Public Document Pack

OXFORDSHIRE
COUNTY COUNCIL

County Council

6 November 2018

Agenda

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**
- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

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

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

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

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

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

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

List of Disclosable Pecuniary Interests:
Employment (includes*"any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

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

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

To: **Members of the County Council**

Notice of a Meeting of the County Council

Tuesday, 6 November 2018 at 10.30 am

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

Yvonne Rees
Chief Executive

October 2018

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

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

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

A buffet luncheon will be provided

AGENDA

1. **Minutes** (Pages 1 - 16)

   To approve the minutes of the meeting held on 11 September 2018 (**CC1**) and to receive information arising from them.

2. **Apologies for Absence**

3.   Declarations of Interest - see guidance note

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

4.   Official Communications

5.   Appointments

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

Education Scrutiny Committee

Councillor Ted Fenton in place of Councillor Suzanne Bartington

6.   Petitions and Public Address

7.   Questions with Notice from Members of the Public

8.   Questions with Notice from Members of the Council

9.   Report of the Cabinet (Pages 17 - 22)

Report of the Cabinet Meetings held on 18 September 2018 and 16 October 2018 (**CC9**).

10.   Treasury Management 2017/18 Outturn (Pages 23 - 40)

Report by Director of Finance (**CC10**).

The report sets out the Treasury Management activity undertaken in the financial year 2017/18 in compliance with the CIPFA Code of Practice. The report includes Debt and Investment activity, Prudential Indicator Outturn, Investment Strategy, and interest receivable and payable for the financial year.

Council is RECOMMENDED to note the Council's Treasury Management Activity in 2017/18.

11.   Director of Public Health Annual Report XI (Pages 41 - 136)

Report by Strategic Director for People and Director of Public Health (**CC11**).

recycled paper

The annual report summarises key issues associated with the Public Health of the County. It is an independent report about the health and wellbeing of Oxfordshire residents in the broadest terms.

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

The report covers the following areas:
Chapter 1: The Demographic Challenge
Chapter 2: Creating Healthy Communities
Chapter 3: Breaking the Cycle of Disadvantage
Chapter 4: Lifestyles and Preventing Disease Before it Starts
Chapter 5: Promoting Mental Wellbeing and Positive Mental Health
Chapter 6: Fighting Killer Diseases

The report has also been considered at the Oxfordshire Health Overview & Scrutiny Committee meeting on 13 September 2018.

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

12. Annual Partnerships Update (Pages 137 - 182)

Report by Policy and Performance Service Manager (**CC12**).

The report provides an update on Oxfordshire-wide partnerships that the County Council is engaged with and their activities over the past year. Each partnership report includes the following information:

- Current focus for the Partnership;
- Personnel including Chairman and supporting staff of the Partnership;
- Governance arrangements;
- Key achievements over the past year;
- Aims of the partnership for the forthcoming year;
- Key challenges for the Partnership and how these will be addressed

The report includes updates from partnerships that are particularly important to the overall outcomes for Oxfordshire and this is reported annually to Council in a light touch format.

The Annual Partnerships report has been reviewed by the Oxfordshire Partnership at their meeting on 15 October 2018.

Council is RECOMMENDED to note the report.

MOTIONS WITH NOTICE FROM MEMBERS OF THE COUNCIL

WOULD MEMBERS PLEASE NOTE THAT ANY AMENDMENTS TO MOTIONS WITH NOTICE MUST BE PRESENTED TO THE PROPER OFFICER IN WRITING BY

recycled paper

9.00 AM ON THE MONDAY BEFORE THE MEETING

13. Motion by Councillor Eddie Reeves

"This Council believes that residents in Oxfordshire should have the greatest possible choice of transport available to them.

This Council notes Oxford City Council's refusal to grant licenses to new entrants in the private-hire market including peer-to-peer ridesharing apps. As these services need a critical mass to be successful, the decision by the City Council is having a detrimental effect on the other areas of the County, including all the district areas, and thus contributing to rural isolation by depriving people of services and choice.

This Council calls on the Leader of the Council to write to:

(a) The Leaders of Oxford City Council and all district councils with a view to ensuring that consumers enjoy a greater choice of private-hire services by extending licenses for new entrants to that market and by assisting this Council's efforts in extending the provision of bus services in the light of new legislation that has already enabled successful innovative services in the County.

(b) The County's commercial and community bus operators with a view to widening the availability of bus services in the County, including hop-on-hop-off services, and to relevant partners as above, including also parishes and prospective community groups, so as to encourage the provision of new services. This has already shown to be a great success with the initiatives such as the Pick Me Up Service and this should be extended to other areas of the County."

14. Motion by Councillor Liz Brighouse

"This Council notes that many council budgets are at breaking point. Austerity has caused huge damage to communities up and down the UK, with devastating effects on key public services that protect the most defenceless in society – children at risk, disabled adults and vulnerable older people- and the services we all rely on like roads, libraries, children's centres, waste management:

• Central Government cuts mean councils have lost 60p out of every £1 that the last Labour Government was spending on local government in 2010

• Councils now face a further funding gap of £7.8 billion by 2025 just to keep services "standing still" and meeting additional demand. Even Lord Gary Porter, the Conservative Chair of the LGA, has said "Councils can no longer be expected to run our vital services on a shoestring".

This Council resolves to ask the Leader of the Council to write to the Chancellor of the Exchequer, the Prime Minister, and the Secretary of State for Housing, Communities and Local Government setting out the funding pressures faced by Oxfordshire and calling on the Government to truly end austerity in local government."

15.   **Motion from Councillor Paul Buckley**

"This Council accepts the recommendations of the Andrew Gilligan report into how to increase cycling in and around Oxford, commits to implementing them and calls on Cabinet to implement and bid for funding."

16.   **Motion by Councillor Laura Price**

"The greatest strength of local government is its ability to embrace openness and transparency, working with and for the people we represent to strive for the very best services and the most effective use of public money.

To ensure that Council is committed to this fundamental principle we propose the Monitoring Officer conduct a review of:

1. Any meetings including Members relating to Council functions and informing decision-making which are held in private
2. Timings of meetings

The review will be reported back to Audit & Governance Committee to form an action plan ensuring the maximum amount of business is held in public and that meetings are scheduled at times which enable the widest possible access to elected Councillors."

17.   **Motion by Councillor Mike Fox-Davies**

"The high growth in housing and commerce is driving many construction projects across most areas of Oxfordshire and this has major consequences to the surrounding community. One of these consequences is the damage by the construction traffic to minor roads and allied infrastructure which are not designed for that weight or volume of traffic.

This Council therefore seeks to ask the Strategic Director for Communities to instruct officers to put the necessary mechanisms in place which will require Developers to mitigate any damage to such roads and infrastructure and return them back to pre-construction condition."

18.   **Motion by Councillor Suzanne Bartington**

"This Council recognises our ambition to achieve economic growth whilst improving the health and wellbeing of communities in Oxfordshire. Active travel provides an effective mechanism to achieve such goals, with potential to co-deliver multiple social, environmental and economic benefits. This council has recognised in LTP4 the importance of investment in sustainable transport and shares the Government's Cycling and Walking Investment Strategy ambition to double cycling by 2025. Cognizant of Andrew Gilligan's recent recommendations to the National Infrastructure Commission, it now wishes to accelerate progress towards this goal.

This Council therefore calls upon the Cabinet Member for Environment to:

i.   Apply Local Cycling and Walking Infrastructure Plans (LCWIPs) to agree a prioritised and costed Strategic Active Travel Network (SATN), building on work of the Oxfordshire Cycle Network.

ii.   Actively seek capital and revenue funding for SATN delivery through local and national sources.

iii.   Assess what co-benefits could be gained by allocating a fraction of local transport funds to active travel infrastructure (e.g. 5 or 10%) following best practice examples.

iv.   influence the Planning authorities use of planning powers more proactively and effectively to achieve beneficial active travel outcomes.

v.   Establish a framework to oversee quality control of all active travel infrastructure projects in accordance with the Oxfordshire Cycling Design Standards, from inception through planning to implementation, ensuring all proposals are audited for safety and encouragement of active travel.

vi.   Use innovative data sources and technologies to identify active travel patterns and latent demand, and to monitor and increase effectiveness of interventions."

19.   Motion from Councillor Jamila Azad

In Oxfordshire we have a proud record of excellent support for children in our care, however a 2016 report by The Children's Society found that when care leavers move into independent accommodation and begin to manage their own budget fully for the first time it can be extremely challenging. With no family to support them and insufficient financial education, some are falling into debt and financial difficulty.

Research from The Centre for Social Justice found that over half (57%) of young people leaving care have difficulty managing their money and avoiding debt when leaving care.

The Children and Social Work Act 2017 places corporate parenting responsibilities on district councils for the first time, requiring them to have regard to children in care and care leavers when carrying out their functions. This provides us with a fantastic opportunity to work together with our District and City colleagues for the benefit of approximately 800 young care leavers in the 16-25 year old age bracket.

Council therefore resolves to ask the Leader of the Council to use our convening powers and expertise in corporate parenting to work with all council tax collecting authorities to look at the implications of exempting young care leavers, with a view to agreeing a workable proposal to be published across Districts in Sept 2019.

20.   Motion by Councillor John Howson

"Pupil place planning is an important function carried out by the County Council. Traditionally, Oxfordshire has had a good reputation in conducting this work, until that is the government introduced the Free School Programme. Creating the Swan School as a Free School has caused delay and confusion to the detriment of pupils and their parents living in and around the City of Oxford.

This Council requests the Leader of the Council to ask the Local Government Association to discuss whether all pupil place planning and both the building of new publicly funded schools and the extending of existing schools should be handled entirely by local authorities in line with their published and annually updated Pupil Place Plan.

Council also asks the Cabinet Member for Education & Cultural Services to seek clarification from the Department for Education about when new schools may be opened as Voluntary Aided Schools following the Secretary of State for Education's speech of the 11 May 2018 and whether or not there would be any restrictions on such schools converting to academy status once open"

Pre-Meeting Briefing

There will be a pre-meeting briefing at County Hall on **Monday 5 November at 10.15 am** for the Chairman, Vice-Chairman, Group Leaders and Deputy Group Leaders

This page is intentionally left blank

OXFORDSHIRE COUNTY COUNCIL

MINUTES of the meeting held on Tuesday, 11 September 2018 commencing at 10.30 am and finishing at 4.00 pm.

Present:

Councillor Gill Sanders – in the Chair

Councillors:

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

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

3/18   MINUTES
(Agenda Item 1)

The Minutes of the Meeting held on 10 July 2018 were approved and signed subject to the figure for the number of Finnish Teachers set out in Annex 2, page 19 being amended to read 1, and to 'Susanne' being changed to 'Suzanne' on page 9.

Matters Arising

In relation to Minute 226/18, Councillor Constance reported that the Agency Agreement had now been signed and undertook to circulate guidance for Councillors as soon as it was available.

4/18   APOLOGIES FOR ABSENCE
(Agenda Item 2)

Apologies for absence were received from Councillors Mrs. Anda Fitzgerald O'Connor, Gawrysiak and Handley.

5/18   DECLARATIONS OF INTEREST
(Agenda Item 3)

Councillor Howson declared a personal interest in Agenda Item 16 (Motion by councillor Kieron Mallon) by virtue of his position of Vice President of the Magistrates Association for England and Wales.

6/18   OFFICIAL COMMUNICATIONS
(Agenda Item 4)

The Chairman reported as follows:

The Chairman reminded members that she would be holding her Chairman's Dinner on Friday 23 November and that invites would be sent out shortly.

Council paid tribute to Peter Clark, thanking him for his time with the Authority, most notably as Chief Executive;

Council Congratulated Staff and paid tribute to Tim Stimpson on the very successful Open Doors event.

7/18   APPOINTMENTS
(Agenda Item 5)

RESOLVED: to note the following appointments:

The Leader of the Council had given notice of a number of changes to Cabinet Member portfolios and membership. There would no longer be a post of Cabinet Member for Public Health & Education with the responsibilities transferring to the newly named Cabinet Members for Adult Social Care & Public Health and Education & Cultural Services respectively. The new and revised portfolios below came into effect on 1 September 2018.

Name	Portfolio	Extent of authority
Ian Hudspeth	Leader of the Council	Strategy; corporate and community leadership; strategic communications; major external

		partnerships; regional and strategic infrastructure and planning; economic growth and development; Districts Liaison.
Mrs J Heathcoat	Deputy Leader of the Council	Governance and Internal management; HR & industrial relations; policy co-ordination; Customer services; Fire & Rescue; trading standards; emergency planning; the Prevent agenda
Lawrie Stratford	Cabinet Member for Adult Social Care & Public Health	Adult Social Care & Public Health; Champion for Mental Health
Steve Harrod	Cabinet Member for Children & Family Services	Statutory Lead Member for Children's Services.
Lorraine Lindsay-Gale	Cabinet Member for Education & Cultural, Services	Education; Registration service; Library service; Coroner's service; Music service; Museum service; History service Cultural services; Tourism.
Yvonne Constance	Cabinet Member for Environment	Highways; minerals strategy, strategic waste & waste management; environment management, flooding; strategic rail.
David Bartholomew	Cabinet Member for Finance	Finance; Broadband, Communications; support to SMEs.
Mark Gray	Cabinet Member for Local Communities	Neighbourhood Plans; Local Community development; Community cohesion; Equalities; Voluntary and community sector relations; Oxfordshire Together; Community Funding; Member Locality working.

Eddie Reeves	Cabinet Member for Transformation	Fit for the Future, Property, ICT and Procurement
Ian Corkin	Cabinet Member for Cherwell Partnership	Delivery of Cherwell Partnership agreement

Horton HOSC
:
Councillor Fatemian
Councillor Rooke
Councillor Kieron Mallon
District Councillor Owen
District Councillor Gaul
District Councillor Woodcock
District Councillor Richards
County Councillor Baker
(representing Northamptonshire)
County Councillor Redford
(representing Warwickshire)
Mr Keith Ruddle – Co-opted Member

Audit & Governance Committee

Councillor Glynis Phillips to replace Councillor Helen Evans.

