means that there will be a reduction in spaces for those with complex needs and a significant reduction in low support provision.
- A revised pathway is being commissioned by the City, County and District Councils with the CCG. The new pathway will include improved monitoring and control at a local level; which should improve move-on and therefore, help to counter-balance the reduced capacity.
- The Floating Support service is continuing next year with reduced capacity, mitigated by robust triage and demand management. The service has continued to exceed performance targets.

5. What needs to be done now?

Action	By Whom & By When
• Implementation of the prevention activities that will form part of the County-wide initiatives that successfully attracted £790,000 of DCLG Trailblazer funding.	• County-wide project being led by Oxford City.
• Implementation of the Prevention Duty that will be introduced as part of the Homelessness Reduction Bill; for which new funding will be made available.	• Individual Housing Authority responsibilities but with some collaboration.
• Robust responses to the current consultation around Supported Housing Funding.	• Individual organisation responses; focussed on ring-fencing and local control.

Report author:
Jon Dearing, Chairman of Housing Support Advisory Group

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Response to the Oxfordshire Health Inequalities Commission report

Purpose of this report

The report sets out proposals for actions to be taken by the Health Improvement Board in response to the recommendations from the Oxfordshire Health Inequalities Commission.

The recommendations are proposed by Emma Henrion and Laura Epton, lay representatives supported by Oxfordshire Health Watch.

For decision

Background

The Oxfordshire Health Inequalities' Commission (OHIC) report provides an important analysis of ways in which different Oxfordshire organisations can take action to address health inequalities. As "leveling up the differences in the health of different groups in the County" is part of the main purpose of the Health Improvement Board, the findings are highly relevant to this Board's work. The OHIC recommendations provide an opportunity to build on existing work to sharpen our focus on reducing health inequalities which is central to improving population health in Oxfordshire

A number of the recommendations in the OHIC report are identified as for the Health and Wellbeing Board (HWB). We assume that this includes the Health Improvement Board (HIB), as a sub group of the HWB, and propose that the HIB consider how to take forward some of the recommendations. A summary of the OHIC recommendations which identify the HWB as having the main responsibility is attached in Annex 1 for consideration. We have drafted proposals for how the HIB can respond to the recommendations for consideration. Some of the recommendations may be more appropriate to the HWB; however, we include them, since these could be part of a set of recommendations from the HIB to HWB.

Many of the OHIC recommendations are related to improvements to data analysis and reporting necessary to identify differences between population groups, demonstrate impact and enable scrutiny by the HIB; the OHIC quotes a House of Commons Health Committee report which we think summarises our concern in relation to current Oxfordshire approaches to improving health.

'.... we are concerned that robust systems to address unacceptable variation are not yet in place. The current system of sector-led improvement needs to be more clearly linked to comparable, comprehensible and transparent information on local priorities and performance on public health.'

We have therefore prioritised improvements to the use of performance data on health inequalities in this short report.

Use of data, indicators to review and develop the HWB performance framework

The OHIC report makes clear that it is important to improve the use of data and indicators related to health inequalities. Improved reporting on health inequalities, the impact of interventions, and any widening or closing of the gap is key. Developing an agreed approach to using data and reporting impact on inequalities in all reports will help ensure that the HWB/HIB's work is clearly based on effectiveness in reducing health inequalities. The importance of improving data use and reporting is particularly identified in recommendations 10, 1, 3, 5, 11 (see Annex 1). The quality and format of

reports currently submitted to HIB/HWB are of varying quality which inhibits capacity to provide effective scrutiny of the achievement of targets.

A performance report which includes sub indicators and performance by dimensions of e.g. ethnicity, location (as a proxy for poverty), disabilities, age, would provide a stronger framework for assessing progress on reducing health inequalities and will increase transparency. The current HWB/HIB performance indicators used to assess performance do not distinguish differences in health needs and health access of different subgroups. There may be challenges in defining data sets and in obtaining sufficient data, but such a report will help ensure transparency and focus the work of the board on closing the health gap in the county and improving health overall.

Recommendation

The HIB/HWB to commission an analysis of health inequalities data for Oxfordshire to identify:

a) the main challenges for health equality (possibly drawing on the OHIC), and,
b) Develop indicators for reducing health inequalities for each of the priority areas of the HWB/HIB strategy to prioritise delivery and future investment in health and wellbeing by the county.
c) Devise standard outcomes-based monitoring report templates to enable services under the remit of HWB/HIB to report consistently against planned targets and demonstrate their impact on health equality.

It is anticipated that the analysis will identify any areas of health inequality which are not addressed by the current HWB strategy; these may then be considered for possible inclusion in future strategies.

