NHS Oxfordshire Clinical Commissioning Group | OXFORDSHIRE COUNTY COUNCIL | healthwatch Oxfordshire

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 20 April 2017 at 2.00 pm

Town Hall, Oxford

P G Clark

Peter G. Clark
Chief Executive

12/04/2017

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

Membership

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

Board Members:

Cllr Jeanette Baker	West Oxfordshire 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
Diana Shelton	West Oxfordshire District Council
Jackie Wilderspin	Public Health Specialist

Notes:

- ***Date of next meeting: 27 June 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 23rd February 2017 and to receive information arising from them.

6. Strategic Review of Domestic Abuse (Pages 9 - 12)

2.10pm
20 minutes

Report presented by Sarah Carter, Strategic Lead for Domestic Abuse, Oxfordshire County Council.

The Board is asked to note the progress in relation to the recommendations from the recent Strategic Review of Domestic Abuse in Oxfordshire, in particular the co-funding approach being taken to deliver a pathway of domestic abuse services and the partnership work taking place to deliver service improvements across a broad range of agencies.

7. Performance Review (Pages 13 - 22)

2.30pm
30 minutes

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

The Board is asked to note the report on progress against the targets of the Health Improvement Board in Quarter 3, 2016-17.

An analysis of immunisation rates amongst children aged 2 and 5 years old and the

action being taken to increase these rates will be presented by Dr Nisha Jayatilleke, NHS England.

8. Drug and Alcohol Treatment Service (Pages 23 - 26)

3.00pm
20 minutes

Report presented by Andy Symons, Senior Operation Manager, Turning Point Oxfordshire

The Board is asked to note the key achievements of the Drug and Alcohol Treatment Service and improvement in the proportion of opiate and non-opiate users successfully completing treatment.

9. Review of Health Improvement Board Priorities (Pages 27 - 40)

3.20pm
25 minutes

Report presented by Jackie Wilderspin, Public Health Specialist, Oxfordshire County Council

A report outlining the latest performance against Health Improvement Board targets and data from the recently published Oxfordshire Joint Strategic Needs Assessment, including information on inequalities of outcome where available.

The Board is asked to consider current areas of focus and areas of emerging concern to help determine the Board's priorities for 2017-18. Draft proposals for areas of focus in 2017-18 will be brought to the next Board meeting for approval.

The executive summary of the 2017 Oxfordshire Joint Strategic Needs Assessment is attached for reference. The full report can be found online here: http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

10. Review of Health Improvement Board Terms of Reference (Pages 41 - 42)

3.45pm
10 minutes

Members are asked to review the Board's terms of reference and agree revisions to go forward to the Health and Wellbeing Board for approval.

11. **Forward Plan** (Pages 43 - 44)

3.55pm
5 minutes

The forward plan is presented by District Councillor Anna Badcock, Chairman of the Health Improvement Board.

The Board is asked to note the items on the forward plan and propose any areas for future discussion.

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HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on Thursday 23rd February commencing at 2.00 pm and finishing at 4.00 pm.

Present:

Board Members:	Councillor Anna Badcock (Chairman), South Oxfordshire District Council Councillor Mark Lygo (substituting for Councillor Ed Turner, (Vice-Chairman), Oxford City Council) Diana Shelton, Head of Leisure and Community Services (substituting for Councillor Jeanette Baker, West Oxfordshire District Council) Cllr Monica Lovatt, Vale of White Horse District Council Ian Davies, Cherwell District Council Jackie Wilderspin, Public Health Specialist Dr Jonathan McWilliam, Director of Public Health Laura Epton, Healthwatch Ambassador Dr Paul Park, Oxfordshire Clinical Commissioning Group
Officers:	
Whole of meeting:	Val Johnson, Oxford City Council Katie Read, Oxfordshire County Council
Part of meeting:	
Agenda item 6	Jon Dearing, West Oxfordshire District Council Eunan O'Neill, Oxfordshire County Council
Agenda item 8	Chris Freeman, Oxfordshire Sport and Physical Activity
Agenda item 9	Sal Culmer, Oxfordshire County Council Kate Austin, Oxfordshire County Council Richard Neal, Oxfordshire Sport and Physical Activity

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. As Ian Davies was stepping down from the Health Improvement Board, the Chairman and other members of the Board sincerely thanked him for his valuable contribution to the meetings and wished him well for the future.	
2. Apologies for Absence and Temporary Appointments Apologies were received from: Emma Henrion, Cllr John Donaldson and Cllr Hilary Hibbert-Biles. Cllr Mark Lygo substituted for Cllr Ed Turner and Diana Shelton substituted for Cllr 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 October meeting were approved. As a matter arising under Housing Related Support, the following statement was read in response to questions from the Deputy Chairman regarding changes in the funding for floating support: 'In February 2016 the County Council agreed to reduce the amount spent on Housing Related Support from £2.3m to £1.5m. From April 2017 the remaining £800k budget will be spent on floating support and domestic abuse services. These services continue to be overseen by the Housing Support Advisor Group. The Community Floating Support contract has recently been extended for its fifth and final year with a reduced value of £600k and a reduce caseload capacity. We [the County Council] have worked closely with the service provider to mitigate the impact of this change on the support available for households at risk of homelessness. The current contract will come to an end in February 2018 and in the coming months we will be developing commissioning intentions for future community based support for vulnerable adults in partnership with district and city councils through the Housing Support Advisory Group.' The Board queried the impact of these changes on the strategy for Domestic Abuse. **Clarification on this point will be sought.**	**Katie Read**
6. Performance report	

Jonathan McWilliam invited questions from the Board on Quarter 2 performance. The Board decided to focus on the performance report cards. A request was made for the performance report to clearly mark the RAG ratings with lettering, as it was difficult to identify these in black and white. The Board received the following report cards: <u>Rough Sleeping</u> Jon Dearing, Chairman of the Housing Support Advisory Group (HSAG), reported that an increasing trend in rough sleeping over the last few years has largely been the result of welfare reform, i.e. a reduced benefit cap and changes to local housing allowance rates. The 'green' RAG rating for the rough sleeping indicator and fall in the number of rough sleepers in 2016-17 demonstrates how local housing authorities are committed to reducing homelessness and rough sleeping. It was reported that the recent success of the City-led Trailblazer bid will give local authorities the capability to collect and use data to prevent homelessness and put resources in place to intervene mush sooner for those at risk of homelessness. Board members commented that although the snapshot figure is lower than the previous year and the indicator is 'green', the public would not perceive 79 people sleeping rough as a good outcome. More emphasis could have been placed on showing how local housing authorities are making this area of work a strategic priority. The Board discussed external factors affecting rough sleeping numbers. The full impact of new prevention duties under the Homelessness Reduction Bill is not yet known, but this is expected to be resource intensive. Implementation could start as early as October 2017. Other external factors were seen as the draw of Oxford City and the impact of further changes to the welfare system. **The Board asked that HSAG consider whether the target needs to be revised in light of these factors.** <u>NHS Health checks</u> Eunan O'Neill reported on the NHS Health checks programme. It was reported that whilst more than 140,000 people have already been invited for a health check, increasing their uptake of the offer has been a challenge. An upturn in performance is anticipated later in the year as GPs follow up invitations in quarter 4. A quality assurance process is used to review how the programme is implemented and an equity audit is planned for May to ensure there is equitable access to the programme.	**Jon Dearing**