Cherwell Partnership Working Group

Councillor Ted Fenton
Councillor Ian Hudspeth
Councillor Jeanette Matelot
Councillor Liz Brighouse
Councillor Liz Leffman

8/18 PETITIONS AND PUBLIC ADDRESS
(Agenda Item 6)

Council received a Petition from Sixth Form Pupils at Burford School requesting that the Council reduce the speed limit outside the school entrance from 40 mph to 30 mph to bring it in line with all other schools in Oxfordshire and to ensure the safety of the pupils.

The Petition was referred to the Strategic Director for Communities for consideration.

9/18 QUESTIONS WITH NOTICE FROM MEMBERS OF THE COUNCIL
(Agenda Item 8)

4 Questions with Notice were asked. Details of the questions and answers and supplementary questions and answers will be set out in the annex to the minutes.

In relation to question 4 (Question from Councillor Howson to Councillor Constance) Councillor Constance undertook to provide Councillor Howson with a written answer explain when the County Council took the decision to install electric charging points in his division.

10/18 THEMED DEBATE - FIT FOR FUTURE
(Agenda Item 9)

The Council had before it proposals for an Operating Model which was a detailed description of how the Council would work in the future, with the key aim of putting better outcomes for residents and the delivery of the Thriving Communities Vision at the centre of all plans and operations.

Development activity since March had produced a detailed design for the Operating Model and Cabinet was due to consider the proposal on 18 September 2018.

Ahead of that meeting, Council had been invited to discuss the proposals within the Operating Model through a Themed Debate.

Overall, Council was supportive of the case for change and noted the opportunities that members had been given to understand and engage with the development programme thus far.

Council raised issues around the following themes which were summarised for the attention of Cabinet at their meeting on 18 September 2018:

Digital access – Some members stressed the importance of considering accessibility issues, particularly for vulnerable residents and for those with various challenges with communication. Accessibility for those whose preference was on-line access was also considered. The importance of assisted digital and alternative channels was raised, including access via the library network. The importance of user testing and good system design was highlighted.

Implementation issues - Several issues were identified associated with implementation including:

- Deliverability of IT projects and the importance of strategic planning for IT systems rather than piecemeal development.
- The importance of pilots and testing and the need to upgrade the Council's website.

- Risk that the voluntary and community sector might not be in a position to support delivery of the pre-front door layer.
- That unless the final offer was high quality and that investment was maintained, staff might find alternative ways of working and the benefits would be lost.
- That implementation contracts needed to incorporate clear performance indicators and exit clauses to manage risk.
- Concerns that implementation needed to be fully owned by Council staff and members and that engagement of external advisors might make that less likely.
- That the scale of the programme meant that timescales were likely to be longer than those set out.
- That the right internal team needed to be in place to manage the process and that contingency plans were in place for when things go wrong.
- Questions on how the Integrated Business Centre (IBC) would interact with the new Operating Model.

Impact on staff – Issues raised included the impact of redundancy on individuals, the risks of losing the knowledge of longstanding members of staff, the specific risks of loss of professional staff and the risks of major changes in staffing having an impact on positive culture. The concern was raised that managing the link between vacant posts created through staff turn-over, and those at risk through the process, was not straight-forward. Members noted that it was important for business continuity to maintain key staff in key positions throughout the change. Good business continuity planning was advocated. The impact on staff morale of regular change was raised as was the importance of comprehensive staff engagement.

Finance issues – Further certainty and detail on costs and on the delivery of benefits was requested by some members. The potential additional impact of redundancy costs currently not factored into the financial model was raised. The potential for contract management and contract failure to increase costs was considered.

Oversight and Scrutiny – Members emphasised the importance of member engagement and effective scrutiny throughout the process to:

- Ensure the most effective use of resources.
- Monitor and challenge timescales and the delivery of benefits.
- Challenge and improve business cases.
- Review performance and delivery.
- Ensure member intelligence informed implementation.

The development of a joint Performance Scrutiny and Audit and Governance sub-committee for this issue was discussed. A formal cross-party Member Reference Group was also being proposed.

Other specific points raised included:

- The risks and costs associated with contact management and the commissioner/provider split and whether those were given sufficient focus within the Business Case.
- Concern that insufficient detail on prevention was given.
- The use of customer service language in the documentation.
- That to deliver the full benefit, digital transformation needed to focus on innovative new approaches – not simply taking existing processes and delivering them online.
- Whether the potential for additional income generation identified within the Business Case was sufficiently ambitious.

RESOLVED: following debate the Council agreed to forward the above comments to Cabinet for their consideration at their meeting on 18 September 2018.

11/18 JOINT WORKING ARRANGEMENTS BETWEEN OXFORDSHIRE COUNTY COUNCIL AND CHERWELL DISTRICT COUNCIL: GOVERNANCE ARRANGEMENTS
(Agenda Item 10)

Cabinet agreed on 4 June 2018 to enter into a joint working arrangement with Cherwell District Council. The arrangements were governed by a formal "Section113 Agreement". Section 113 of the Local Government Act 1972 enabled local authorities to enter into agreements with one another for the placing at the disposal of each other their respective officers for carrying out their respective functions. The Section 113 Agreement established a structure to enable proposals for joint working to be approved with the necessary Member oversight.

Council had before it a report which sought approval to appoint two Joint Committees:

- Joint Personnel Committee – to take decisions on certain staffing matters arising from and necessary for implementing, the shared service approach;
- Joint Appeals Committee – to hear and determine staffing appeals arising from the shared service proposals.

Councillor Ian Corkin moved and Councillor Ian Hudspeth seconded that the recommendations set out in the report and on the face of the Agenda be approved.

Following debate, the motion was put to the vote and was carried by 56 votes to 1.

RESOLVED: (56 votes to 1) to:

(a) establish a Joint Personnel Committee and a Joint Appeals Committee;
(b) delegate to the Audit and Governance Committee the decision to approve the final Terms of Reference of both Joint Committees;

(c)   ask the Director of Law and Governance to exercise his delegated authority to give effect to the wishes of Group Leaders and to make appointments to these Joint Committees; and

(d)   ask the Monitoring Officer to exercise his delegated authority to make the necessary and consequential changes to the Constitution to reflect these decisions.

12/18   REPORT OF THE CABINET
(Agenda Item 11)

The Council received the Report of the Cabinet.

In relation to paragraph 4 (Performance Scrutiny Household Recycling Deep Dive Recommendations) Question to Councillor Constance from Councillor John Sanders, Councillor Constance undertook to provide Councillor Sanders with a written answer detailing what income was generated from the charging of certain non-Household recycling at the recycling centres against the cost of additional fly-tipping?

In relation to paragraph 6 (Capital Programme Monitoring Report) Question to Councillor Reeves from Councillor Phillips, Councillor Reeves undertook to either meet with Councillor Phillips or to provide Councillor Phillips with a written answer detailing what progress had been made in moving the Children from Maltfield House.

In relation to paragraph 6 (Capital Programme Monitoring Report) Question to Councillor Bartholomew from Councillor Roberts, Councillor Bartholomew undertook to provide Councillor Roberts with a written answer detailing whether the basic needs programme had been looked at to ascertain whether any items have already met or failed to meet their purpose.

13/18   MOTION BY COUNCILLOR NICK FIELD JOHNSON
(Agenda Item 12)

Councillor Nick Field-Johnson moved and Councillor Liz Leffman seconded the following motion:

"This Council is concerned about the widely reported over use of combined sewer overflows which should only discharge untreated sewage into our rivers in exceptional conditions. It appears that this has not been the case and these sewage overflows are used much more frequently.

The Council is aware the Windrush and all but one of Oxfordshire's rivers are receiving treated effluent which is greatly inferior to that which is required for rivers in Sites of Special Scientific Interest, for example:

The River Windrush and about 80% of British rivers are failing to achieve the good health standard required by the European Water Framework directive. There is a real risk that such rivers run the risk of turning from assets to liabilities for our communities and businesses. The potential designation of

the Cotswolds as a National Park makes this even more pertinent for Oxfordshire.

Council calls for the Leader to write to the Minister for the Environment, the Chief Executive Officer of Thames Water and the Head of the Environment Agency, supporting the long and short term aims to fight Against Sewage Pollution in our rivers. The focus of this motion is on the Windrush but its success will impact positively on all of Oxfordshire's river and streams affected by sewage pollution."

Following debate, the motion was put to the vote and was carried by 58 votes to 0.

RESOLVED: (unanimous) accordingly.

14/18 MOTION BY COUNCILLOR RICHARD WEBBER
(Agenda Item 13)

Councillor Richard Webber moved and Councillor Laura Price seconded the following Motion:

"The impact of Brexit (hard or soft) will affect all Oxfordshire residents.

This Council believes that with Brexit fast approaching, it is both sensible and realistic that the potential risks and impact of Brexit on Oxfordshire - good and bad, short term and long term - are fully understood as far as is possible and aired in public together with detailed discussion on how these impacts can be mitigated.

To achieve this, this Council undertakes to organize and co-ordinate a public conference/symposium in autumn 2018 in which Oxfordshire's experts and leaders in business, science, engineering, education, social services and other areas are invited to participate, together with elected representatives at all levels. As the largest organisation in the County representing most of the interests most likely to be affected, OCC is uniquely placed to lead this initiative by immediately setting up a Cross Party Working Group. The findings and conclusions of the symposium would be presented as a report to full Council and other authorities."

Following debate, the Motion was put to the vote and was lost by 30 votes to 27.

RESOLVED: accordingly.

15/18 MOTION BY COUNCILLOR ALISON ROOKE
(Agenda Item 14)

Councillor Alison Rooke moved and Councillor Jenny Hannaby seconded the following motion:

"Council fully supports the requirement for meaningful public consultation following the suggestion of any significant change of provision by any of Oxfordshire's NHS healthcare providers, including the closure of community hospital beds and GP surgeries, prior to any decisions being made by the Oxfordshire Clinical Commissioning Group (OCCG).

Consultation on phase two of the sustainability and transformation plan, which was promised would happen two years ago, will not now take place. The CCG refuse to say how or when any consultation will take place regarding the future of Oxfordshire's community health service provision.

Communities across Oxfordshire are left in limbo regarding the future of their local health services, and Council calls on the Leader of the Council to write to the OCCG requesting that they publish their future plans as a matter of extreme urgency."

Following debate, the motion was put to the vote and was carried by 53 votes to 0 (unanimously).

RESOLVED: (unanimous) accordingly.

16/18 MOTION BY COUNCILLOR BOB JOHNSTON
(Agenda Item 15)

Councillor Bob Johnston moved and Councillor John Howson seconded the following motion:

"The current CEO of Network Rail, Mark Carne has stated that the organisation should end its scrapyard mentality. Thus far nothing has happened. The Council therefore calls on the Leader of the Council to write to Network Rail calling for effective action to clear up the County's railway system from the piles of discarded rails, left over base tubes and all the other metallic detritus currently disfiguring it. The metal concerned is high quality steel and has a high scrap value, the proceeds of which could be reinvested in the County's Railway Network."

The motion was put to the vote and was carried by 53 votes to 0 (unanimously).

RESOLVED: (unanimous) accordingly.

17/18 MOTION BY COUNCILLOR KIERON MALLON
(Agenda Item 16)

Councillor Kieron Mallon moved and Councillor John Howson seconded the following motion:

"This Council decries the Ministry of Justice's decision to close the Banbury Magistrates' and County Court.

This Council notes that "the Banbury Court" is an integral part of the fabric of the town, and is already a combined justice centre hearing both civil and criminal cases. The Council therefore rejects any suggestion that it is

underused and further observes that the Banbury Magistrates' and County Court provides an important alternative venue for criminal and civil justice, both in Oxfordshire and the surrounding counties, given the high volume of cases now heard out of Oxford.

This Council further notes the additional pressure that the closure would place on the Oxford Combined Court Centre and considers that further centralisation of services to Oxford will put additional strain on City congestion and, notably, on local Banbury people and those in the surrounding area in need of access to justice, including the elderly, families with young children or without independent means of transport and those on low incomes.

Accordingly, this Council instructs the Leader to write to the Ministry of Justice to engage with local councils, particularly in light of the joint strategic partnership now in train between Oxfordshire County Council and Cherwell District Council, with a view to exploring the options of utilising space in public buildings to continue supporting locally administered justice and the needs of the people of North Oxfordshire, and the neighbouring counties."

Following debate, the Motion was put to the vote and carried unanimously (50 votes to 0).

RESOLVED: (unanimous) accordingly.

.... in the Chair

Date of signing   ....