The analysis of health inequalities should as a minimum consider those specific dimensions of inequality identified in recommendations 5 (most disadvantaged groups); 11 (BME groups); 18 (fuel poor); 26 (asylum seekers, refugees and migrants); 28 (activity levels for older, deprived and vulnerable groups) and 41 (people with learning disabilities). Other dimensions of inequality including mental health, physical disability, gender and sexuality may also be appropriate to consider.

Increasing our ambition for reducing inequalities in Oxfordshire

There is potential to do more. Future performance reports could be strengthened by including assessments of reasons for variation from target in relation to how under (or over) performance is related to inequalities. For instance, which groups or localities have lower/higher immunisation rates for babies; which groups still have higher than average rates of smoking.

And, more importantly, what is being done to tackle these differences in health? How should information on health inequalities be used to inform future policies and investment in health, housing, social care and land use? This could enhance the role of the Board in providing constructive scrutiny and challenge to reduce health inequalities, and would strengthen its impact in "leveling up difference."

Recommendation

The HIB to

a) review its role in relation to reducing health inequalities in Oxfordshire; and,
b) identify how it will demonstrate its impact on leveling up difference.

Annex 1

Oxfordshire Health Inequalities Commission recommendations for the Health Improvement Board to consider

Recommendation number in OHIC report	Recommendation	HIB response – draft proposals
10	The data on health inequalities available through PHE / NHS and other routine sources should be regularly reported to all statutory organisations and made available to the public	To ensure that the data are made available and used by the HIB, HWB, and Children's Board. Commission a plan for how the data (impact and outcomes) can be reported in a consistent format to HIB and used to review changes in health inequalities. Liaise with teams and HIB to ensure consistent reporting on services.
1	Statutory funding bodies need to do more to demonstrate their commitment to reducing inequalities	To ensure reports to the HWB/HIB set out their impact on inequalities; guidance to be provided by OCC.
3	Local indicators on progress towards reducing inequalities should be developed, with regular reporting to the Health and Wellbeing Board. This should be in place by the end of 2017.	Develop key indicators on inequalities for adults for HWB to facilitate tracking.
4	The HWB should track increased spending on prevention, and annually report to the public on progress made and outcomes achieved	Annual report from the HWB on county wide spending on prevention and outcomes.
5	The needs of disadvantaged groups should be monitored to ensure preventive programmes do not increase the inequalities gap, and that programmes delivered to all raise the health of all, including those who are most disadvantaged.	Regular report on progress on preventive programmes to HIB and HWB to show and track differences in impact on different groups.
9	The presence of the NHS and of the voluntary	For the Chair of the HIB to

	sector should be strengthened on the Health and Well Being Board.	pursue jointly with the Chair of the HWB through discussion with the CCG and OCVA.
11	Gaps in data collection on the health of Black and Ethnic Minority Communities, those with learning difficulties and other vulnerable groups at greater risk of poor health should be addressed and data used to inform resource allocation decisions. This includes encouraging all public sector organisations and organisations who do work on behalf of these organisations to be fully Equality Act compliant.	This should be planned for and actioned by the DPH in conjunction with recommendation 10. Guidance on compliance with the Equality Act to be circulated to all public sector bodies and voluntary sector bodies funded by the statutory sector.
13	A sub group working on income maximisation should be established, and asked to report back to the HWB / CCG within a year.	For HWB to action, but the HIB should see the report for information.
17	Consideration should be given to the potential of social prescribing for improving the health and wellbeing of Oxfordshire residents, addressing health inequalities in particular, and learning from other areas.	Commission a report to the HIB and HWB to a) Identify current social prescribing offered within Oxfordshire, and identify ways to increase this in a way which is consistent with the overall aims of the HWB strategy and reducing inequalities; with measurable outcomes. b) Use learning from elsewhere to stimulate good practice.
18	In 2014, 9.1% of households were fuel poor. This should be reduced in line with the targets set by the Fuel Poverty Regulations of 2014.	Ask the the Oxfordshire Affordable Warmth Network (AWN) to identify a strategy and resource requirements for doing this, focusing on the areas with highest levels of fuel poverty and other indicators of inequality. Costed options for tackling fuel poverty should be set up, and measurable outcomes