Members queried how many people with undiagnosed health conditions are helped via the programme, as it was thought that only people who are already concerned about their health would take up the offer. It was reported that Oxfordshire exceeds the target in this area. **Data on health conditions diagnosed through Health checks will be circulated to Board members and included in future report cards.**	**Eunan O'Neill**
The Board discussed the appropriateness of the Health check performance measures and whether uptake should be based on numbers of people, rather than the percentage of those invited. There were concerns that a focus on numbers rather than percentages would not account for population growth.	
The Board agreed that performance reporting for NHS Health checks should include both the number of people taking up the offer and the percentage of those invited.	**Eunan O'Neill**
Board members suggested greater use of existing partnerships and networks to promote Health checks, as well as using evidence of good outcomes from Health checks to encourage uptake.	
A report on promotional/marketing plans and activity will be brought to a future meeting.	**Jackie Wilderspin**
Members discussed the tests that are covered as part of Health checks. The primary focus is on cardio-vascular assessment, rather than detecting stress, mental health issues or cancer. It was reported that these health conditions are more often detected through GPs' conversations with their patients.	
7. Healthwatch Ambassador's report Laura Epton presented a report which focused on the Board's response to the recommendations of the Health Inequalities Commission. It was recommended that greater emphasis is placed on how performance data is collated to ensure inequalities are more easily identifiable. Members discussed the barriers organisations face when accessing and sharing data that could help tackle health inequalities. It was thought that charities may be better placed to obtain data, particularly if the purpose for which data will be used is shared with the public in a transparent way. The Board discussed having a more outcome focused approach to the reports it receives in order to aid better scrutiny and help members understand why activities are planned and undertaken. Members discussed the difficulty proving improved outcomes, particularly in areas of entrenched deprivation where the results of interventions may not be seen for a long time and the impact may be more anecdotal. In these cases it is vital to ensure that resources are targeted and based on best practice.	

A focus on outcomes and inequalities will be embedded in the reporting approach for the Board. The report was welcomed by the Board, as its recommendations aligned with the outcomes of the Board's Health Inequalities workshop.	**Katie Read**
8. Health Inequalities update Jackie Wilderspin updated the Board on progress following the Health Inequalities workshop in December. The Board was reminded of the outcomes of the workshop, namely: • Ensure that all the Board's work programmes include an assessment of inequalities, • Submit a proposal to the Growth Board to establish an Innovation Fund, and • Consider health inequalities as part of the Board's priority setting. Members agreed that having targeted data to support this is essential. The following work programmes overseen by the Board were considered areas which could be influenced through targeted work on health inequalities: - Healthy Weight Action Plan - Physical Activity - Affordable Warmth and fuel poverty - Homelessness and homelessness prevention - Immunisation and screening (Public Health protection) It was reported that the paper for the Growth Board will aim to help local authority leaders understand how they can influence these wider determinants of health and identify their respective responsibilities. In particular the Growth Board will be asked to endorse Oxfordshire's bid for Sport England funding. An overview of the bid, which is being coordinated by Oxfordshire Sport and Physical Activity (OxSPA), was provided by Chris Freeman: The bid will identify how sport and physical activity can contribute to wider social outcomes. Its key aims will be to increase activity among people who are currently not active and to target under-represented groups. Members asked how OxSPA will work with local people to understand what they want. It was reported that the bid will build on the approach of Bicester Healthy New Town and OxSPA has already made links with the leaders of that programme. This fits with the placed based approach that Sport England have indicated they would like to see. The Board agreed that it was in a good position to oversee work to address health inequalities, in particular the progress with the Sport England bid.	

9. Oxfordshire Healthy Weight Action Plan Sal Culmer, Kate Austin presented an update on progress with the Healthy Weight Action Plan: The Public Health team is drawing on a number of national case studies demonstrating responses to the childhood obesity plan and using the recently published national obesity dataset measure inequalities locally. Work is ongoing with the districts and city to encourage 'healthy vending' and the PHE 'One You' materials are being utilised. Links are being made across the South East region to consider how to implement national Buying Standards. The Health and Planning learning event held in November identified a number of areas to focus on including how health is considered in local plans, how to influence developers and access funding for health priorities, the importance of partnership working and the use tools/resources to gather information on the health needs of an area. The Board suggested using an example of a contractor who has successfully delivered healthy vending to force the issue with other providers. Additionally, local authorities would benefit from having a template of what works well with vending providers so that a common approach can be adopted when councils re-let contracts. **The use of a common approach to healthy vending in contracts for vending providers will be explored.**	**Sal Culmer**
Richard Neal presented OxSPA's Physical Activity and Sport Plan for children and young people in Oxfordshire, outlining nine areas of focus that had emerged from consultation with key stakeholders. OxSPA is considering ways to measure the activity and outcomes under the plan and will be publishing the 2017-18 Plan in March. **A copy of OxSPA's plan and the high level summary will be circulated to members of the Board.** Members expressed concern about the levels of obesity among young boys and the issue of body image among girls and boys. OxSPA was reported to be working with schools to ensure that sport is not the only opportunity offered to children to keep fit, for example, dance is also incorporated into OxSPA's plan. Members were pleased to see the plan had a focus on families and encouraged OxSPA to link with the workplace action plan to ensure that both adults and their children are receiving the same messages about healthy weight. The Board discussed the difficulties influencing schools, particularly as many have academy status. With no block contract in place for catering, any work	**Richard Neal**

done with schools on healthy eating would have to be undertaken on a contract by contract basis. Members highlighted the role of parents in influencing their child's school and the importance of using school governors to encourage a focus on physical activity in schools. A placed-based approach was recommended for making OxSPA's plan a success, drawing on the unique strengths, opportunities and resources in an area. With academy status introducing competition in local areas, it was suggested this could be used to encourage a focus on physical activity across schools. **The Board will continue to receive regular updates on the implementation of OxSPA's plan and the wider Healthy Weight Action Plan.**	**Sal Culmer, Kate Austin and Richard Neal**
10. Forward Plan From discussion at the meeting the following items will be added to the Board's forward plan: • Public Health/NHS marketing/promotion activity and plans	
The meeting closed at 4.00pm	

..... in the Chair

Date of signing .....

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Domestic Abuse Paper
Health Improvement Board 20 April 2017

Strategic Review of Domestic Abuse Update

Purpose of paper

1. This paper is to inform the Health Improvement Board on progress in relation to the recommendations from the recent Strategic Review of Domestic Abuse in Oxfordshire "the Review". It will focus on the co-funding approach being taken to deliver a pathway of domestic abuse services and the partnership work taking place to deliver service improvements across a broad range of agencies.

Background

2. The Review looked at how well the current services are able to meet need and to consider the broader picture including what could be commissioned in the future and governance arrangements around domestic abuse.

3. There were a number of recurrent themes in the Review and the prominence of these helped us to translate the key issues into key responses. These included:

- Abuse is often "hidden" and barriers to reporting disproportionately affect people depending on socio-economic and health factors
- There is a need for perpetrator services to enable effective responses for victims and their families
- Gaps in training and service aimed specifically at young people
- Need for better data capture and sharing to understand and improve effectiveness
- Greater inclusion of the voices of users of services to inform good practice and effective working

4. The Review concluded with nine separate recommendations which are being taken forward using a multi-agency approach led by the County Council's Strategic Lead for Domestic Abuse.

1.	Endorse and implement a pathway of domestic abuse services based on the identified needs set out in *[the strategic review]*
2.	Implement the proposed new governance structure for domestic abuse
3.	Set up task & finish groups to consider (i) how to address "hidden" domestic abuse, (ii) improve prevention work, including work in schools and GP Practices (iii) multi-agency approaches and possible improvements to data capture in relation to domestic abuse including environmental scanning across the Thames Valley, (iv) the viability and effectiveness of a range of perpetrator

	interventions
4.	Adopt a co-commissioning approach that identifies resources, agrees a range of outcomes and measures success and implementation.
5.	Service user voice to be included in all service development and commissioning work considering the approaches highlighted in this Review and ensuring user voice reporting to both the domestic abuse operational group and to the domestic abuse strategic group.
6.	Strengthen connections both strategically and operationally between domestic abuse and sexual violence delivery.
7.	Training strategy for domestic abuse to be developed and co-funded to deliver multi-agency training
8.	Recommend that the Safer Oxfordshire Partnership develops a 5 year strategic plan for domestic abuse considering the funding for the sustainability of service provision and the longer term outcomes for victims across Oxfordshire.
9.	Develop and implement an information strategy to ensure that appropriate and accessible information is accessible both to those affected and those responsible for responding to domestic abuse

5. Recommendation 1and 4 of the Review refer to the commissioning of a pathway of services for Oxfordshire. Currently, domestic abuse specialist services are funded from a range of sources including both grants from national or local organisations and commissioned provision. Funding committed to domestic abuse from the current sources does not meet the cost of services recommended by the strategic review. A decision by partners (funders) is required on either how to address the funding gap or how to reduce the provision to meet the current budget.