This page is intentionally left blank

QUESTIONS WITH NOTICE FROM MEMBERS OF THE COUNCIL

Questions	Answers
1. **COUNCILLOR JOHN HOWSON** Can vehicles now park in CPZs in my Division with impunity even when trailers and caravans and not displaying index plates associated with the vehicle towing them?	**COUNCILLOR YVONNE CONSTANCE, CABINET MEMBER FOR ENVIRONMENT** Following on from Cllr Howson's Question to CMD in July we are still investigating the possibility of being able to enforce existing powers to enable us to take action with regard to non-motorised vehicles parking in Controlled Parking Zones. Officers are speaking with other authorities to ascertain how they deal with similar situations. We will update Cllr Howson by end October.
SUPPLEMENTARY QUESTION I have to say disappointed at the slowness of the way in which officers are speaking. This was a matter that I raised originally at a Cabinet in July and it appears we won't get resolution until October. In the same vain, three of the Controlled Parking Zones in my division have been selected by Oxford City Council for a scheme of providing innovative electric charging points. The scheme sounds interesting and innovative, but could the Cabinet Member please explain to me when approval was granted by the County Council as the Highways Authority for this scheme and why nothing was said to either City Councillors or County Councillors about the scheme.	**SUPPLEMENTARY ANSWER** I don't know. It is as simple as that, I didn't have any notice of your question dealing with electric charging points so I couldn't find out that date. I will find out for you and on the question of the parking of trailers and caravans, you have brought it to my attention on many occasions Councillor Howson. There isn't a definition within the regulations that fits, which is why officers are now, you think, too slowly, but they are enquiring about how this matter is dealt with in other authorities. We have not abandoned you, we will come back to you with an answer on both points.
2. **COUNCILLOR JOHN HOWSON** What is the possibility of the Cowley Branch returning to passenger service in 2019, as has been suggested in some quarters?	**COUNCILLOR YVONNE CONSTANCE, CABINET MEMBER FOR ENVIRONMENT** There is no realistic prospect of this service operating next year given the funding and work needed to bring it about, but it is being considered as part of the Oxfordshire Rail Connectivity Study work

Questions	Answers
	and remains an important scheme.
SUPPLEMENTARY QUESTION In terms of the Cowley Branch there has been some publicity in the press that this would be opening in 2019. I think partly sponsored by Councillors on the City Council. In view of her answer could she make it absolutely clear that the Cowley Branch will not now be opening in 2019 and could she give us some date as to when it might open.	**SUPPLEMENTARY ANSWER** Repeating the formal answer to question there is no realistic prospect of it opening next year. That doesn't ignore the fact that it is an ambition of everyone in the Oxford County, Railways, Science Park, everybody wants the Cowley Station. It is a project that has as much priority as funding will allow. I can't pretend that I will know when that funding will be found, but you are quite right to raise it and keep attention on this topic, there is every intention but not yet a prospect of delivering it.
3. COUNCILLOR JOHN HOWSON What is the current view of the future of Northfield School?	**COUCILLOR LORRAINE LINDSAY-GALE, CABINET MEMBER FOR EDUCATION & CULTURAL SERVICES** The current view of Northfield school is that it remains a key school in the provision of specialist provision for the children and young people of Oxfordshire, in particular for those with Social, Emotional and Mental Health needs and/or Autistic Spectrum. Over the summer we have been working to carry out the essential safety works required to the Northfield school building. There is still work to do before the building will be ready for pupils to return, and this work has not been completed by 05 September 2018, but is still on track for all pupils to return after the October Half Term holiday. We have worked closely with the school's leadership team and the Interim Executive Board to keep the school operational for Term 1 (September – October). This means some alternative

Questions	Answers
	arrangements are needed, until the building work is completed: • There will be a 5-day timetable. • The teaching content for Term 1 will be restricted, with some teaching/activities supported by external providers. • Some pupils will continue to be educated at Hill End. • Some pupils will continue to be educated in temporary classrooms on the Northfield site. We are still planning for all pupils to return to the Northfield school building for Term 2 in October, and continue their education at Northfield school. In conjunction to this work an Options Appraisal has been conducted to secure the long-term future of Northfields school as it is a vital part of enabling sufficiency of places for children and young people who require this provision. The Appraisal Paper along with the SEND Sufficiency of Places paper is being presented to the Cabinet in the coming weeks to secure a decision in relation to the rebuilding of Northfields School.
SUPPLEMENTARY QUESTION Thank you very much for the answer. I just would point out that at the Cabinet meeting in June it was agreed that there would be a public consultation on two ways forward. How was that public consultation going to fit in to the paper that is being presented to Cabinet presumably at the next Cabinet meeting to secure a decision in relation to rebuilding.	**SUPPLEMENTARY ANSWER** Thank you Councillor Howson. The options paper will come through Informal Cabinet and Cabinet as I understand it. At the moment there is one outstanding option which is way and above any other that we have been looking at and that is to rebuild the school. So we need to discuss with the officers as we take this process forward how we will deal with that but at the moment it looks very clear that we will see to rebuilding on that site.

Questions	Answers
4. COUNCILLOR EMILY SMITH When highways work (resurfacing for example) is planned a Road Traffic Notice is published and emailed to local members. But if the resurfacing work is postponed residents and members are not always told. Can the cabinet member please explain the councils process for notifying residents and local members when works are delayed and whether she is satisfied the current arrangements are sufficient?'	**COUNCILLOR YVONNE CONSTANCE, CABINET MEMBER FOR ENVIRONMENT** Highway works are undertaken by Ourselves, Developers, or Utility companies and can need to change at very short notice in some circumstances. Formal publication of changes to a Road Traffic Notice does not need take place providing the works and associated traffic management restrictions are undertaken within the period already published. That said, I accept that more can, and should be done, regarding informing local members and residents when start dates or duration of work changes, particularly in regard to county council led works, and is something I have requested senior officers to take action on. In addition, Performance Scrutiny is also looking into Customer Satisfaction with regard to roadworks.
SUPPLEMENTARY QUESTION Thank you Chair, I am very pleased that the Cabinet have come round to Liberal Democrat requests to invest more in highway maintenance, but what is the Cabinet Member doing to ensure that the our contractors can deliver on time and that our officers have the additional resources they need to keep communications working well?	**SUPPLEMENTARY ANSWER** The best I can tell you is that it is noted and I do endlessly request and even require that officers inform local members at least, we don't of course always control the timing of utility works and I think that sometimes the utility works are the ones that cause most problems. They are very disruptive of traffic, they always claim that they are emergencies. I do my best to find out if they really are emergencies, but of course that enables them to work without notification to us and thus none to you. But with our own works we really should do better and I am doing my best to require that it is the first thought that officers have it to inform the local member.

Division(s): N/A

COUNTY COUNCIL – 6 NOVEMBER 2018

REPORT OF THE CABINET

Cabinet Member: Leader

1. **Business Case to Support Significant Capital Investment in the Council's Assets**
   (Cabinet, 18 September 2018)

   Cabinet considered and approved a report on the inclusion of significant investment in the Council's assets as part of the proposed Capital Programme to 2029, the funding for which would be included in the proposed Budget for 2019/20 and Medium Term Financial Plan to 2022/23, which is due to be considered by Cabinet in January 2019.

2. **New Operating Model for Oxfordshire County Council**
   (Cabinet, 18 September 2018)

   The Operating Model is a detailed description of how the Council will work in the future, with the key aims of putting better outcomes for residents and the delivery of the Thriving Communities Vision at the centre of all plans and operations. Development activity since March had produced a detailed design for the Operating Model and following consideration at Performance Scrutiny Committee, Audit & Governance Committee and full Council the report sought Cabinet approval for the proposal.

   Cabinet endorsed the proposed Operating Model set out in the Business Case in Annex 1 as the basis of whole council transformation planning and agreed to Option 1, to enable delivery of the estimated range of savings (£34m-£58m) to the fullest extent appropriate. Cabinet further agreed a set of delivery principles and directed the Chief Executive to bring a costed proposal for implementation to Cabinet.

Cabinet Member: Deputy Leader

3. **Staffing Report – Quarter 1 – September 2018**
   (Cabinet, 18 September 2018)

   Cabinet noted a report that provided an update on staffing numbers and related activity for the period 1 April 2018 to 30 June 2018.

4. **Business Management & Monitoring Report for Quarter 1**
   (Cabinet, 16 October 2018)

   Cabinet noted a report that demonstrated the state of Oxfordshire County Council's (OCC's) business as regards progress towards Corporate Plan priorities at the end of Quarter 1 2018-19. This was the first report using the

new OCC Corporate Plan and Outcomes Framework, and the first to focus fully on the high priority outcomes rather than the underlying measures.

Cabinet Member: Adult Social Care & Public Health

5. Director of Public Health Annual Report XI
(Cabinet, 16 October 2018)

Cabinet noted and **RECOMMENDED** Council to receive and note a report which summarised key issues associated with the Public Health of the County It is an independent report about the health and wellbeing of Oxfordshire residents in the broadest terms. It uses science and fact to describe the health of Oxfordshire and to make recommendations for the future.

The report covered the following areas:

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

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

Cabinet Member: Children & Family Services

6. Performance Scrutiny Young Carers Deep Dives Recommendations
(Cabinet, 16 October 2018)

Cabinet considered the report setting out recommendations from the Performance Scrutiny Committee deep dive into how the Council identifies and supports young carers to reduce the inequalities they face. Cabinet deferred a decision on the recommendations in the report pending further work by the Performance Scrutiny Committee and a further report back to Cabinet.

7. Updated Financial & Resource Contribution Towards the Swan Free School Project in Oxford
(Cabinet, 16 October 2018)

Cabinet received information on progress with provision of the above school to meet demand for secondary school places In Oxford from September 2019 and to ensure that the county council is in a position to respond quickly to whatever planning decision is taken by Oxford City Council on 15 October 2018.

The ESFA team leading the project had indicated that a revised programme of transfer of assets from the Council would be required to ensure the need for places in 2019 could be met and cabinet approved the way forward.

Cabinet Member: Education & Cultural Services

8. Elective Home Education Working Group Report
(Cabinet, 18 September 2018)

The Education Scrutiny Committee had agreed to undertake a short investigation into the reasons for an increase in elective home education (EHE) across the County in December 2017. The working group comprised of Councillor Waine and Councillor Smith. The Cabinet had before it a report which presented the findings of the investigation and the recommendations to Cabinet for consideration.

Cabinet considered the recommendations of the Education Scrutiny Committee Elective Home Education working group, asked that further work take place by officers in the areas identified and that the Director for Children's Services, in consultation with the Cabinet Member for Public Health and Education, prepare a response to a future meeting of the Education Scrutiny Committee.

Cabinet Member: Environment

9. Oxfordshire Joint Statutory Spatial Plan (JSSP); Local Development Scheme (LDS) and Statement of Community Involvement (SCI)
(Cabinet, 18 September 2018)

The six Oxfordshire Councils and the Oxfordshire Local Enterprise Partnership (OXLEP) had signed the Oxfordshire Housing and Growth Deal with Government in March 2018. Under the terms of the Deal the local District and City authorities had committed to producing an Oxfordshire Joint Statutory Spatial Plan (JSSP) for submission to the Planning Inspectorate for independent examination by 31 March 2020 and adoption by 31 March 2021, subject to examination process.

Oxfordshire County Council was an observer to the process however, Cabinet had before it a report which outlined the Local Development Strategy (LDS) and the Draft Statement of Community Involvement (SCI) for the JSSP as well as the Scoping Document which set out the level of detail and processes associated with the JSSP.

Cabinet noted and supported the contents of the three documents.

Cabinet Member: Finance

10. **Service & Resource Planning Report - 2019/20 - September 2018**
(Cabinet, 18 September 2018)

Cabinet had before them the first in a series on the Service & Resource Planning process for the forthcoming year which will culminate in Council setting a budget for 2019/20; a medium-term plan to 2022/23 and capital programme to 2028/29 in February 2019. The initial report set the context and the starting point for the process, and sought approval to the proposed process, including the timetable.

Cabinet approve the Service and Resource Planning process for 2019/20 and approved a four-year period for the Medium Term Financial Plan and ten-year Capital Programme to 2028/29.

11. **Treasury Management 2017/18 Outturn**
(Cabinet 18 September 2018)

Cabinet considered a report which set out the Treasury Management activity undertaken in the financial year 2017/18 in compliance with the CIPFA Code of Practice. The report included Debt and Investment activity, Prudential Indicator Outturn, Investment Strategy, and interest receivable and payable for the financial year. Cabinet **RECOMMENDED** Council to note the Council's Treasury Management Activity in 2017/18.

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

12. **Financial Monitoring and Medium Term Financial Plan Delivery Report – August 2018**
(Cabinet, 16 October 2018)

Cabinet considered a report that set out the forecast position of the revenue budget as at the end of August 2018. The report also included an update on the delivery of savings, plus forecast reserves and balances.

Cabinet noted the report and virements, approved supplementary estimates and approved bad debt write-offs.

13. **Capital Programme Monitoring Report – August 2018**
(Cabinet, 16 October 2018)

Cabinet considered a capital programme update and monitoring report that focussed on the delivery of the 2018/19 capital programme based on projections at the end of August 2018 and new inclusions within the overall ten-year capital programme.

Cabinet approved the updated Capital Programme and gave specific approval to:

- the stage 0 budget requirement of £2.5m towards the expansion at Radley School within the Basic Need Programme with funding options considered at Stage 1 gateway
- the stage 0 budget requirement of £1.5m towards the expansion at Bardwell School within the Basic Need Programme.
- the additional budget requirement of £3.5m towards the Eastern Arc Phase 1: Access to Headington Project, for an overall budget provision of £14.5m.

Cabinet Member: Transformation

14. **Operating Model: Implementation Strategy**
(Cabinet,16 October 2018)

In September 2018, Cabinet endorsed a new Operating Model as the basis for transformation of the whole Council to support the delivery of the Thriving Communities vision. Cabinet also agreed a set of delivery principles and directed the Chief Executive to bring further proposals for implementation of the Operating Model back to Cabinet for decision.

Cabinet had before them a report goes that set out the scale of change that implementing the Operating Model and associated workstreams would represent. It set out a proposed strategy for delivering that change that recognised that the programme can only be successful with full ownership by the Council's members and staff and with clear accountability for delivery sitting with the Council's senior managers. It recommended working with a strategic partner, noting that other suppliers may be required over the life-time of the programme to work alongside the Council to deliver benefits in the most effective way.

The report also considered decision making on costs and initial funding arrangements and the required approach towards staff, resident and partner engagement. Finally, the report made recommendations with respect to ensuring appropriate member oversight of this strategic, long-term programme.

Cabinet reviewed and agreed the implementation strategy.

IAN HUDSPETH
Leader of the Council   October 2018

This page is intentionally left blank

Division(s): N/A

CABINET – 18 SEPTEMBER 2018

TREASURY MANAGEMENT OUTTURN 2017/18

Report by Chief Finance Officer

Introduction

1. The Chartered Institute of Public Finance and Accountancy's (CIPFA's) 'Code of Practice on Treasury Management (Revised) 2009' requires that the Council (via Cabinet) and Audit & Governance Committee receives an updated report on Treasury Management activities at least twice per year. This report is the second report for the financial year 2017/18 and sets out the position as at 31 March 2018.

2. Treasury management is defined as: "The management of the local authority's investments and cash flows, its banking, money market and capital market transactions; the effective control of the risks associated with those activities; and the pursuit of optimum performance consistent with those risks."

3. The following annexes are attached

    Annex 1   Debt Financing 2017/18
    Annex 2   Public Works Loan Board (PWLB) Maturing Debt
    Annex 3   Lending List Changes
    Annex 4   Investment portfolio 31/03/2018
    Annex 5   Prudential Indicators Outturn
    Annex 6   Benchmarking

Strategy 2017/18

4. The Treasury Management Strategy for 2017/18 was based on an average base rate forecast of 0.25%. The budget for interest receivable assumed that an average interest rate of 0.55% would be achieved, 0.30% above base rate.