		identified.
19	All public authorities are encouraged to continue their collaboration and invest in supporting rough sleepers into settled accommodation, analysing the best way of investing funding in the future. Homelessness pathways should be adequately resourced and no cut in resources made with all partners at the very least maintaining in real terms the level of dedicated annual budget for housing support.	Already being addressed through the HIB; ensure the regular reporting to the HIB continues. Ensure the maintenance of adequate resources for the homeless pathway; current resource level as a minimum.
20	The numbers of people sleeping rough in Oxfordshire should be actively monitored and reduced.	Already being addressed through the HIB.
26	Outreach work in communities with high numbers of refugees, asylum seekers and migrants, should be actively supported and resources maintained, if not increased, especially to the voluntary sector, to improve access to the NHS, face to face interpretation /advocacy and awareness raising amongst health care professionals.	Commission a report to HIB/HWB on activities being undertaken to support refugees and asylum seekers in Oxfordshire; regular reporting on progress and key indicators of resources, activities, outputs and outcomes.
28	(*to reduce obesity)* A set of Oxfordshire grounded targets for increasing activity should be developed. Targeting people living in deprived areas, older people, and vulnerable groups. [The current HWB indicator is: Reduce by 0.5% the proportion of people who are NOT physically active for at least 30 minutes a week (baseline for Oxfordshire 21.9% Jan14-15)]	The current target is generic for the whole of Oxfordshire; the HIB needs to: a) Find ways to report by different population groups and set priorities for targeting interventions. b) Consider whether the current performance indicator will need to be changed to be recalibrated for current exercise levels for vulnerable, older, deprived groups.
41	The needs of adults with learning disabilities within the county should be reviewed in 2017 and	Commission a report to the HWB on the health and social

	targets set to reduce their health inequalities.	needs of adults with learning disabilities to inform strategy and indicators for reducing health inequalities in 2017.
53	The recommendations from the 2016 DPH annual report are endorsed and the Commission wishes to ensure they are targeted to reduce health inequalities and progress reviewed by HWB in 2017	Responsibility of the NHS/OCC but note that the report comes back to the HWB.

	Healthy Eating for Healthy Weight			
	Action	**Responsibility**	**Time frame**	**Progress Feb 2017**
1	Public Health England (PHE) South East Obesity, Healthy Eating Network and Physical Activity Network to explore the offer a workshop of how to implement the nutrition framework of the Government Buying Standards for Food (GBSF) to District Councils and Leisure providers in Oxfordshire.	PHE and Districts	~~Summer/Autumn 2016~~ Spring/Summer 2017	**PHE SE has submitted a proposal to PHE national on how best to support this work across the South East.**
2	Learn from other Local Authority's to develop a coordinated approach to introduce GBSF 'healthier vending' standards into Council buildings, Leisure centres, schools and community buildings. This should include consistent communications/campaign strategies across venues.	PHE and Healthy Eating Network	Summer/Autumn 2016 Ongoing work	**Leisure centres taking up offer and some changes have been made to products. Changes are dependent on contract length and specifications with vending provider.**
	Explore cooking courses for adults utilising community based assets such as community centres, primary schools and leisure centres. Target in areas of deprivation where levels of obesity are highest. Work with local supermarkets to provide food for cooking groups in community venues.	Healthy Eating Network	Autumn 2016 Due Spring 2017	**Good Food Oxford developing a healthy cooking framework for local community groups to use**.
4	Adopt national PHE campaigns to work alongside the above actions. For example; One You – making a campaign relevant to individuals Eat well Plate – in local settings Use the opportunity to educate local populations about how long it takes to see a change/establish a maintained behaviour change.	All Partners	On-going 2016	**National campaign materials have been disseminated to leisure centres and adopted by some. PHE One You campaign on physical activity due to be launched in Sprint 2017. Public Health engaging in PHE campaigns social media**

	Environment and Healthy Weight			
	Action	**Responsibility**	**Time frame**	**Progress**
1	Partners to engage with and comment on relevant Local Plans, Neighbourhood Plans and planning applications via district websites and through engagement with district planning teams (links below): http://www.cherwell.gov.uk/planning https://www.oxford.gov.uk/info/20000/planning http://www.southoxon.gov.uk/services-and-advice/planning-and- building http://www.whitehorsedc.gov.uk/services-and-advice/planning-and- building http://www.westoxon.gov.uk/residents/planning-building/ Refer to the Town Country Planning Association (TCPA) Healthy Weight Checklist (summary on p12&13) http://www.tcpa.org.uk/pages/planning-out-obesity-2014.html, the Oxfordshire JSNA http://insight.oxfordshire.gov.uk/cms/joint-strategic- needs-assessment and the County Council 'Neighbourhood Planning Toolkit'. https://www.oxfordshire.gov.uk/cms/content/neighbourhood-planning- toolkit as a source of information and guidance.	All Partners	Ongoing	Public Health facilitated a Planning and Health learning event for the first time on 28th November 2016 which bought together a range of partners including public health, transport and planning within Oxfordshire County Council, District Councils, OCCG, Oxford Brookes University and Age UK Oxfordshire to learn together about the opportunities to improve health through the built environment. The event was opened by Cllr Hibbert-Biles and included PHE, the TCPA and Adrian Davis, as well as speakers from the two Healthy New Towns. Other partners who were involved in the original healthy weight workshop and/or the learning event may have further updates to make on their engagement with planning processes.