6. Oxfordshire County Council currently commissions Oxfordshire Domestic Abuse Service (ODAS) to deliver some of the specialist domestic abuse services for Oxfordshire. The ODAS contract is for a telephone based access and support service, one Outreach worker covering West Oxfordshire and countywide Refuge provision at an annual contract value of circa £335,000. We have extended the contract for delivery of these services from its original end date of 31 January 2017 until 31 March 2018 to enable a co-commissioning approach with key commissioning partners.

7. OCC commissioned domestic abuse services were historically funded through the Supporting People programme. This funding is no longer “ring fenced” and the budget for domestic abuse has been reduced to £200,000. The County Council has put in the additional funding required on a one-off basis to extend the current level of service until the services can be re-commissioned jointly in 2018-19.

Co-funded approach

8. We are currently progressing a co-funded approach to commissioning specialist services and to funding service development work. The County Council is working with partner commissioners including District Councils, local Community Safety Partnerships and the Office of the Police and Crime Commissioner. We have still to establish what we will commission and the total funds available.

9. We have a multi-agency workshop of senior leaders planned to take place in May to agree total funding available and to finalise governance arrangements.

10. As part of the broader implementation plan following on from the Review, Task and Finish groups have been set up (see recommendation 3 above) and work has commenced on a multi-agency training strategy and a communications strategy. This is being led by the Domestic Abuse Strategic Group.

11. All work being taken forward will seek to fulfil our commitment to include the voice of service users, their families and those who work closely with them.

Sarah Carter
Strategic Lead for Domestic Abuse
Joint Commissioning Team
10th April 2017

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Health Improvement Board
January 2017

Q3 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 following the release of the data.

5. For the indicators that can be regularly reported on, current performance (at Q3) can be summarised as follows:

   - 8 indicators are Green.
   - 4 indicators are Amber (defined as within 5% of target).
   - There no indicators that are Red

Sue Lygo
Health Improvement Practitioner April 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%	A	0%		0%		0%		Data at least 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%	R	10.2%	A	14.4%	G	0%		Oxford City 15.8%, South East 15.7%, South West 14.5%, North East 13.6%, North 13% and West 12.7%
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%	R	40.8%	R	44.7%	G	0%		**NB: error recording national average at time of priority setting - figure for England was 47.9% in 2015/16 (not 51.7%). Cumulative figure so on target for end year.** North 49.9%, West 48.8%, South West 48%, South East 47.9%, North East 38.3%, Oxford City 37.6%
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	G	978	R	1471	A	0		
8.5	Mother smoking at time of delivery should decrease to below 8% - Oxfordshire CCG	<8%	7.8%	G	7.2%	G	7.8%	G	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 yr (Aspire 6.8% long term)	4.6%	G	4.3%	A	6.1%	G	0.0%		
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 yr (Aspire 37.3% long term)	20.8%	R	20.0%	R	31.6%	G	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%					16.0%	G			2015/16 - Inequalities across the county - Cherwell 17% and Oxford City 20%
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%)					17.5%	G			Updated from Active Lives Survey (Nov - Nov 16). Cherwell 21.7% and West Oxon 22% PLEASE NOTE CHANGE IN METHODOLOGY MEANS NOT DIRECTLY COMPARABLE TO DATA FROM ACTIVE PEOPLE SURVEY
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%	A	61.7%	A	61.8%	A	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	A			0		
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%	G	84.2%	G	85.4%	G	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%	G			0%		
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.	1430 residents							0		New indicator agreed at HIB Feb 2017. Data will be available Q4 (and Q2 in 2017/18)
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	G	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%					73.2%	G	0%		Q1 to Q3 combined

Priority 11: Preventing infectious disease through immunisation

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
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%	G	94.5%	A	94.6%	A	0.0%		Data not available by CCG locality at present.
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%	A	92.5%	A	93.1%	A	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 yrs (Human papillomavirus) 2 doses	≥ 90%							0%		Data available annually for school year Sept-Aug

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Health Improvement Partnership Board
Detailed performance report
April 2017

1. Details

Strategic Priority: *Preventing infectious disease through immunisation*

Strategic Lead: *Nisha Jayatilleke (Consultant in Public Health), NHS England (South Central)*

Last updated:

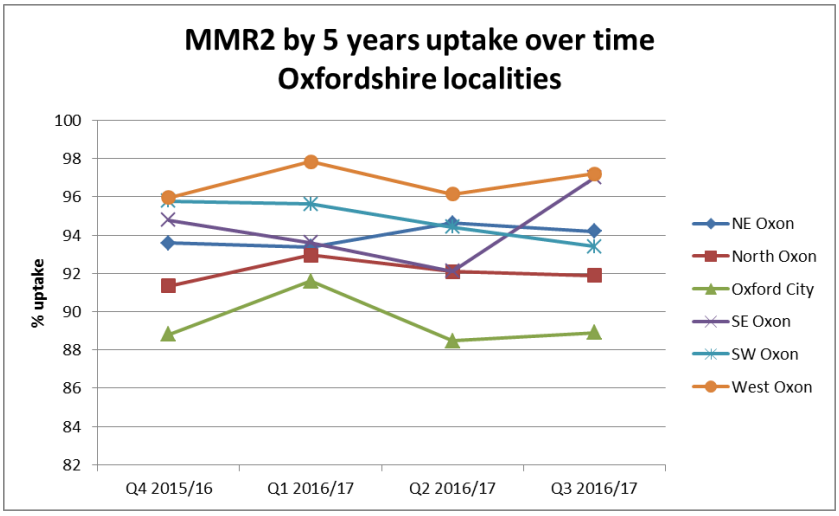
PROGRESS MEASURE: *At least 95% children receive PCV (Pneumococcal) Booster, Hib/MenC (Haemophilus Influenza type B/Meningococcal C) Boosters and MMR (Measles, Mumps and Rubella) dose 1 by 2nd birthday.*
At least 95% of children receive DTaP/IPV (Diptheria, tetanus, pertussis and polio) booster and MMR (measles, mumps and rubella) dose 2 vaccinations by 5th birthday.