5. The Strategy for Long Term Borrowing included the option to fund new or replacement borrowing up to the value of 25% of the portfolio through internal borrowing to reduce the Council's exposure to credit risk and reduce the cost of carry (difference between borrowing costs and investment returns) whilst debt rates remained higher than investment interest rates.

6. The Strategy requires that the Treasury Management Strategy Team (TMST) continue to keep external fund investments under review, with decisions to advance or withdraw funds to external fund managers delegated to the TMST.

External Context – Provided by Arlingclose

7. **Economic background:** 2017-18 was characterised by the push-pull from expectations of tapering of Quantitative Easing (QE) and the potential for increased policy rates in the US and Europe and from geopolitical tensions, which also had an impact.

8. The UK economy showed signs of slowing with latest estimates showing GDP, helped by an improving global economy, grew by 1.8% in calendar 2017, the same level as in 2016. This was a far better outcome than the majority of forecasts following the EU Referendum in June 2016, but it also reflected the international growth momentum generated by the increasingly buoyant US economy and the re-emergence of the Eurozone economies.

9. The inflationary impact of rising import prices, a consequence of the fall in sterling associated with the EU referendum result, resulted in year-on-year CPI rising to 3.1% in November before falling back to 2.7% in February 2018. Consumers felt the squeeze as real average earnings growth, i.e. after inflation, turned negative before slowly recovering. The labour market showed resilience as the unemployment rate fell back to 4.3% in January 2018. The inherent weakness in UK business investment was not helped by political uncertainty following the surprise General Election in June and by the lack of clarity on Brexit, the UK and the EU only reaching an agreement in March 2018 on a transition which will now be span Q2 2019 to Q4 2020. The Withdrawal Treaty is yet to be ratified by the UK parliament and those of the other 27 EU member states and new international trading arrangements are yet to be negotiated and agreed.

10. The Bank of England's Monetary Policy Committee (MPC) increased Bank Rate by 0.25% in November 2017. It was significant in that it was the first rate hike in ten years, although in essence the MPC reversed its August 2016 cut following the referendum result. The February Inflation Report indicated the MPC was keen to return inflation to the 2% target over a more conventional (18-24 month) horizon with 'gradual' and 'limited' policy tightening. Although in March two MPC members voted to increase policy rates immediately and the MPC itself stopped short of committing itself to the timing of the next increase in rates, the minutes of the meeting suggested that an increase in May 2018 was highly likely.

11. In contrast, economic activity in the Eurozone gained momentum and although the European Central Bank removed reference to an 'easing bias' in its market communications and had yet to confirm its QE intention when asset purchases end in September 2018, the central bank appeared some way off normalising interest rates. The US economy grew steadily and, with its policy objectives of price stability and maximising employment remaining on track, the Federal Reserve Open Market Committee (FOMC) increased interest rates in December 2017 by 0.25% and again in March, raising the policy rate target range to 1.50% - 1.75%. The Fed is expected to deliver two more increases in 2018 and a further two in 2019. However, the imposition of tariffs on a broadening range of goods initiated by the US, which has led to retaliation by China, could escalate into a deep-rooted trade war having broader economic consequences including inflation rising rapidly, warranting more interest rate hikes.

12. **Financial markets**: The increase in Bank Rate resulted in higher money markets rates: 1-month, 3-month and 12-month LIBID rates averaged 0.32%, 0.39% and 0.69% and at 31st March 2018 were 0.43%, 0.72% and 1.12% respectively.

13. Gilt yields displayed significant volatility over the twelve-month period with the change in sentiment in the Bank of England's outlook for interest rates. The yield on the 5-year gilts which had fallen to 0.35% in mid-June rose to 1.65% by the end of March. 10-year gilt yields also rose from their lows of 0.93% in June to 1.65% by mid-February before falling back to 1.35% at year-end. 20-year gilt yields followed an even more erratic path with lows of 1.62% in June, and highs of 2.03% in February, only to plummet back down to 1.70% by the end of the financial year.

14. The FTSE 100 had a strong finish to calendar 2017, reaching yet another record high of 7688, before plummeting below 7000 at the beginning of 2018 in the global equity correction and sell-off.

15. **Credit background**: In the first quarter of the financial year, UK bank credit default swaps reached three-year lows on the announcement that the Funding for Lending Scheme, which gave banks access to cheaper funding, was being extended to 2018. For the rest of the year, CDS prices remained broadly flat.

16. The rules for UK banks' ring-fencing were finalised by the Prudential Regulation Authority and banks began the complex implementation process ahead of the statutory deadline of 1st January 2019. As there was some uncertainty surrounding which banking entities the Authority would will be dealing with once ring-fencing was implemented and what the balance sheets of the ring-fenced and non ring-fenced entities would look would actually look like, in May 2017 Arlingclose advised adjusting downwards the maturity limit for unsecured investments to a maximum of 6 months. The rating agencies had slightly varying views on the creditworthiness of the restructured entities.

17. Barclays was the first to complete its ring-fence restructure over the 2018 Easter weekend; wholesale deposits including local authority deposits will henceforth be accepted by Barclays Bank plc (branded Barclays International), which is the non ring-fenced bank.

18. The most significant credit rating change was the downgrade by Moody's to the UK sovereign rating in September from Aa1 to Aa2 which resulted in subsequent downgrades to sub-sovereign entities including local authorities

19. Changes to credit ratings included Moody's downgrade of Standard Chartered Bank's long-term rating to A1 from Aa3 and the placing of UK banks' long-term ratings on review to reflect the impending ring-fencing of retail activity from investment banking (Barclays, HSBC and RBS were on review for downgrade; Lloyds Bank, Bank of Scotland and National Westminster Bank were placed on review for upgrade).

20. Standard & Poor's (S&P) revised upwards the outlook of various UK banks and building societies to positive or stable and simultaneously affirmed their long and short-term ratings, reflecting the institutions' resilience, progress in meeting regulatory capital requirements and being better positioned to deal with uncertainties and potential turbulence in the run-up to the UK's exit from the EU in March 2019. The agency upgraded Barclays Bank's long-term rating to A from A- after the bank announced its plans for its entities post ring-fencing.

Treasury Management Activity

Debt Financing

21. The Council's debt financing position for 2017/18 is shown in Annex 1.

22. The option to fund new or replacement borrowing requirements from internal balances, up to the value of 25% of the investment portfolio was included in the 2017/18 annual treasury management strategy. This was intended to reduce the cost of carry of borrowing which is the difference between borrowing rates and investment returns.

23. No new borrowing was arranged during 2017/18 with either the Public Works Loan Board (PWLB) or through the money markets.

24. At 31 March 2018, the authority had 60 PWLB loans totalling £317.383m, 9 LOBO[1] loans totalling £45m and one money market loan totalling £5m. The average rate of interest paid on PWLB debt was 4.50% and the average cost of LOBO debt in 2017/18 was 3.94%. The cost of debt on the one money market loan was 3.95%. The combined weighted average for interest paid on long-term debt was 4.40%.

25. The Council continues to qualify for the Certainty Rate on PWLB loans, offering a 0.20% discount on the Standard Rate (currently gilts plus 1.00%). Qualification is based on provision of additional information on long-term borrowing and associated capital spending plans.

Maturing Debt

26. The Council repaid £18m of maturing PWLB loans during the year. The weighted average interest rate payable on the matured loans was 6.372%. The details are set out in Annex 2.

Investment Strategy

27. Security and liquidity of cash was prioritised above the requirement to maximise returns. The Council adopted a cautious approach to lending to financial institutions, and continuously monitored credit quality information regarding the institutions on the Council's approved Lending List.

28. During 2017/18 the Council limited the exposure to banks by lending to local authorities. At 31 March 2018 the Council had £55m of long term fixed deposits (deposits over 364 days), all of which were placed with local authorities. The aim was to maintain a high level of security and manage exposure to interest rate and counterparty risk.

29. The weighted average maturity of all deposits at 31 March 2018, including money deposited in short-term notice accounts, was 224 days (compared with 266 days during 2016/17). This comprised £263m fixed deposits (including a Revolving Credit Facility arrangement of £10m) with a weighted average maturity of 246 days, £29.8m in notice accounts with a weighted average maturity of 97.5 days and £26.66m invested in money market funds and

---

[1] LOBO (Lender's Option/Borrower's Option) Loans are long-term loans which include a re-pricing option for the bank at predetermined intervals.

call accounts with same day liquidity. The decrease in weighted average maturity was due to a combination of a reduction in the maximum limit for fixed deposits from £100m in 2016/17 to £85m in 2017/18 and continuing uncertainty throughout the year over the timing of a potential rise in the base rate.

30. The Council used fixed deposits, call accounts, notice accounts, money market funds and pooled funds to deposit its in-house cash surpluses during 2017/18.

The Council's Lending List

31. The Council's in-house cash balances are deposited with institutions that meet the Council's approved credit rating criteria. The approved Lending List is regularly updated during the year to reflect changes in bank and building society credit ratings. Changes are reported to the Cabinet on a regular basis as part of the Financial Monitoring & Business Strategy Delivery reports. The approved lending list may also be further restricted by officers, in response to changing conditions and perceived risk. Annex 3 shows the amendments incorporated into the Lending List during 2017/18, in accordance with the approved credit rating criteria and additional temporary restrictions.

Investment Outturn

32. The average daily balance of temporary surplus cash invested in-house was £347m in 2017/18. The Council achieved an average in-house return for the year of 0.69%, producing gross interest receivable of £2.431m. Temporary surplus cash balances include: developer contributions; council reserves and balances; trust fund balances; and various other funds to which the Council pays interest at each financial year end, based on the average three month London Interbank Bid (LIBID) rate.

33. Gross distributions from pooled funds totalling £0.988m were realised in year, bringing total investment income to £3.419m. This compares to budgeted investment income of £1.846m, giving a net overachievement of £1.573m. The overachievement in income received was due to a combination of higher than forecast average cash balances, an increase in interest rates and large distributions and realised gains from pooled funds. The 2017/18 accounts also recognise an increase in the value of available for sale assets of £1.315m.

34. As at 31 March 2018 the total value of pooled fund investments was £57.686m. This included an overall gain of £3.620m on the purchase value of the assets. Gains are held at the available for sale reserve and cannot be realised as investment income until the point at which fund units are sold.

35. During 2017/18 the average three month LIBID rate was 0.29%. The Council's average in-house return of 0.69% exceeded this benchmark by 0.30%. The average in-house return was 0.14% higher than the rate of interest of 0.55% assumed in the budget. The budgeted forecast was for UK Base Rate to remain at 0.25% for the duration of the financial year, however the Monetary Policy Committee increased Base Rate to 0.50% in November 2017.

36. The Council operates a number of instant access call accounts and money market funds to deposit short-term cash surpluses. During 2017/18 the average balance held on instant access was £76.608m.

37. At 31 March 2018, the Council's investment portfolio of £377.141m comprised £253m of fixed term deposits, £10m revolving credit facility, £29.80m in notice accounts, £26.655m at short term notice in money market funds and call accounts and £57.686m in pooled funds with a variable net asset value (VNAV). Annex 4 provides an analysis of the investment portfolio at 31 March 2017.

38. The council's Treasury Management Strategy Team regularly monitors the risk profile of the Council's investment portfolio. An analysis of the credit and maturity position of the portfolio at 31 March 2017 is shown in Annex 4.

External Fund Managers

39. The Treasury Management Strategy Team did not make any changes to the balances invested in external funds.

40. During 2017/18, £0.044m of annual management charge rebate relating to the Threadneedle Strategic Bond Fund was automatically re-invested in the fund.

Prudential Indicators for Treasury Management

41. During the financial year, the Council operated within the treasury limits and Prudential Indicators set out in the Council's Treasury Management Strategy Report. The outturn for the Prudential Indicators is shown in Annex 5.

External Performance Indicators and Statistics

42. The County Council is a member of the CIPFA Treasury and Debt Management Benchmarking Club and completed returns for the financial year 2017/18. The results of this exercise are not yet available.

43. The Council's treasury management advisors Arlingclose also benchmark the Council's investment performance against its other clients on a quarterly basis. The results of the quarter 4 benchmarking to 31 March 2018 are included in Annex 6.

44. The benchmarking results show that the Council was achieving higher than average interest on deposits at 31 March 2018, when compared with a group of 135 other local authorities. This has been achieved by placing deposits over a longer than average duration with institutions that are of higher than average credit quality.

45. Oxfordshire had a higher than average allocation to local authority deposits when compared with other local authorities in the benchmarking exercise. Oxfordshire also had a notably lower than average exposure to money market funds, call accounts and the Debt Management Office's deposit account.

Financial and Legal Implications

46. This report is mostly concerned with finance and the implications are set out in the main body of the report.

47. The combined activities of debt and investment management contribute to the strategic measures element of the Council's budget. The outturn for Interest Payable in 2017/18 was £16.9m which is £0.2m under the budget in the Medium Term Financial Plan.

RECOMMENDATION

48. Cabinet is **RECOMMENDED** to note the report, and to **RECOMMEND** Council to note the Council's Treasury Management Activity in 2017/18.