Page 34

2	Partners to identify opportunities to encourage building activity into everyday life e.g. encouraging active travel on websites and meeting invites, walking meetings, design of new buildings/towns to encourage health e.g. positioning of stairs.	All partners	On-going	Public Health have been contributing to/consulted on the development of the Oxfordshire County Council cycling and walking design guides and the Oxfordshire Infrastructure Strategy. The Oxfordshire County Council (Communities) lead active and healthy travel steering group continues to meet and includes representation from Public Health, district councils and cycling/walking promotion groups etc.
3	Partners to continue working on the NHS Healthy New Towns programme for Bicester and Barton Park. Learn from these projects and upscale to other new developments.	NHS Healthy New Towns Partnerships	On-going	Partners continue to work together within the NHS Healthy New Towns (HNT) programmes. The next stage of the programme will be a gateway process where HNTs will go through a selection process to receive further funding. Part of this process included a challenge event in December in London (with the NHS, TCPA, PHE) and the production of a project logic model and delivery plan with investable propositions. The outcome of this should be known before the end of March 2017.

	Schools and Healthy Weight			
	Action	**Responsibility**	**Time frame**	**Progress**
1	Children &Young People Physical Activity Plan to be developed. To include increasing physical activity in the most inactive young people.	Oxfordshire Sport and Physical Activity	2016/2017	**Update being provided at HIB meeting 23rd February 2017**
2	School Health Nursing Service to include healthy eating initiatives in School Health Improvement Plans (SHIPs) and explore opportunities with the school according to population need.	Oxford Health NHS Foundation Trust	Academic year 2016/2017	**All secondary schools and College's of Further Education have SHIPs**
3	Explore with schools their experience of catering contracts, spending pupil premium and how they promote and share good practice with relation to healthy eating and physical activity.	Healthy Eating Network and Oxfordshire Sport and Physical Activity	Academic year 2016/2017	**Identifying key personnel to take work forward**

Page 36

	Workplaces for Healthy Weight			
	Action	**Responsibility**	**Time frame**	**Progress**
1	Utilise workplaces to adopt national and local Public Health campaigns around healthy weight issues.	Workplace wellbeing network	On-going	**Core network membership established** **Wider membership developing via virtual group (Linkedin)**
2	Encourage workplaces to sign up to the Workplace Wellbeing Charter – a free, national framework for workplaces to self-assess against demonstrating commitment to employee health.	Workplace wellbeing network	Summer 2016	As above
3	Influence workplaces to sign up to Government Buying Standards for Food (GBSF) to adhere to nutrition and vending guidelines providing a standardised approach across the County as far as possible.	Workplace wellbeing network	Summer/Autumn 2017	As above
4	Scale up existing resources and initiatives to be advertised and delivered in workplaces	Workplace wellbeing network Service providers	On-going	As above
5	Make offers to small and medium-sized enterprises similar to those of larger business (e.g. corporate membership discounts at gyms)	Leisure Providers and Districts		As above
6	Encourage workplaces to have wellbeing champions. Demonstrate evidence of best practice via the network	OxSPA Workplaces & network	On-going	As above

7	Workplaces to encourage healthy weight behaviours; Walking meetings Healthy snacks Walking lunch breaks Social eating (not at desks) Inter-company competitions Organisational support for staff to attend health related benefits Cycle storage, showers	Workplace wellbeing network Businesses Workplaces Senior management HR	On-going	**Event held November 2016 in collaboration with Oxford Academic Health Science Network with 100+ delegates from Oxfordshire businesses**

Health Improvement Partnership Board
Forward Plan 2016-17

Date	Item
20 Apr 2017 2-4pm Oxford Town Hall	• Annual Basket of Housing Indicators • Health Improvement Board Priorities 2017-18 • Report card – Bowel screening • Re-commissioning Housing Related Support • Alcohol and Drugs treatment service • Domestic Abuse Review
27 Jun 2017 2-4pm Oxford Town Hall	• Barton Park, NHS Healthy New Town
26 Sep 2017 2-4pm Oxford Town Hall	• Health Protection Forum Annual Report • Air Quality Management Report
8 Feb 2017 2-4pm Oxford Town Hall	
Standing items:	
• Minutes of the last meeting and any matters arising • Report from HIB Healthwatch Ambassadors • Performance Report (including any report cards) • Forward Plan	
Proposals/periodically:	
To be kept under regular review: • Re-commissioning of housing related support • Welfare reform • Oral Health Needs Assessment • Healthy Weight Action Plan • Oxfordshire Sport and Physical Activity	

15 February 2017

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