2. Trend Data

Oxfordshire COVER data 2015-2017

	15-16 Q1	Q2	Q3	Q4	Annual	16-17 Q1	Q2	Q3
Rotavirus (2 doses given before 24 wks)	93.8	92.8	93.5	93.5	92.5	94.2	93.6	94.7
DTaP/IPV/Hib 1 yrs	96.7	96.4	96.6	96.0	95.9	96.2	96.2	96.6
Men B							93.9	95.7
PCV 2 yrs	95.6	94.6	96.3	95.5	95.0	95.1	95.1	94.6
Hib/MenC 2 yrs	95.5	94.2	95.0	96.2	95.9	95.6	94.4	94.5
MMR 2 yrs	95.1	94.5	95.1	95.4	95.1	95.0	94.5	94.6
DTaP/IPV 5 yrs	92.9	90.7	92.0	93.7	94.0	94.0	92.7	93.2
MMR 5 yrs	92.0	91.0	91.9	92.5	92.8	93.4	92.5	93.1
Hep B 3 doses (1yr)	100.0	100.0	100.0	66.7	100.0	100.0	100.0	100.0
Hep B 4 doses (2yrs)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Oxfordshire LOCALITY COVER data 2015-2017



MMR2 by 5 years – Q3 performance by locality and children missing vaccination

	Q3 % uptake	Number of children required to meet 95%
NE Oxon	94.2	2
N Oxon	91.9	10
Oxford City	88.9	30
SE Oxon	97	--
SW Oxon	93.4	8
W Oxon	97.2	--

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

- The MMR vaccine, given as part of the routine childhood vaccination schedule protects against measles, mumps and rubella. Two doses of MMR vaccine are required to provide satisfactory protection. The first dose should be given between 12 to 13 months of age with a second dose at 3 years 4 months of age (or soon after)
- Call and recall for MMR vaccination is by letter to the child's home address from the Child Health Information Service (CHIS)
- Parents/Carers are invited to contact their GP surgery to arrange vaccination
- A maximum of 3 reminders are sent by CHIS to the child's home address in the event of vaccination not being given and where there is no documented evidence of refusal
- Data on MMR vaccination uptake is collected by CHIS, shared with the local NHS England Area Team and reported quarterly as part of the national COVER data collection
- **A total of 50 children should receive the MMR2 vaccine to achieve 95% in Oxfordshire.**
- MMR2 at 5 years reflects an **overall incremental increase** in performance over the past two years.
- Direct comparison to Q3 2015-16 reveals a 1.2% increase this year. Additionally, this is the second best performing quarter at 0.3% under the best performance quarter (93.4%) in 2015-17 to date.

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

Actions	Commentary
• NHS England continues to fund and evaluate the Health Inequalities pilot project for a second year during 2017/18 for Oxfordshire, Buckinghamshire and Berkshire.	• In Oxfordshire, the project is focussing on low performing practices with uptake below 90% (n=36 surgeries). It also strengthens links and raises the profile of immunisations through an educative role amongst Health Visitors and Early Years providers such as childminders, nurseries and preschools.
• NHSE and the provider Trust hosting the Health Inequalities Nurse continue to encourage primary care to keep registered populations as accurate as possible as this directly affects denominators and uptake.	• Time lags exist when patients move away and do not deregister thus affecting denominator figures until confirmation to remove is achieved.

- NHS England and CHIS working together to ensure robust data checks and validation are routinely carried out.
- Monitor proportion of movers-in that do not have complete immunisation history.

5. What needs to be done now?

Action	By Whom & By When
• Continue to monitor practice level data and scrutinise quarterly to identify practices with low uptake rates and offer appropriate support	Screening and Immunisation team - ongoing
• Refine Standard Operating Procedures for practices to improve uptake of age 5 indicators and achieve an overall reduction in the proportion of unimmunised children	OHFT Health Inequalities Nurse – ongoing
• NHSE to continue collaborative work with local stakeholders i.e. local authority, primary care, CCG, PHE South and the community trust through reshaping the Thames Valley Immunisation Working Group to make it engaging and relevant for the broader system, such as the STP prevention strategy.	Screening and Immunisation Team – from mid-May 2017 and ongoing on a quarterly basis

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ITEM 8

Health Improvement Board

20th April 2017

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

PROGRESS MEASURE:

8.6 Oxfordshire performance for the proportion of opiate users who successfully complete treatment should improve on the local baseline in 2015-16 (4.5%) and reach 5% in the year ahead with a longer term aspiration to reach the national average (6.8% in 2015-16)

8.7 Oxfordshire performance for the proportion of non-opiate users who successfully complete treatment should improve on the local baseline in 2015-16 (26.2%) to reach 30% in the year ahead, with a longer term aspiration to reach the national average (37.3% in 2015-16)

Purpose / Recommendation

1. **The Health Improvement Board is recommended to note this report on the key achievements of the Drug and Alcohol Treatment Service and the improvement in performance against HIB targets.**

Background

2. The Drug and Alcohol treatment system was put out to competitive tender by the Public Health team at Oxfordshire County Council during 2014 with several large contracts combined to form the new integrated drug and alcohol treatment service. Turning Point won this contract and the new service become operational in April 2015.

2.1 Turning Point attended the Health Improvement Board in Sept 2015 to inform members of the successful transition of the new service and outline a recovery plan for improving successful completions over the contract length.

2.2 A recovery plan for improving successful completions of treatment has been in place since October 2013 with support from Public Health England as Oxfordshire performance was significantly below the national average.

Key Issues

3. Turning Point has been providing County Wide Drug & Alcohol Services for the past 2 years and has achieved significant success. Turning Point have 4 dedicated locality treatment hubs providing services 6 days a week in

- Oxford
- Banbury
- Didcot
- Witney

3.1 Turning Point delivers weekly satellite hubs in Bicester, Henley, Abingdon and Chipping Norton. Turning Point also provides nursing input into 30 Primary Care surgeries in the Oxfordshire Shared Care Scheme. In addition they also have extensive outreach services targeted at homelessness, sex workers & Oxfordshire festivals.

Turning Point Key Achievements

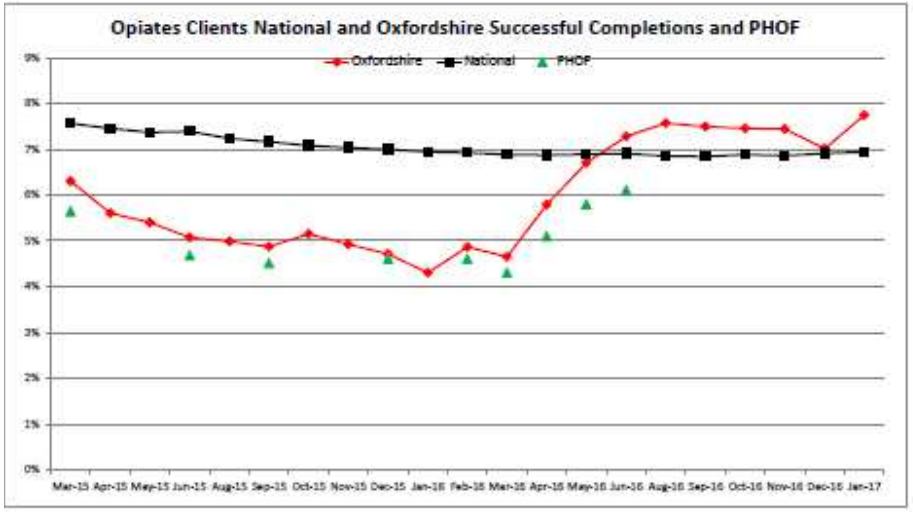
3.2 Turning Point has been providing the drugs & alcohol contract for 24 months in Oxfordshire with the following achievements:

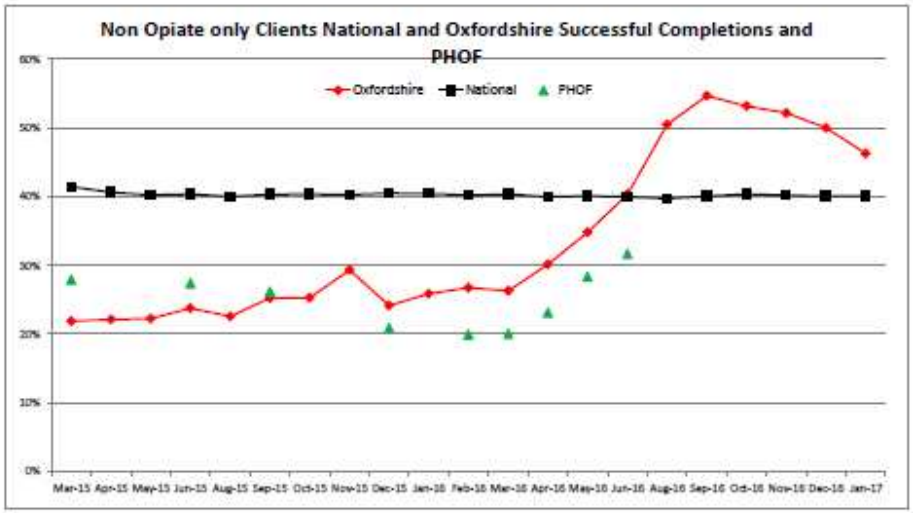
- **Care Quality Commission** – Turning Point Oxfordshire were inspected by the CQC in Feb 2016 within their standard framework of Safe, Responsive, Effective, Caring and Well Led. They received an excellent CQC inspection report with two areas of outstanding practice for service user involvement and their social enterprise the Refresh Café. The inspection report can be found on the CQC website: http://www.cqc.org.uk/location/1-1995374684/reports
- **Criminal Justice** – Turning Point provides dedicated treatment services for those receiving a community treatment order with over 120 currently on Drug Rehabilitation Requirements and Alcohol Treatment Requirements.
- **Children's Social Care** – Turning Point provides specialist services for those involved with Children's Social Care. They have an imbedded specialist worker within the Oxfordshire Multi-Agency Safeguarding Hub (MASH) and currently provide treatment to in excess of 180 parents involved in Child Protection, Child in Need & Team Around the Families.
- **Mental Health Services** – Turning Point has an effective Dual Diagnosis Protocol to enable holistic care for service users who have a co-existing drug & alcohol / mental health issue.
- **Refresh Café** – Turning Point run a social enterprise to provide aftercare for those successfully completing treatment, to sustain service users' recovery and ensure they do not return to using drug and alcohol.

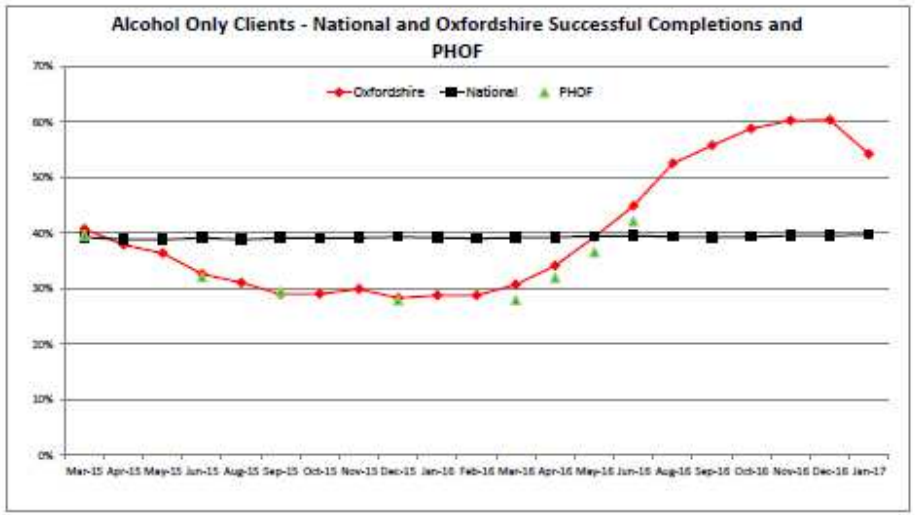
Turning Point Performance 2016/17

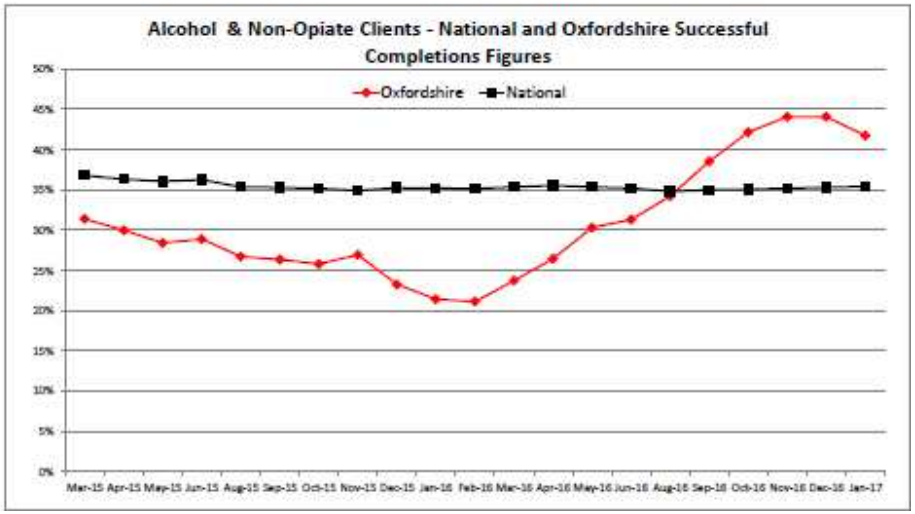
3.3 Oxfordshire has historically performed lower than the national average for many years. Turning Point has implemented a recovery plan that has significantly improved performance over the last 12 months. The charts below show the trends in performance for clients seeking treatment for opiate use, non-opiate use, alcohol and non-opiate / alcohol use. They demonstrate that Oxfordshire's performance has significantly improved and Oxfordshire now performs better than the national average.

Adult Successful Completions and Re-presentations from NDTMS since March 2015









3.4 The table below shows the full 12 month figures / percentages for successful completions in 2016/17:

	Number in Treatment 2016/17	Number Successful Completing 2016/17	National Average	Comparator Local Authorities Quartile
Opiates	1683	136 **8.01%**	7%	Second
Non Opiates	125	69 **55.2%**	40%	Top
Alcohol	552	311 **56.4%**	39%	Top
Alcohol / Non Opiates	191	80 **41.9%**	36%	Top
Total	**2,551**			

Key Dates

4. The Turning Point contract for the provision of an Integrated Drugs & Alcohol Service across Oxfordshire ends in March 2018 with an option for a 2 year contract extension.

April 2017

Contact: Andy Symons, Turning Point Oxfordshire Senior Operation Manager
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Health Improvement Partnership Board

Review of performance for 2016-17 and discussion of priorities

Introduction

The Joint Health and Wellbeing Strategy for Oxfordshire includes 11 priority areas for partnership work. The Health Improvement Partnership Board oversees 4 of these priorities and monitors a range of outcomes associated with each priority area. Performance is reported and discussed at every meeting of the Health Improvement Board.

The Joint Health and Wellbeing Strategy is revised and updated annually. Every year the members of the Health Improvement Board decide on their priorities for the year ahead which can then be included in the revised strategy. This discussion gives an opportunity to focus on emerging areas of concern, to decide that some work that needs to continue and to propose that some issues no longer need to be monitored so closely.

The purpose of this paper

This paper sets out the latest performance figures available to the Health Improvement Board for each of the priority areas and also gives some information from the recently published annual report on the Oxfordshire Joint Strategic Needs Assessment. Additional information on inequalities of outcome is also included where that is known. This is to enable discussion on how the work of the Health Improvement Board can have even more focus on reducing health inequalities. This is an intention of the Board that has been expressed in recent discussion on implementation of the Health Inequalities Commission recommendations.

Next Steps

Following discussion at the Health Improvement Board in April 2017 there will be some work by officers to draw up draft proposals for inclusion in the revised Joint Health and Wellbeing Strategy. These draft proposals will be brought to the meeting of the HIB in June 2017 for discussion and agreement.

Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
Priority 8: Preventing early death and improving quality of life in later years		
8.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years). ***Responsible Organisation: NHS England***	59.1% (2016-17 Q1) Amber Data is reported at least 6 months in arrears	Lung, bowel, breast and prostate cancers together accounted for almost half (46%) of all cancer deaths in the UK in 2014. More than a fifth of all cancer deaths are from lung cancer. More than half (53%) of cancer deaths in the UK are in people aged 75 years and over (2012-2014).(JSNA p 96) Latest data on bowel cancer <u>diagnosis</u> in people aged under 75 in 2011-13 showed 432 cases for men and 336 for women in Oxfordshire with no significant differences between districts or from national averages. <u>Mortality</u> – the number of people who died aged under 75 from colorectal cancer for men in the period 2012-14 was 119 and for women was 85. There were no significant differences between districts or from national figures.
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%. ***Responsible Organisation: Oxfordshire County Council***	14.4% Green (County figures for Q3 2016-17)	**CCG localities:** Oxford City 15.8% South East 15.7%, South West 14.5%, North East 13.6%, North 13%, West 12.7%, The performance measure is cumulative and it is expected that Q4 figures will exceed the target of 15%
8.3 Oxfordshire performance for those taking up the invitation for NHS	44.7% Green	**CCG localities:** North 49.9%,

Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
Health Checks should exceed the national average (baseline 2015-16 was 47.9% nationally) and aspire to 55% in the year ahead. No CCG locality should record less than 50% ***Responsible Organisation: Oxfordshire County Council***	(County figures for Q3 in 2016-17)	West 48.8%, South West 48%, South East 47.9%, North East 38.3%, Oxford City 37.6% An equity audit of uptake of NHS Health Checks is planned for 2017-18
8.4 Oxfordshire performance for the number of people quitting smoking for at least 4 weeks should exceed 2015-16 baseline by at least 10% (baseline 1923 quitters 2015-16) ***Responsible Organisation: Oxfordshire County Council***	1471 Amber (County figures for Q3 in 2016-17) The performance measure is cumulative and the end of year figures will be available in July 2017	JSNA p. 110 • Health survey for England data for 2015 shows a decline in proportion of adults smoking and a decline in the proportion of children smoking. • In England in 2015, 5% of adults were currently using e-cigarettes. This was a small increase from 2013, when 3% of adults were current e-cigarette users. • In 2015 an estimated 15.5% of adults in Oxfordshire were smokers, statistically similar to the England average. Smoking prevalence in all of Oxfordshire's districts was either below or similar to national and regional averages. JSNA p.121 • Estimated prevalence of smokers in "routine and manual" occupations in Oxfordshire was 30.6% (2015) which is higher than the national average for this group (26.2%). • The proportion of children aged 8 to 15 who had ever smoked has decreased overall, from 18% of boys and 20% of girls in 1997 to 4% of both boys and girls in 2015.
8.5 The number of women smoking in pregnancy should remain below	7.8% Green	JSNA p. 110 • Smoking at time of delivery in Oxfordshire has reduced to 8%.

Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
8% recorded at time of delivery (baseline 2015-16 was 7.9%). ***Responsible Organisation: Oxfordshire Clinical Commissioning Group***	(County figures for Q3 2016-17)	JSNA p. 121 The latest data (2015-16) shows that smoking at time of delivery in Oxfordshire has reduced again to 8.0%. This remains lower than England (10.6%) but indicates there are just over 580 women smoking during pregnancy.
8.6 Oxfordshire performance for the proportion of opiate users who successfully complete treatment should improve on the local baseline in 2015-16 (4.5%) and reach 5% in the year ahead with a longer term aspiration to reach the national average (6.8% in 2015-16) ***Responsible Organisation: Oxfordshire County Council***	6.1% Green (County figures for Q3 2016-17)	JSNA p.125 • Police recorded crime data from Thames Valley Police shows between 2014-15 and 2015-16 (Dec to Nov) there was a decline in the number of "possession of drugs" crimes in each reporting area of Oxfordshire (Cherwell & West, Oxford, South & Vale). The rate of possession of drugs crimes per 1,000 population (Dec15 to Nov16) was below the Thames Valley average in Cherwell & West and in South& Vale and above average in Oxford. JSNA p.126 • Combined data from 2013-15 gives a total of 50 drugs related deaths in Oxfordshire, half of which were in Oxford. The rate of deaths from drug misuse (not including alcohol and tobacco) was statistically above the national average in Oxford and statistically below average in Cherwell and West Oxfordshire.
8.7 Oxfordshire performance for the proportion of non-opiate users who successfully complete treatment should improve on the local baseline in 2015-16 (26.2%) to reach 30% in the year ahead, with a longer term aspiration to reach the national average (37.3% in 2015-16) ***Responsible Organisation: Oxfordshire County Council***	31.6% Green (County figures for Q3 2016-17)	

Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
Priority 9: Preventing chronic disease through tackling obesity		
9.1 Ensure that the obesity level in Year 6 children is held at no more than 16% (in 2015 this was 16.2%) No district population should record more than 19% ***Data provided by Oxfordshire County Council***	16% Green 2015-16 data (only one report per year)	JSNA p.114 As of 2015-16, around 980 (13%) reception children, aged 4 or 5, in Oxfordshire were overweight or obese. In year 6, aged 10 or 11, there were around 920 children overweight or obese and the proportion was higher at 15%. Between 2014-15 and 2015-16, the prevalence of obesity in Oxfordshire increased in reception year and declined slightly in year 6. • In reception obesity increased from 6.6% to 7%, and in year 6 declined from 16.2% to 16%. The change in obesity in Oxfordshire's districts varied, with some increasing and some reducing: • In Cherwell obesity in reception aged children increased to from 6.9% to 7.3% and Year 6 reduced from 19.7% to 17.4%; • In Oxford both reception and Year 6 have increased (reception increased from 8.0% to 8.8% and Year 6 increased from 19.2% to 20.2%); • For South Oxfordshire there has been an increase in reception aged children from 5.7% to 6.6% and a decrease in Year 6 children from 12.8% to 11.8%; • In Vale of White Horse there has been a decrease in reception aged children from 6.6% to 5.1% and an increase in Year 6 from 13.9% to 14.5%; • For West Oxfordshire there has been an increase in both years – from 5.4% to 6.7% in reception and from 14.8% to 15.6% in Year 6.

Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
9.2 Reduce by 0.5% the percentage of adults classified as "inactive" (Oxfordshire baseline calendar year 2014 of 21.9%). ***Responsible Organisation: District Councils supported by Oxfordshire Sport and Physical Activity*** PLEASE NOTE CHANGE IN METHODOLOGY MEANS NOT DIRECTLY COMPARABLE TO DATA FROM ACTIVE PEOPLE SURVEY	17.5% Green Updated from Active Lives Survey (Nov - Nov 16)	Cherwell 21.7% and West Oxon 22% JSNA p. 118 Between the active people survey of Oct12-Oct13 and Apr15-Mar16, there was a statistically significant increase in the proportion of people participating in sport in Oxfordshire as a whole and in Oxford and the Vale of White Horse districts. JSNA p. 117 – national survey data According to the 2015 Health survey for England, excluding school-based activities, 22% of children aged 5 to 15 met the physical activity guidelines of being at least moderately active for a minimum of 60 minutes every day. There has been a decline in the proportion of boys meeting physical activity recommendations. □ Among boys, there was a decrease in the proportion meeting physical activity recommendations between 2008 and 2012, falling from 28% in 2008 to 21% in 2012. It has remained at the lower level in 2015, at 23%. Among girls there has been no statistically significant change in the proportion meeting physical activity recommendations over the period, with 19% in 2008 and 20% in 2015
9.3 At least 63% of babies are breastfed at 6-8 weeks of age (currently 58.2%) and no individual health visitor locality should have a rate of less than 55% ***Responsible Organisation: NHS England and***	61.8% Amber County figures for Q3 2016-17	JSNA p.110 and p. 116 Rates of breastfeeding initiation and at 6-8 weeks after birth in Oxfordshire remain above the national average. As of 2015-1683 • **82%** of mothers in Oxfordshire initiated breastfeeding. This rate is similar to the previous year and is significantly higher than the

Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
Oxfordshire Clinical Commissioning Group		England average (74.3%) and that for the South East (78.0%). • At 6-8 weeks after birth, **60%** of mothers in Oxfordshire were breastfeeding, this was well above the national average of 43%. No recent figures on variation across Oxfordshire are available.
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness		
10.1 The number of households in temporary accommodation on 31 March 2017 should be no greater than the level reported in March 2016 (baseline190 households in Oxfordshire in 2015-16). ***Responsible Organisation: District Councils***	192 Amber County wide figure Reported in Q2 2016-17	JSNA p.58 There were **190** households in temporary accommodation in Oxfordshire at the end of the financial year 2015-16, a reduction of 2 from the previous year. Of these, 8 households were in bed and breakfast (non-self-contained style) accommodation (the same as 2014-15).
10.2 At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.2% in 2015-16). ***Responsible Organisation: Oxfordshire County Council***	85.4% Green County figures from Q3 2016-17	
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	86.4% Green	JSNA p.57 There has been an upward trend in people presenting as homeless28 in Oxfordshire, over the past five years, rising from **457** in 2011-12 to **505** in 2015-16.

Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
becoming homeless (baseline 85% in 2015-16). ***Responsible Organisation: District Councils***		The reasons for homelessness presentations are changing. The loss of private rented accommodation is becoming an increasing cause of homelessness and in some Districts has overtaken exclusion by family or friends as the main reason for homelessness. There has been an increase in people who are accepted as statutorily homelessness and are in **priority need** in the County since 2011-12 to 2015-16 (from 279 to 324 households).
Fuel poverty – at least1430 residents are helped per year, over the next 4 years where building based measures account for 25% of those interventions by the final year. **Responsible organisation: Affordable Warmth Network**	Not available	JSNA p. 60 • Between 2013 and 2014, an additional 2,500 households in Oxfordshire were classed as being "fuel poor" taking the total to 24,300 households in fuel poverty in the county. • There was an increase in the proportion of households defined as "fuel poor" in each district of Oxfordshire with the exception of Oxford. • Oxford is one of four districts in the South East to be significantly worse than the England average on fuel poverty (2014). Cherwell, South Oxfordshire, Vale of White Horse and West Oxfordshire were each significantly better than the national average. • The greatest increase in the estimated number of fuel poor households was in West Oxfordshire (+24%), well above the county average (11%) and regional average (3%). •
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) ***Responsible Organisation: District Councils***	79 Green Annual estimated report	JSNA p.59 The estimated number of people rough sleeping in 2015-16 was **90**, up from 70 persons in 2014-15. The rise in rough sleeping occurred in Cherwell and Oxford City. The rise in rough sleeping reflects a national increase in this indicator. The autumn 2015 England Rough Sleeper Count

Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
		increased 30% compared to the previous year. (DCLG)
10.6 Measure on young people's housing related support to be confirmed at the HIB in July 2016. Proposed measure is "at least 70% of young people leaving supported housing services will have positive outcomes in 16-17, aspiring to 95%". ***Responsible Organisation: Oxfordshire County Council Children, Education and Families Directorate***	No report available	JSNA p.57 As of 2015-16 there was: • a total of **70** people aged 16-24 accepted as homeless in Oxfordshire, the lowest recorded in the past 5 years, with no 16/17 year olds accepted. • 20 homeless households where a member had a physical disability and 21 because of mental health. • a marginal increase in the number of households accepted as homeless with the main reason being due to rent arrears, from 12 in 2014-15 to 13 households in 2015-16.
Priority 11: **Preventing infectious disease through immunisation**		
11.1 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 95.2%) and no CCG locality should perform below 94% ***Responsible Organisation: NHS England***	94.6% Amber (County figures for Q3 2016-17)	No information in the JSNA Extract from Public Health Protection Group annual report Oct 2016: • In 2015-16 there was another slight uptake in MMR vaccine in children aged 2 years. Oxfordshire has passed the 95.0% uptake target achieving 95.4%.
11.2 At least 95% children receive dose 2 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 92.5%) and no CCG locality should perform below 94% ***Responsible Organisation: NHS England***	93.1% Amber (County figures for Q3 2016-17)	No information in the JSNA Extract from Public Health Protection Group annual report Oct 2016: • However the vaccination rate for MMR vaccination at 5 years is 92.5% (last year 92.1%). The numbers that are not taking up the vaccine at 5 years are small. The area team are continuing to work on addressing this with local GP practices.

Priority outcomes 2016-17	Latest performance	JSNA and other findings and Variation (if known)
		In 2015/16 there was one reported case of Measles in Oxfordshire.
11.3 At least 55% of people aged under 65 in "risk groups" receive flu vaccination (baseline from 2015-16 45.9%) ***Responsible Organisation: NHS England***		No information in the JSNA Extract from Public Health Protection Group annual report Oct 2016: <u>Adult vaccinations 2015/16 Season</u> • Adults aged >65 in Oxfordshire vaccinated 72.4% (last year 75.6%) • Adults aged < 65 at risk in Oxfordshire vaccinated 45.9% (last year 51.9%) • Pregnant Women in Oxfordshire vaccinated 49.5% (last year 51.3%) There has been continued mixed performance in vaccinations for the past season, despite concerted efforts there is still poor uptake for individuals aged under 65 at risk. In the next flu season adults suffering from liver disease, neurological conditions and learning difficulties will again be priority groups for vaccination. For the 2016/17 season the model for flu vaccinations in 5 & 6 year old children will change to a school based delivery. This will bring the model in line with the other areas within Thames valley. The offer will also be extended to children aged seven.
11.4 At least 90% of young women to receive both doses of HPV vaccination. (Baseline in 2015-16 tbc) ***Responsible Organisation: NHS England***		Ongoing work with the provider continues to maintain and improve upon school-based performance in 16/17 (reported to the Health Protection Forum in Feb 2017 by NHS England South Central. .

1 Executive Summary

This section summarises key findings from the JSNA report. Sources are included in footnotes throughout the relevant sections of the report.

Population and population groups (chapters 2 and 3)

- As of mid-2015, the estimated total population of Oxfordshire was 677,900.
- Over the ten year period, 2005 and 2015, there was an overall growth in the population of Oxfordshire of 50,200 people (+8%), similar to the increase across England (+8.3%).
- The five year age band with the greatest increase over this period was the newly retired age group 65 to 69 (+38%). There was a decline in the population aged 35 to 44.
- 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, taking the total population of the county from 677,900 to 864,200.
- This is more than double the growth of the previous 15 year period (2000 to 2015).
- Between 2015 and 2030, the number of people aged 85 and over is expected to increase by 92% in Oxfordshire overall and more than double in South Oxfordshire and Vale of White Horse.
- Between 2001-03 and 2013-15, the gap between male and female Life Expectancy in Oxfordshire decreased from 4.1 years to 3.1 years.
- Data for the combined years 2009 to 2013 shows that for males there was a 10 year gap in Disability Free Life Expectancy between the most and least deprived areas of Oxfordshire. For females the gap was just under 10 years.
- In 2015 Oxfordshire had a higher proportion of births to older mothers than the national average.

Wider determinants of health (chapter 4)

- The working age population in Oxfordshire (and nationally) is ageing.
- Earnings remain relatively high for Oxfordshire residents and (for the first time in the past 15 years of data), median earnings for residents was statistically above the South East average.
- Poverty and deprivation remain an issue in Oxfordshire affecting 14,000 children and 13,500 older people.
- People claiming Employment Support Allowance made up the majority of working age benefits claimants in Oxfordshire in May 2016. The top health condition of ESA claimants was *Mental and Behavioural disorders*.
- House prices in Oxfordshire continue to increase at a higher rate than earnings and Centre for Cities ranks Oxford as the least affordable UK city for housing. In Oxford city, social rents in 2015 were 18% above the national average.
- Buying a family home now requires 2-3 times a median income (i.e. 2-3 earners per household) in each district in Oxfordshire.