LORNA BAXTER
Director of Finance

Annexes:
Annex 1 Debt Financing 2017/18
Annex 2 Public Works Loan Board (PWLB) Maturing Debt
Annex 3 Lending List Changes
Annex 4 Investment portfolio 31/03/2018
Annex 5 Prudential Indicators Outturn
Annex 6 Benchmarking

Contact officer: Tim Chapple
Telephone Number: 07586 478653
July 2017

OXFORDSHIRE COUNTY COUNCIL DEBT FINANCING 2017/18

<u>Debt Profile</u>   £m
1. PWLB   87%   335.38
2. Money Market LOBO loans   12%   45.00
3. Money Market Fixed Rate loans   1%   <u>5.00</u>
4. Sub-total External Debt   385.38
5. Internal Balances   0 %   <u>-35.13</u>
6. Actual Debt at 31 March 2017   **100% 350.25**

7. Government Supported Borrowing   0.00
8. Unsupported Borrowing   3.14
9. Borrowing in Advance   0.00
10. Minimum Revenue Provision   <u>-8.12</u>

11. Actual Debt at 31 March 2018   **345.27**

<u>Maturing Debt</u>

12. PWLB loans maturing during the year   18.00
13. PWLB loans repaid prematurely in the course of debt restructuring   <u>0.00</u>
14. Total Maturing Debt   **18.00**

<u>New External Borrowing</u>

15. PWLB Normal   0.00
16. PWLB loans raised in the course of debt restructuring   0.00
17. Money Market LOBO loans   0.00
18. Money Market Fixed Rate loans   <u>0.00</u>
19. Total New External Borrowing   **0.00**

<u>Debt Profile Year End</u>

20. PWLB   87%   317.38
21. Money Market LOBO loans   12%   45.00
22. Money Market Fixed Rate loans   1%   <u>5.00</u>
23. Sub-total External Debt   367.38
24. Internal Balances   0 %   <u>-22.11</u>
25. Actual Debt at 31 March 2018   **100% 345.27**

Line

1-6. This is a breakdown of the Council's debt at the beginning of the financial year (1 April 2017). The PWLB is a government agency operating within the Debt Management Office. LOBO (Lender's Option/ Borrower's Option) loans are long-term loans, with a maturity of up to 60 years, which includes a re-pricing option for the bank at predetermined time intervals. Internal balances include provisions, reserves, revenue balances, capital receipts unapplied and excess of creditors over debtors.

7. 'Government Supported Borrowing' is the amount that the Council can borrow in any one year to finance the capital programme. This is determined by Central Government, and in theory supported through the Revenue Support Grant (RSG) system.

8. 'Unsupported Borrowing' reflects Prudential Borrowing taken by the authority whereby the associated borrowing costs are met by savings in the revenue budget.

9. 'Borrowing in Advance' is the amount the Council borrowed in advance during 2017/18 to fund future capital finance costs.

10. The amount of debt to be repaid from revenue. The sum to be repaid annually is laid down in the Local Government and Housing Act 1989, which stipulates that the repayments must equate to at least 4% of the debt outstanding at 1 April each year.

11. The Council's total debt by the end of the financial year at 31 March 2018, after taking into account new borrowing, debt repayment and movement in funding by internal balances.

12. The Council's normal maturing PWLB debt.

13. PWLB debt repaid early during the year.

14. Total debt repaid during the year.

15. The normal PWLB borrowing undertaken by the Council during 2017/18.

16. New PWLB loans to replace debt repaid early.

17. The Money Market LOBO borrowing undertaken by the Council during 2017/18.

18. The Money Market Fixed Rate borrowing undertaken by the Council during 2017/18.

19. The total external borrowing undertaken.

20-25. The Council's debt profile at the end of the year.

Long-term debt Maturing 2017/18

Public Works Loan Board: Loans Maturing in 2017/18

Date	Amount £m	Rate %	Repayment Type
02/03/2018	5.000	8.125	Maturity
20/09/2017	5.000	7.875	Maturity
31/10/2017	6.000	5.000	Maturity
13/07/2017	0.500	2.350	EIP
13/01/2018	0.500	2.350	EIP
31/07/2017	0.500	2.350	EIP
31/01/2018	0.500	2.350	EIP
Total	**18.000**		

Repayment Types

Maturity – Full amount of principal is repaid at the final maturity date
EIP – Equal Instalments of Principal are repaid every 6 months until the final maturity date

Lending List Changes during 2017/18

Lending limits & maturity limits changed from 1 April 2017

	01/04/2017		31/03/2018	
	Lending Limit	**Maximum Maturity**	**Lending Limit**	**Maximum Maturity**
Development Bank of Singapore (DBS)	£25m	6 months	£25m	13 months
United Overseas Bank	£25m	6 months	£25m	13 months
Oversea Chinese Banking Corp	£25m	6 months	£25m	13months
Close Brothers Ltd	£10m	6 months	£15m	6 months
Australia and New Zealand Banking Group	n/a	n/a	£25m	13 months
Nordea Bank Finland plc	n/a	n/a	£25m	13 months

Counterparties suspended from 1 April 2017

	Date Suspended
Northamptonshire County Council	05/02/2018

OXFORDSHIRE COUNTY COUNCIL INVESTMENT PORTFOLIO 31/03/2018

Fixed term deposits held at 31/03/2018

Counterparty	Principal Deposited (£)	Maturity Date
Lancashire County Council	£5,000,000	4-May-18
Fife Council	£10,000,000	26-Jun-18
Warrington Borough Council	£5,000,000	20-Jul-18
Glasgow City Council	£5,000,000	24-Jul-18
Glasgow City Council	£5,000,000	30-Jul-18
Fife Council	£2,000,000	7-Sep-18
Lancashire County Council	£5,000,000	15-Oct-18
Lancashire County Council	£5,000,000	15-Oct-18
The Highland Council	£10,000,000	1-Feb-19
Walsall Council	£5,000,000	13-Dec-19
Northumberland County Council	£8,000,000	20-Dec-19
Liverpool City Council	£5,000,000	10-Jan-20
Liverpool City Council	£5,000,000	20-Jan-20
London Borough of Croydon Council	£5,000,000	3-Jul-20
Blackburn with Darwen Borough Council	£5,000,000	28-Sep-18
West Dunbartonshire Council	£5,000,000	1-Aug-18
Doncaster Metropolitan Borough Council	£5,000,000	10-Oct-19
Rabobank Group	£5,000,000	14-Sep-18
Lancashire County Council	£5,000,000	21-Sep-20
DBS Bank (Development Bank of Singapore)	£5,000,000	3-Apr-18
Northamptonshire County Council	£5,000,000	5-Jul-18
DBS Bank (Development Bank of Singapore)	£5,000,000	4-Apr-18
Rotherham Metropolitan Borough Council	£5,000,000	3-Apr-18
Medway Council	£5,000,000	12-Oct-18
Cherwell District Council	£5,000,000	17-Oct-18
West Dunbartonshire Council	£5,000,000	18-Oct-18
Doncaster Metropolitan Borough Council	£5,000,000	18-Oct-18
Rugby Borough Council	£2,000,000	15-Jan-20
Blackburn with Darwen Borough Council	£5,000,000	25-Oct-18
Rabobank Group	£5,000,000	30-Oct-18
United Overseas Bank	£5,000,000	1-Nov-18
Blackburn with Darwen Borough Council	£5,000,000	9-Nov-18
Monmouthshire County Council	£5,000,000	13-Nov-20
Australia and New Zealand Banking Group	£5,000,000	16-May-18
Australia and New Zealand Banking Group	£5,000,000	24-May-18
Barnsley Metropolitan Borough Council	£5,000,000	27-Nov-20
South Ayrshire Council	£5,000,000	15-Jan-20
Northamptonshire County Council	£5,000,000	7-Sep-18
The Highland Council	£5,000,000	24-Apr-18
Eastleigh Borough Council	£5,000,000	27-Apr-18
Flintshire County Council	£6,000,000	18-May-18
Kingston Upon Hull City Council	£5,000,000	25-May-18

Rhondda Cynon Taf CBC	£5,000,000	22-Aug-18
Surrey County Council	£5,000,000	29-Jun-18
Babergh District Council	£5,000,000	15-Jun-18
Medway Council	£5,000,000	16-Apr-18
Birmingham City Council	£5,000,000	30-Apr-18
Plymouth City Council	£5,000,000	23-Apr-18
London Borough of Havering Council	£5,000,000	3-Apr-18
Network Homes – Revolving Credit Facility	£10,000,000	23-Jul-18

Total £263,000,000.00

Money Market Funds

Counterparty	Balance at 31/03/18 (£)	Notice period
Standard Life Sterling Liquidity Fund	25,000,000.00	Same day
Federated Sterling Liquidity Funds	1,655,000.00	Same day
Total	**26,655,000.00**	

Notice / Call Accounts

Counterparty	Balance at 31/03/18 (£)	Notice period
Barclays 100 Day Notice	14,800,000.00	100 days
Barclays Current	172,324.18	Same day
Santander 95 Day Notice	15,000,000.00	95 days
Total	**29,972,324.18**	

Short Dated Bond Funds

Counterparty	Balance at 31/03/18 (£)	Notice period
Federated Cash Plus Fund	2,067,090.35	2 days
Payden & Rygel Sterling Reserve Fund	12,465,581.30	2 days
Royal London Asset Mgmt Cash Plus Fund	4,997,505.75	2 days
Total	**19,530,177.40**	

Strategic Bond Funds

Counterparty	Balance at 31/03/18 (£)	Notice period
Threadneedle Strategic Bond Fund	17,732,578.15	4 days
Total	**17,732,578.15**	

Property Funds

Counterparty	Balance at 31/03/18 (£)	Notice period
CCLA Local Authorities Property Fund	20,424,400.00	Monthly
Total	**20,424,400.00**	

Page 35

Risk profile of investment portfolio at 31/03/18

Fixed Deposit Maturity Profile as at 31.03.2018

Legend: Up to 1 Week | 1 Week - 3 Months | 3 - 6 Months | 6 - 9 Months | 9 Months - 1 Year | Over 1 year

Y-axis: Amount (£m)
X-axis: Counterparty

Total Combined Portfolio as at 31.03.2018

- CCLA Property, £20,424,400.00
- Royal London, £4,997,595.54
- Payden & Rygel, £12,465,581.30
- Revolving Credit Facility , £10,000,000
- Federated Cash Plus, £2,067,090.35
- Notice account, £29,800,000.00
- MMF, £26,655,000.00
- Threadneedle Strategic Bond Fund, £17,732,578.15
- Short term deposit, £198,000,000.00
- Long term deposit, £55,000,000.00

Risk Profile - Total Combined Portfolio as at 31.03.2018
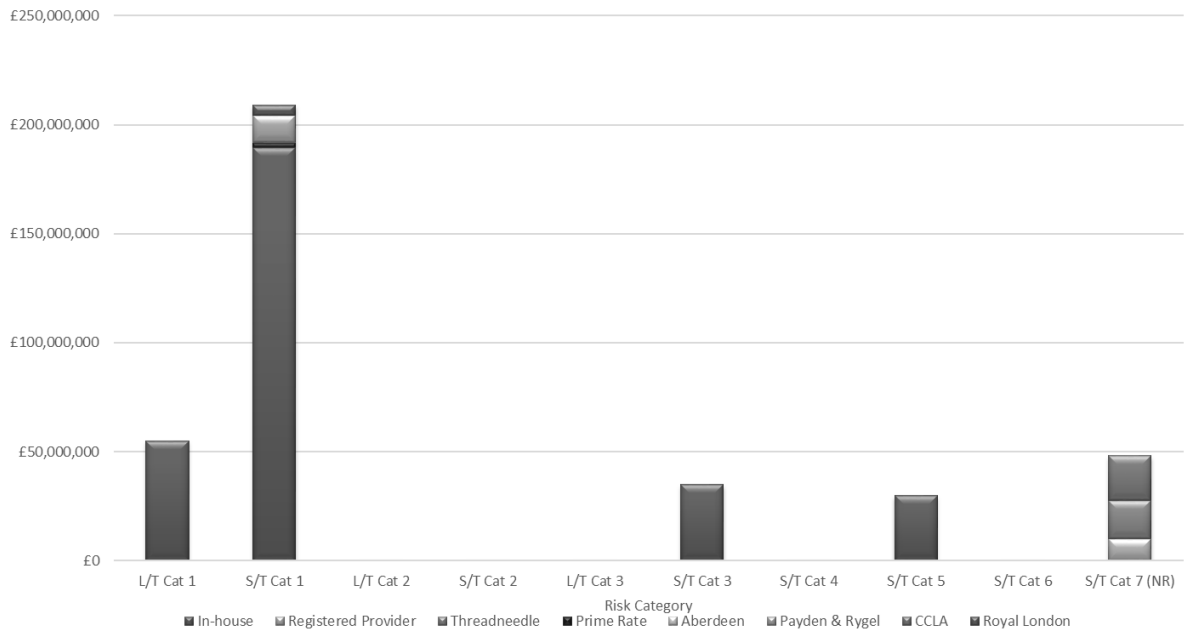
Risk Category	L/T rating	S/T rating
1 (Including Local Authorities)	AA+, AA	F1+
2	AA-	F1+
3	AA-	F1+
4	AA-	F1+
5	A+, A	F1
6	A	F1

Based on Fitch Ratings

Prudential Indicators Outturn 31 March 2018

Authorised and Operational Limit for External Debt

Authorised Limit for External Debt	£455,000,000
Operational Limit for External Debt	£450,000,000
Actual External Debt at 31 March 2017	£406,386,000

Fixed Interest Rate Exposure

Fixed Interest Net Borrowing limit	£350,000,000
Actual at 31 March 2017	£105,382,618

Variable Interest Rate Exposure

Variable Interest Net Borrowing limit	0
Actual at 31 March 2017	- £-236,659,570

Sums Invested over 364 days

Total sums invested for more than 364 days maximum limit	£85,000,000
Actual sums invested for more than 364 days at 31 March 2017	£55,000,000

Maturity Structure of Borrowing at 31/03/18

	Limit %	Actual %
From 01/04/17		
Under 12 months	0 - 20	0.00
12 – 24 months	0 - 25	8.42
24 months – 5 years	0 - 35	13.07
5 years – 10 years	5 - 40	16.84
10 years +	50 - 95	61.67

The Prudential Indictors for maturity structure are set with reference to the start of the financial year. The actual % shown above relates to the maturity period remaining at 01/04/17 on loans still outstanding at 31/03/18.

Value weighted average (all clients)
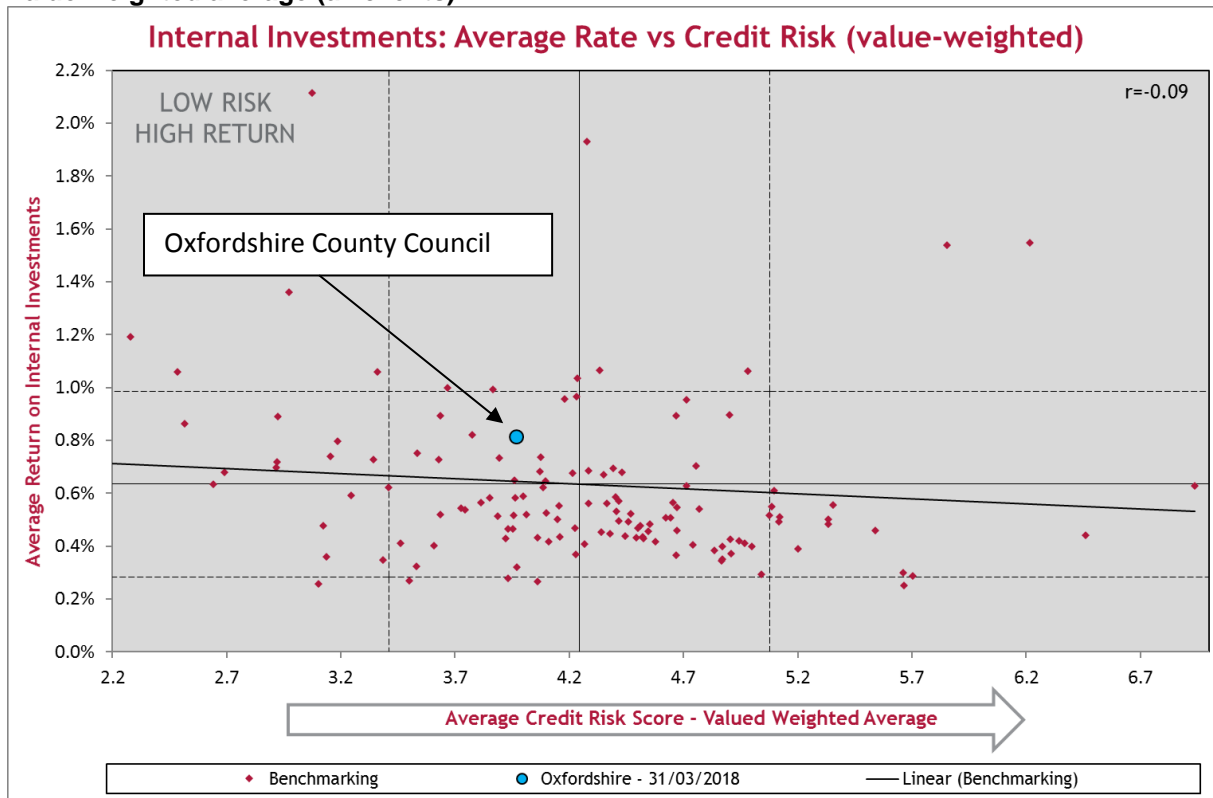
Internal Investments: Average Rate vs Credit Risk (value-weighted)

LOW RISK
HIGH RETURN

r=-0.09

Oxfordshire County Council

Average Return on Internal Investments

Average Credit Risk Score - Valued Weighted Average

♦ Benchmarking   ● Oxfordshire - 31/03/2018   —— Linear (Benchmarking)

Oxfordshire County Council achieved a higher interest rate compared to the average achieved by all Arlingclose clients, whilst maintaining lower than average value weighted credit risk as at 31/03/2018.

Time weighted Average (all clients)
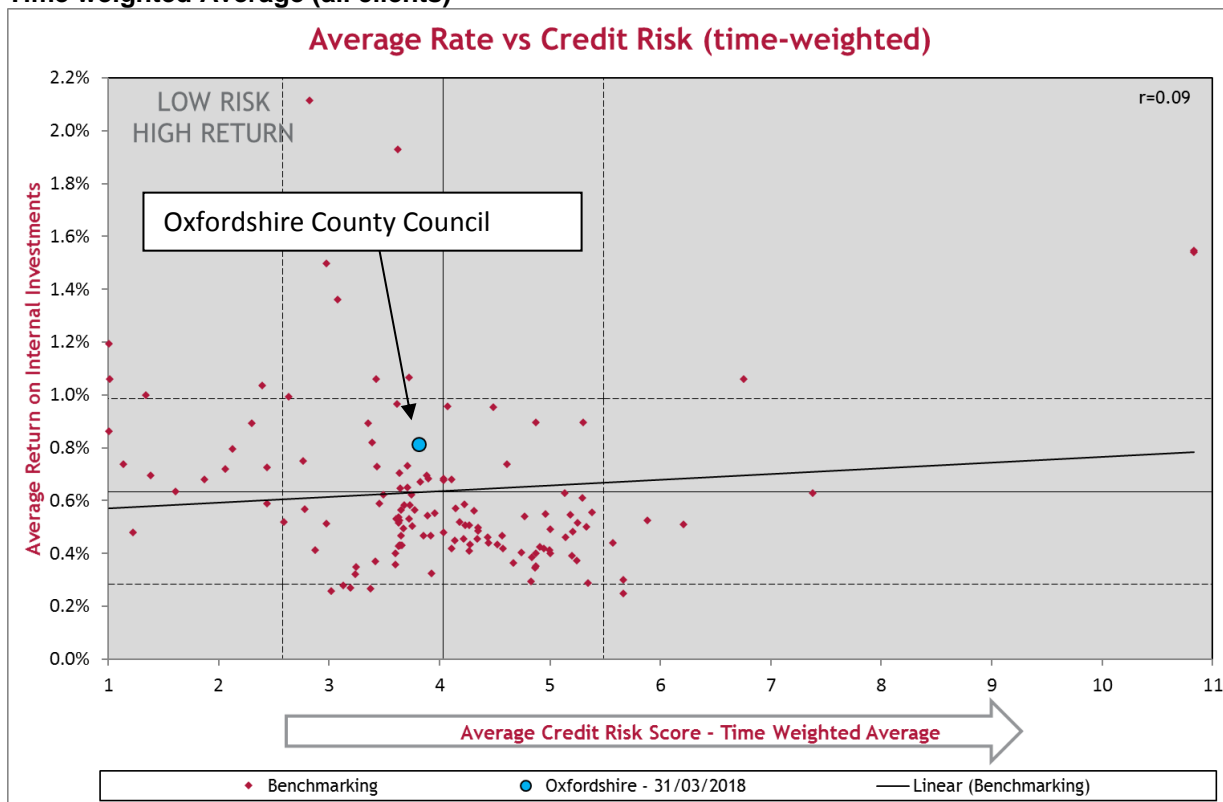
Average Rate vs Credit Risk (time-weighted)

LOW RISK
HIGH RETURN

r=0.09

Oxfordshire County Council

Average Return on Internal Investments

Average Credit Risk Score - Time Weighted Average

♦ Benchmarking   ● Oxfordshire - 31/03/2018   —— Linear (Benchmarking)

Oxfordshire County Council achieved a higher interest rate compared to the average achieved by all Arlingclose clients, whilst maintaining lower than average time weighted credit risk as at 31/03/2018.

Average Rate vs. Duration (all clients)
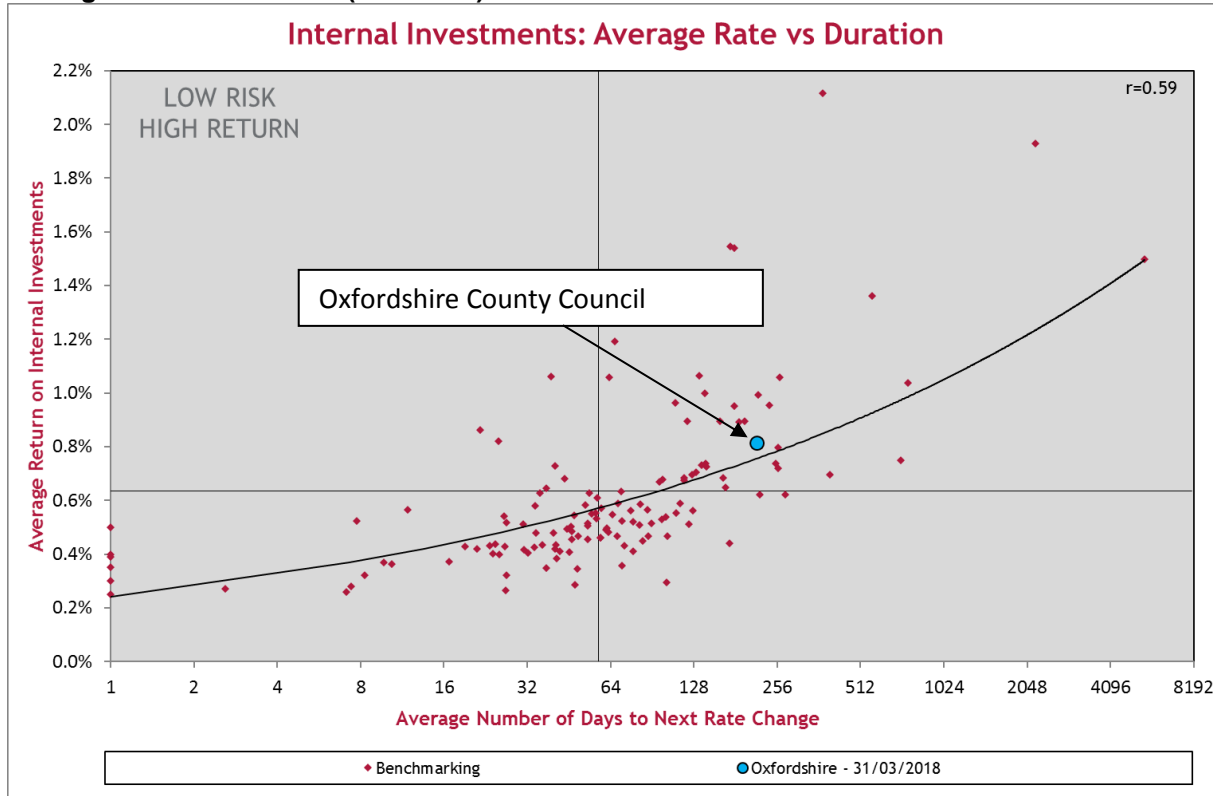
This graph shows that at 31/03/2018 Oxfordshire County Council achieved a higher than average return by placing deposits for longer than average duration.

Investment Instruments – Variance to Average of Local Authorities (all clients)
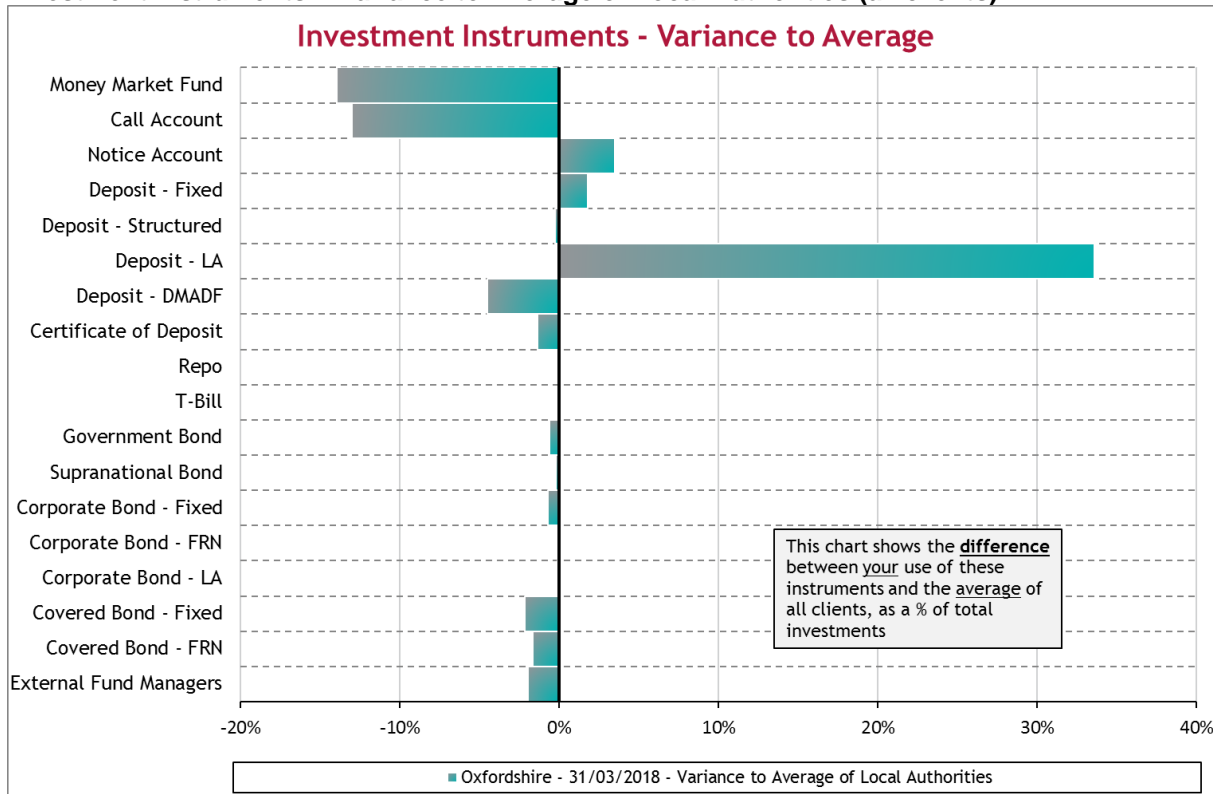
This graph shows that, at 31/3/2017, Oxfordshire County Council had notably higher than average allocations to local authority deposits when compared with other local authorities. Oxfordshire County Council also had notably lower exposure to money market funds, call accounts and Debt Management Office deposits.

DIRECTOR OF PUBLIC HEALTH FOR OXFORDSHIRE

ANNUAL REPORT XI

Reporting on 2017/18
Produced: August 2018

Contents

Foreword

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

This is my 11th Annual Report for Oxfordshire.
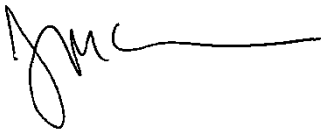
It uses science and fact to describe the health and wellbeing of Oxfordshire and to make recommendations for the future.

It is for all people and all organisations.

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

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

With best wishes,

Dr Jonathan McWilliam
Director of Public Health for Oxfordshire.
August 2018

Acknowledgements

Compiling this report would not be possible without the administrative and statistical support of Alan Rouse, Sue Lygo, Margaret Melling and Philippa Dent – thank you all.