- The proportion of pupils eligible for Free School Meals at the end of primary school and attaining at least the expected standard at Key Stage 2 in reading writing and mathematics in Oxfordshire was below the national average (26% compared with 36%).
- Nationally the proportion of trips to school made by walking has fallen over the last 40 years, especially for primary aged pupils. The falling trend is likely to reflect both increasing household car availability and increasing length of trips to school.
- Young children (aged 7-10) have become less likely to be allowed to cross roads alone.
- The number of people injured using cycles on roads in Oxfordshire has increased significantly since 2010. The increase has been above the national average.
- Public Health England analysis found 423 fast food outlets in Oxfordshire of which 56% were in Cherwell and Oxford.
- Oxfordshire continues to have 13 Air Quality Management Areas where the annual mean objective for nitrogen dioxide is being exceeded including the whole of Oxford city.
- It is likely that the weather patterns in Oxfordshire will change in coming decades with more heavy rainfall and more frequent heatwaves.
- As the elderly are more vulnerable to extreme heat and cold, the UK Health Protection Agency predicts that future health burdens from climate change are likely to be amplified by an ageing population.
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services. Areas rated as "high risk" for isolation and loneliness in Oxfordshire are mainly in urban centres.

Health conditions and causes of death (chapter 5)

- Cancer was the leading cause of death in Oxfordshire. The proportion of GP-registered patients with a cancer diagnosis in Oxfordshire has remained above the national average.
- Between 2007 and 2015, the number of deaths of older people (aged 75 and over) from circulatory diseases in Oxfordshire declined by 15%, while deaths from dementia more than doubled.
- Oxfordshire continues to have a significantly higher rate of people killed or seriously injured on roads per head of population than average. The rate of people killed or seriously injured on roads as a proportion of vehicle miles was just below (better than) the national average.
- National survey data shows that, over the past 15 years, mental health disorders have been increasing in women and young women have emerged as a high risk group.
    - One adult in six had a common mental disorder (depression or anxiety), about one woman in five and one man in eight. Since 2000, the rate for women has steadily increased.
- The number and rate of people in Oxfordshire with depression or anxiety appears to have increased significantly.
- Trend data for Oxfordshire districts shows an increase in the percentage of patients with a recorded diagnosis of a severe and enduring mental health problem in the GP-registered population in Oxford city and Cherwell. The rate in Oxford city remains well above the average for NHS Oxfordshire CCG.

Lifestyles (chapter 6)

- There is currently no standard measure of food security or food poverty.
- An estimated 60% of people aged 16 or over in Oxfordshire are classified as overweight or obese. This is below the national average. Data from the National Child Measurement Programme shows an increase in obesity of younger children (aged 4-5 years) in Oxfordshire and a slight decline in obesity of children aged 10-11.
- There has been a statistically significant increase in the proportion of people participating in sport in Oxfordshire as a whole and in Oxford and the Vale of White Horse districts between the active people survey of Oct12-Oct13 and Apr15-Mar16.
- In 2015 an estimated 15.5% of adults in Oxfordshire were smokers, statistically similar to the England average. Smoking prevalence in all of Oxfordshire's districts was either below or similar to national and regional averages.
- In Oxfordshire, there has been a significant increase in hospital admissions for alcohol-related conditions in the 40-64 age group. Admissions for older people, aged 65+ has also increased.

Service use (chapter 7)

- Use of health services is increasing overall and per person.
    - Data from a sample of GP practices in Oxfordshire shows that the number of consultations per person aged 80+ doubled between 2009-10 and 2013-14.
    - Over the past 10 years, there has been a growth in the number of Hospital (consultant) episodes overall in the NHS Oxfordshire Clinical Commissioning Group area and a growth in the number of hospital episodes per person, particularly in the older age group.
- National data shows that people with mental health conditions are more likely to discuss their mental health with a GP and more likely to access treatment
- In the past year, there has been an increase in the number of people referred for treatment to Oxford Health mental health services, particularly children and young people.
    - Between 2011-12 and 2015-16, the number of patients referred to Oxford Health mental health services overall increased by 19%. The number of patient referrals aged 10-14 increased by 70% and aged 15-19 increased by 77%
- Older people are the primary users of short term and long term social care services.
- There has been an increase in the number and proportion of long term social care clients who are supported at home: from 58% of clients in 2012 to 71% in 2016. The greatest increase has been in the number of older social care clients supported at home.
- National data shows that a significantly lower proportion of disabled people used the internet to find information about goods and services (57% disabled compared with 80% not disabled).
- Areas of rural Oxfordshire classified as 2 miles or more from a GP surgery, cover almost a third of the younger population (aged 0-15, 32%) and a third of the older population (aged 65+, 34%) in rural districts.

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Oxfordshire Health and Wellbeing Board

Health Improvement Partnership Board

Terms of Reference

Purpose

The Oxfordshire Health and Wellbeing Board is the principal structure in Oxfordshire with responsibility for promoting the health and wellbeing of the people of the county.

The Health Improvement Partnership Board exists to support the Health and Wellbeing Board in this purpose by delivering service change and improved outcomes through partnership working.

Responsibilities

To achieve its purpose, the Health Improvement Partnership Board has the following responsibilities:

- To demonstrate effective partnership working across Oxfordshire to meet peoples' health and social care needs and to achieve effective use of resources.
- To drive the development and delivery of services across Oxfordshire that meet agreed priorities and objectives, as determined from the Joint Strategic Needs Assessment (JSNA).
- In particular to:
    - *Bring a coordinated and coherent approach to influencing a broad range of determinants of health to bring about health improvement,*
    - *Work together to recommend priority areas to improve health in order to make a real and measurable difference to outcomes,*
    - *Recommend actions and responsibilities to make that improvement a reality,*
    - *Hold each other to account for making the agreed change and for reporting progress.*
- To meet the performance measures agreed by the Oxfordshire Health and Wellbeing Board.

Membership

The core membership of the Health Improvement Partnership Board is:

- Five district/city councillors – one of whom will be Chairman and another Vice-Chairman
- County Council Cabinet Member for Public Health
- Clinical Commissioning Group representative
- Director of Public Health for Oxfordshire
- Public Health Specialist
- District Council officer representative

- Healthwatch Ambassador

In attendance
- District Councils' officer for Partnership Development

It is proposed that a wide range of stakeholders can be invited to Board meetings at the discretion of the Chairman. They may attend as expert witnesses and to report on implementation of plans.

Governance

The meetings of the Health Improvement Partnership Board and its decision-making will be subject to the provisions of the County Council's Constitution including the Council Procedure Rules and the Access to Information Procedure Rules, insofar as these are applicable to the Partnership Board.

The Health Improvement Partnership Board will also be subject to existing scrutiny arrangements with the Oxfordshire Joint Health Overview and Scrutiny Committee providing the lead role.

Members of the Board will be subject to the Code of Conduct applicable to the body which they represent.

The Partnership Board will meet at least once a year in public. Dates, times and places of meeting will be determined by the Chairman of the Partnership Board.

Officers from the County Council will service meetings of the Partnership Board including the preparation and circulation of agendas and minutes.

The Health and Wellbeing Board will agree terms of reference and membership for the Partnership Board. It will also agree its priorities, proposed outcomes and performance measures. The Partnership Board will review the terms of reference on an annual basis.

Health Improvement Partnership Board
Forward Plan 2017-18

Date	Item
27 Jun 2017 2-4pm Oxford Town Hall	• Barton Park, NHS Healthy New Town • Exercise on prescription • Oxford University Hospitals Trust Public Health Strategy • Re-commissioning Housing Related Support • Draft Health and Wellbeing Strategy – priorities for HIB
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 • Health Protection Forum • Air Quality Management	

11 April 2017

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