I would also like to thank Rosie Rowe from Cherwell District Council and Azul Strong Corcoran from Oxford City Council for their help in compiling the information for Healthy New Towns in chapter two – thank you.

Director of Public Health Annual Report for Oxfordshire

Introduction and Overview

This is an independent report about the health and wellbeing of Oxfordshire residents in the broadest terms. It focusses on the two main questions which we face as a County, namely:

How do we cope with demographic growth and change
and
How do we adapt to the stresses and strains of modern life that affect our health.

The solutions lie in:
- ➢ Working together to meet the challenges of population growth and ageing by creating communities which help to promote good health, prevent disease and which encourage a stronger sense of community.
- ➢ Joining up our efforts to prevent ill health more coherently.
- ➢ Adapting lifestyles to increase physical activity and reduce obesity.
- ➢ Looking after our mental health by learning how to promote our mental wellbeing.
- ➢ Focussing on services for all which also target disadvantage.
- ➢ Remaining on our guard about infectious diseases.

My assessment of progress in the last year is positive overall:
- ➢ There is strong evidence that health and wellbeing in Oxfordshire is good compared with England as a whole and indicators of disadvantage on the whole are improving. Nonetheless pockets of disadvantage remain to be tackled.
- ➢ Unemployment remains low and the economy relatively prosperous.
- ➢ Organisations are working together more smoothly and creatively – there are many green shoots.
- ➢ We are working well with Government to attract investment and keep the value of the 'Oxfordshire Pound' high.

Relative prosperity also brings with it challenges, particularly around high house prices and workforce shortages.

The increasing number and proportion of older people remains a major challenge for services as does the rising rate of obesity.

The report documents these themes throughout.

The challenge is to now press home the gains we have made for the benefit of all while tackling the challenging topics and areas of persistent disadvantage.

In summary the main message is:

From a health and wellbeing point of view, the old distinctions between health planning, place planning, infrastructure planning and economic planning no longer hold good. They are inextricably intertwined and we must deal with them as a whole to ensure our future health and prosperity.

Chapter 1: Meeting the Demographic challenge

Demographic change is having an impact on the way we live in Oxfordshire. The big question is, how do we cope with it?

We all know that life is changing rapidly…….

Everyone says the pace of life has never been so fast. Many of us are busier than ever, our roads are crowded, many things are done on-line, and if it can't be delivered next day we are disappointed…….and you need a pretty good job (often with a partner) to get on the housing ladder at all.

Our young people are 24/7 plugged into electronic devices.

Food shops display a bewildering array of goods catering for a myriad of global cuisines.

GPs are hard pressed and instead of the traditional appointment you may well have a phone call, skype call or be seen by a nurse instead.

Our forebears simply wouldn't have recognised it.

Despite everything though, we are living longer and many diseases which carried people off 25 years ago (heart attacks and many cancers) are more under control…… this is great in itself, but brings its own 'new crop' of issues in its wake – loneliness, an ageing population of carers and the rise of diseases such as dementia.

Also, there are still the 'haves' and 'have-nots' in our County: there are still disadvantaged groups in which good health is less likely.

So, as this report is all about a factual, current portrait of the health of people in Oxfordshire, I want to use it to take a look at some of these issues and how we might tackle them.

Chapter 1 looks at the biggest issue – demographic change - and what that means for us all.

Chapter 2 looks at how we can cope with change by improving the design of our towns and villages. This is called creating healthy communities and it is one of the most promising new developments to emerge over the last decade.

Chapter 3 looks more closely at disadvantage and how it affects us

Chapter 4 looks at the contribution of modern lifestyles and the particular impact of obesity.

Chapter 5 considers how to be mentally healthy in a fast-moving world

Chapter 6 takes a look at infectious disease - the *'Captain of the Men of Death'* still biding its time in the wings.

So, looking at demographic change directly, what do the facts show?

First, we'll take a look at the engine that drives demographic change: population growth. Basically, populations grow for two reasons which make common sense:

1) More people are born each year than die each year and;
2) More people move into a place than move out.

We can look at each in turn. First, births and deaths. The chart below shows the recent trends:

Oxfordshire: total number of births and deaths per year 2002 to 2017
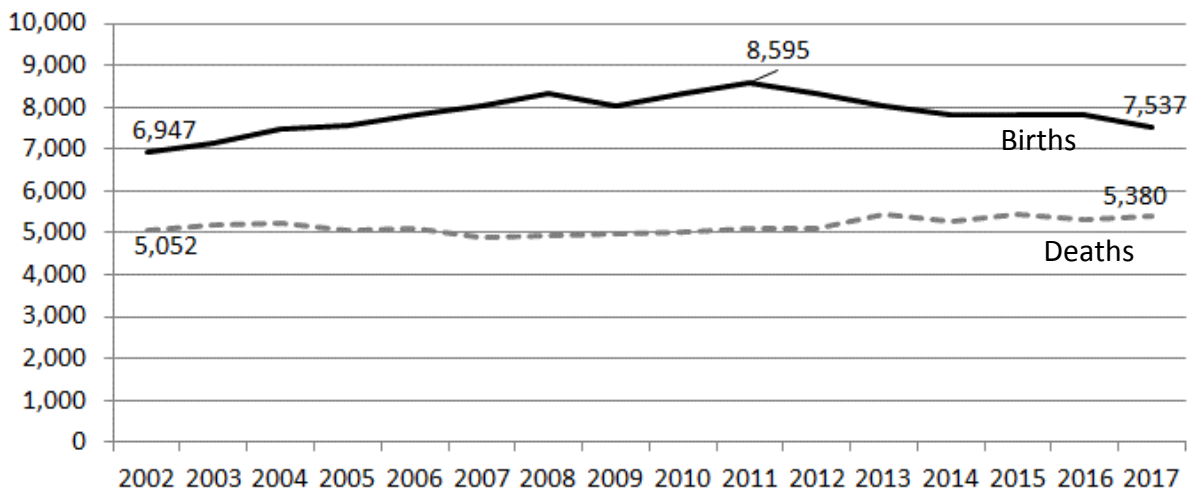
ONS mid-year population estimates

The chart shows that:

➢ The number of births has grown overall from 6,947 per year to 7,537 per year and has fluctuated over time with a peak around 2011. This is a rate of 57.1 births per 1,000 women aged 15 to 44 (called the general fertility rate).

➢ The number of deaths has been fairly constant over the last 25 years at just over 5,000 deaths per year.

➢ **The number of births is greater than the number of deaths by roughly 2,500 per year – so, if all else were equal, the population would grow.**

However, people don't just stay put all their lives. They move around a lot within the UK and go overseas. Similarly, new migrants arrive from other countries. This is summed up in 'migration statistics'. Over the last 15 years, Oxfordshire has had 'net inward migration' of roughly 2,000 additional people per year.

Putting together population increase due to more-births-than-deaths (called 'natural change' in the jargon) and change due to migration gives the following picture:

Oxfordshire: Natural Change and Net Migration (ONS)
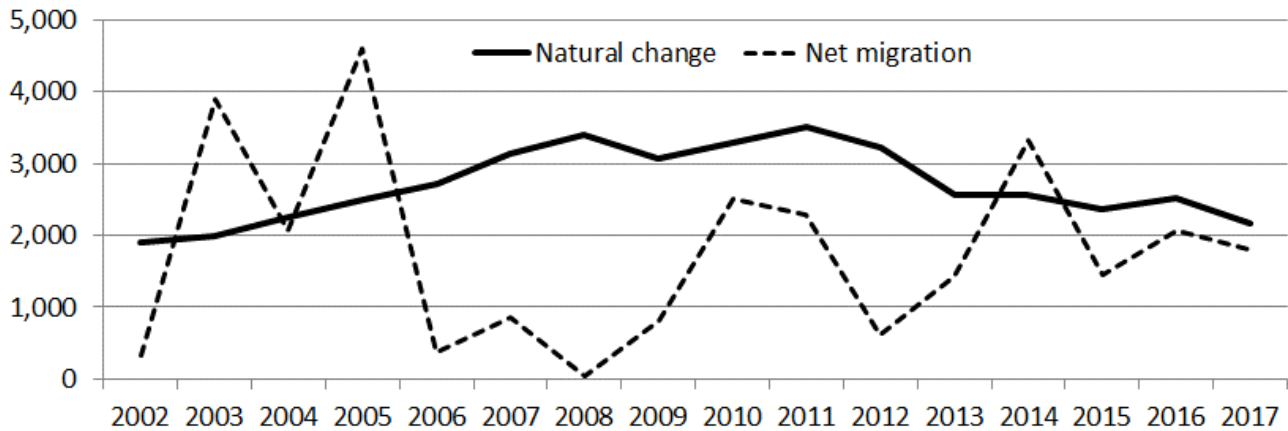
ONS mid-year population estimates

The chart shows that:

➢ The population of Oxfordshire is increasing each year.

➢ The size of the increase fluctuates widely from a minimum of around 2,200 more people per year to a maximum of around 7,200 more people per year.

➢ The average increase is around 5,000 more people per year.

➢ Almost every year births and deaths contribute more to the total than does migration.

➢ Natural change (births minus deaths) has been above net migration (internal and international, in-migration minus out-migration) for each year since mid-2002 with the exceptions of 2003, 2005 and 2014.

This is the engine of population growth. This is why Oxfordshire is growing.

Of course, some migrants settle in Oxfordshire and start families here too. The table below shows births in 2016 in Oxfordshire by their mother's country of birth.

Director of Public Health Annual Report for Oxfordshire

Births by Mothers Country of Birth
Births in Oxfordshire by mother's country of birth (2016)

	within UK		EU incl. 'New EU'*		New EU*		Rest of Europe (non EU)		Middle East and Asia		Africa		Rest of World	
Cherwell	1,328	72%	249	14%	179	10%	28	2%	114	6%	56	3%	61	3%
Oxford	894	49%	315	17%	165	9%	57	3%	325	18%	102	6%	118	7%
South Oxon	1,229	80%	159	10%	105	7%	14	1%	51	3%	43	3%	44	3%
Vale of WH	1,098	76%	139	10%	77	5%	9	1%	86	6%	56	4%	48	3%
West Oxon	959	85%	102	9%	66	6%	7	1%	24	2%	20	2%	22	2%
Oxfordshire	5,508	71%	964	12%	592	8%	115	1%	600	8%	277	4%	293	4%
England		*71%*		*11%*		*8%*		*1%*		*10%*		*5%*		*2%*

Source: ONS live births by parent's country of birth; *The 'New EU' constitutes the countries which joined the European Union (EU) between 2004 and 2016.

The table looks a bit dry on the face of it, but it hides some interesting facts as follows:

➢ 7 out of 10 births are to mothers born in the UK and 3 out of ten mothers aren't born in the UK.

➢ This is the same as for England as a whole and shows just how mobile people are these days.

➢ In Oxfordshire as a whole, 21% of births in 2016 were to mothers born in Europe (excluding UK), 8% from the middle East and Asia and 4% from Africa.

➢ The same figures differ widely between the Districts: in Cherwell for example, 16% of mothers were from Europe (excluding UK), 2% from the Middle East and Asia and 2% from Africa.

➢ In the City a very different picture is seen, with 29% of mothers coming from Europe (excluding UK), 18% from the Middle East and Asia and 7% from Africa.

➢ This means that in the City, just over half of all births are to mothers not born in the UK.

Demographic Change in the 85 plus age group

Let's drill down now into some of the more specific changes which demographic change brings.

The first big change is by now very familiar – the increase in older people as a result of living longer on average – fantastic news, which also brings challenges for services.

What does it look like across Oxfordshire for those aged 85+?

Cumulative growth in population aged 85+ in Oxfordshire 2016 to 2031
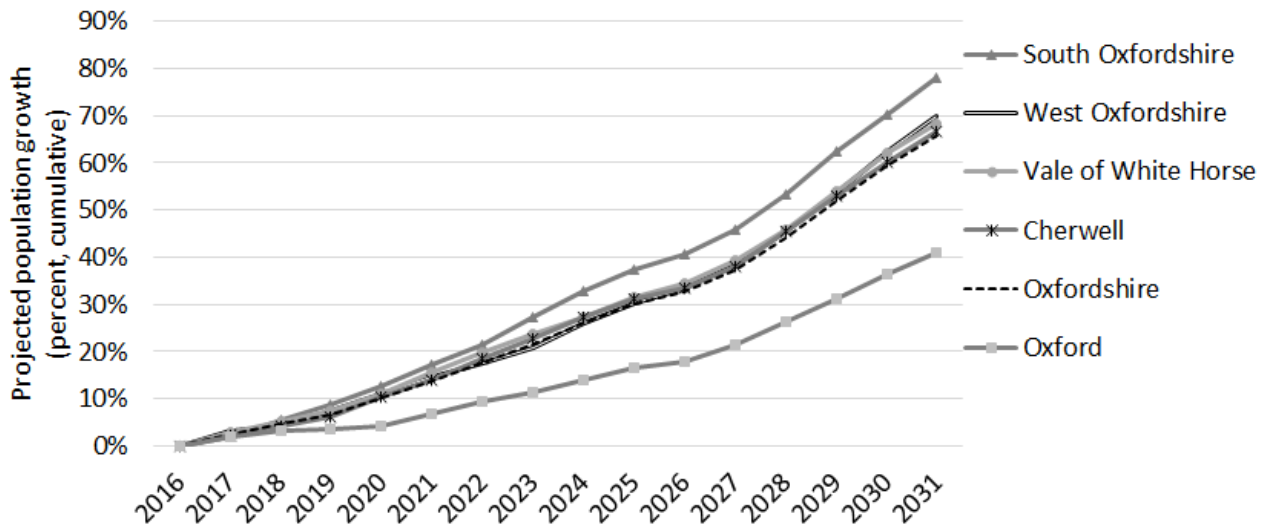
Office for National Statistics 2016-based population projections

The chart shows that:

➢ Over the next 15 years the 85+ population will continue to increase rapidly at between 60%-80% in all Districts......

➢ Except for the City where the growth will be lower – at around 40% - because of a younger population

This means that services will continue to find difficulty in coping with this most needy section of society in terms of health and social care. New methods of delivering care will need to be found which do not require intensive travel and which rely as little as possible on centralised hospital beds. New ways of keeping people healthier for longer will need to be found. The pressures on services experienced over the last decade are set to continue.

Life Expectancy

I've said already that this change is driven by longer lifespans and the chart below gives more information on life expectancy:

Change in Life Expectancy in Oxfordshire – males and females to 2014-16
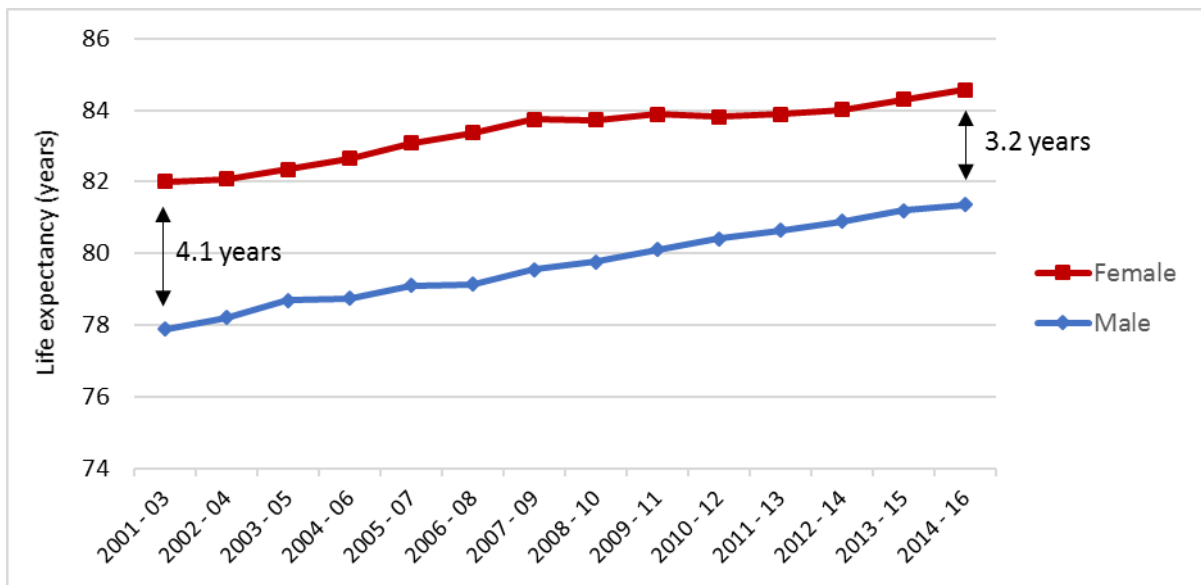
Source: ONS Figures are based on the number of deaths registered and mid-year population estimates, aggregated over 3 consecutive years. Note that scale does not start at 0

The chart shows:

➢ Both males and females are living longer – the trend looked to be plateauing out a few years ago, but now is swinging up again so that women are now living on average to over 84 and men to just over 81.

➢ Women live longer on average than men - the gap is now 3.2 years, a slight increase on 3.1 years last year.

An ageing population is to be celebrated, but it also brings challenges. For example, longer life and a decline in heart disease and some cancers means that more people live for long enough to suffer from dementia.

Dementia

The chart below shows the current recorded cases of dementia as a percentage of those on GP's books.

**Percentage of patients with a recorded diagnosis of dementia in the GP registered population –
2006/07 to 2016/17**
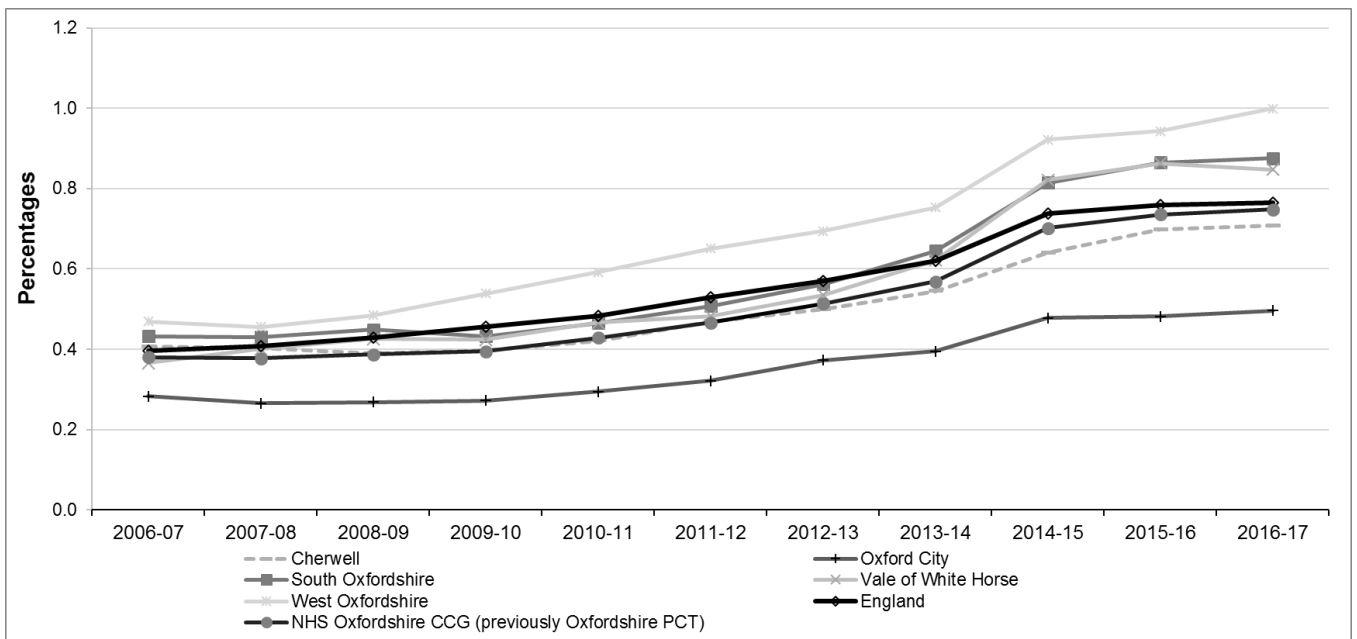
Source: Quality Outcomes Framework 2016/17

Some of this increase is due to better awareness of dementia in general, and better detection of dementia by GPs and some of it will reflect that there are more people surviving into the age groups where dementia is more common.

Chapter 2 looks at how communities might be designed better to help with this, and Chapter 4 looks at promoting mental wellbeing and positive mental health and looks at how dementia might be prevented or delayed.

Physical Disability

Old age also brings with it, on average, more physical disability. The chart below shows the percentage of people by age group who feel that they are limited by ill health or disability.

Percentage of residents in households* by age with daily activities limited by ill health or disability (a little or a lot) 2011, Oxfordshire vs South East and England
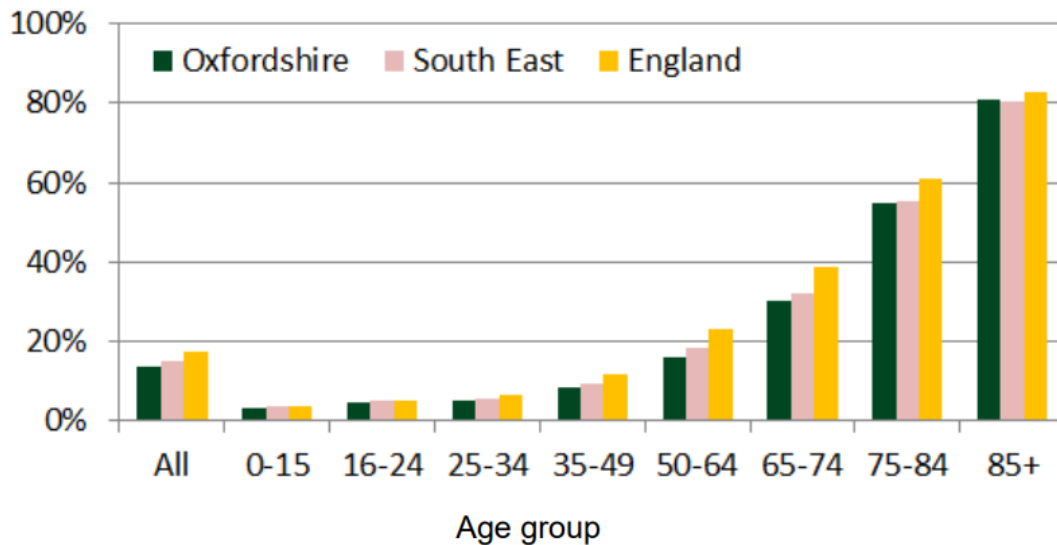
Source: ONS Census 2011 from nomis, table DC3302 *excludes people living in communal establishments such as care homes

The chart shows that:

➢ The percentage of people affected rises sharply with age – up to around 80% of people aged 85+ report ill health or disability of some kind.

➢ The figures for Oxfordshire are slightly better than for England as a whole but broadly mirror the national and regional pictures.

The positive message in these statistics is that there is scope to work with people in their 50s and 60s to find ways to prevent or delay chronic disease and disability.

Impact on carers

The other impact of an ageing population is the impact on carers of older people, many of whom are in their 60s and 70s themselves. The national survey of carers, carried out in 2016 gives a rough indication of the numbers of local carers.

➢ Around 60,000 Oxon residents provide unpaid care for others, of whom around 17,000 provide 20 or more hours per week.

➢ Many of the carers are over 65 and are suffering from ill health themselves.

➢ Around 35% of those who responded to the survey said that they had seen their GP because of their caring role.

These figures are inexact, but show that as a society we are heavily reliant on the ability of carers (usually family members or spouses) to care. Looking after their wellbeing remains a high priority. Continuing to work with this group to help them to stay healthy for longer is essential.

Ageing - there is good news!

Ageing brings its difficult issues but there would also seem to be compensations – Chapter 4 Promoting Mental Wellbeing and Positive Mental Health shows that many measures of wellbeing and contentment shoot up following retirement age.

Loneliness

Another fact of modern life is that many people experience loneliness.

A report on the Impact of Loneliness from Public Health England in 2017 highlighted the impact on individuals and for services:

Impact on individuals:

➢ Social isolation and loneliness are harmful to physical and mental health and increase the risk of illness and early death.

➢ Social isolation and feelings of loneliness can also cause stress resulting in behaviour that is damaging to health - such as drinking too much.

➢ Having good social networks and friendships not only have an impact on reducing the risk of early death or developing certain diseases, but they also help individuals to recover better when they do fall ill.

In terms of impact on services, lonely people are likely to:

➢ visit their GP more often;

➢ have higher use of medication;

➢ use accident and emergency services more;

➢ use adult social care more;

➢ make more use of mental health services;

➢ have early admission to residential or nursing home care.

Public Health England also found evidence to suggest a strong relationship between low socioeconomic status and social isolation. *In other words, disadvantage and loneliness go hand in hand – yet another reason for continuing to tackle social disadvantage. Social disadvantage experienced earlier in life can also increase the risk of isolation in younger age groups.*

Using national figures from the Community Life Survey the table below shows that it is estimated that 20,400 (around 1 in 6) older people in Oxfordshire (aged 65+) experience loneliness at least some of the time, of which **3,500** older people experience loneliness "often or always".

Table 1 Estimate of the number of older people (65+) in Oxfordshire experiencing loneliness

	Oxfordshire population mid-2016	Lonely often/always		Lonely some of the time		TOTAL estimate
		Percentage	Oxfordshire estimate (count)	Percentage	Oxfordshire estimate (count)	
people aged 65-74	65,500	2.89	1,900	11.38	7,500	9,300
people aged 75+	55,500	2.95	1,600	17.04	9,500	11,100
TOTAL	121,000		3,500		16,900	20,400

Sources: ONS mid 2016 population estimate original release; Percentages are from ONS 2016-17 Community Life Survey (not including confidence intervals) as cited in ONS Analysis of characteristics and circumstances associated with loneliness in England

Developing new national measures of loneliness

The government is developing a strategy to alleviate loneliness in response to the report of the Jo Cox Commission on Loneliness published in December 2017. As part of this, the Office of National Statistics (ONS) is working on new national measures of loneliness with the help of a cross-government group, charities, academics and other stakeholders. This is to be welcomed.

A recently published (April 2018) ONS analysis, found three profiles of people at particular risk from loneliness:

➢ Younger renters with little sense of belonging to their area

➢ Unmarried, middle-agers with long-term health conditions.

➢ Widowed older homeowners living alone with long-term health conditions.

As this work develops it should give us better information with which to plan future communities and future services to help tackle loneliness.

What about demographic changes in the population of young children?

Well, it depends on what you count! If you just use the current birth rate, you would predict a fall in the number of very young children by 2031, but if you add in planned housing growth you get an increase.

The chart below shows the disparity – looking at Vale of White Horse District and Cherwell District for example, without housing growth one might expect a decrease but with housing growth one would expect a 36% increase – that's 2,700 more children in the Vale and 3,400 more children in Cherwell - a massive difference.

Director of Public Health Annual Report for Oxfordshire

Count of children aged 0-4, 2016 and 2031, ONS vs Oxfordshire County Council projections

	ONS 2016-based				Oxfordshire County Council 2016-based			
	2016	2031	difference		2016	2031	difference	
Cherwell	9,269	8,346	-923	-10%	9,400	12,800	3,400	36%
Oxford	9,033	7,449	-1,584	-18%	9,100	8,000	-1,100	-12%
South Oxfordshire	8,161	7,638	-523	-6%	8,200	10,900	2,700	33%
Vale of White Horse	7,647	7,208	- 439	-6%	7,600	10,300	2,700	36%
West Oxfordshire	6,248	5,697	-551	-9%	6,200	7,500	1,300	21%
Oxfordshire	40,358	36,338	-4,020	-10%	40,300	49,300	9,000	22%
South East	542,383	515,877	-26,506	-5%				
England	3,429,046	3,269,597	-159,449	-5%				

The data in the table is shown below in a more user-friendly format and shows the difference housing growth is predicted to make to the County as a whole.

Count of children aged 0-4 2016 to 2031:
Oxfordshire County Council vs Office of National Statistics projections
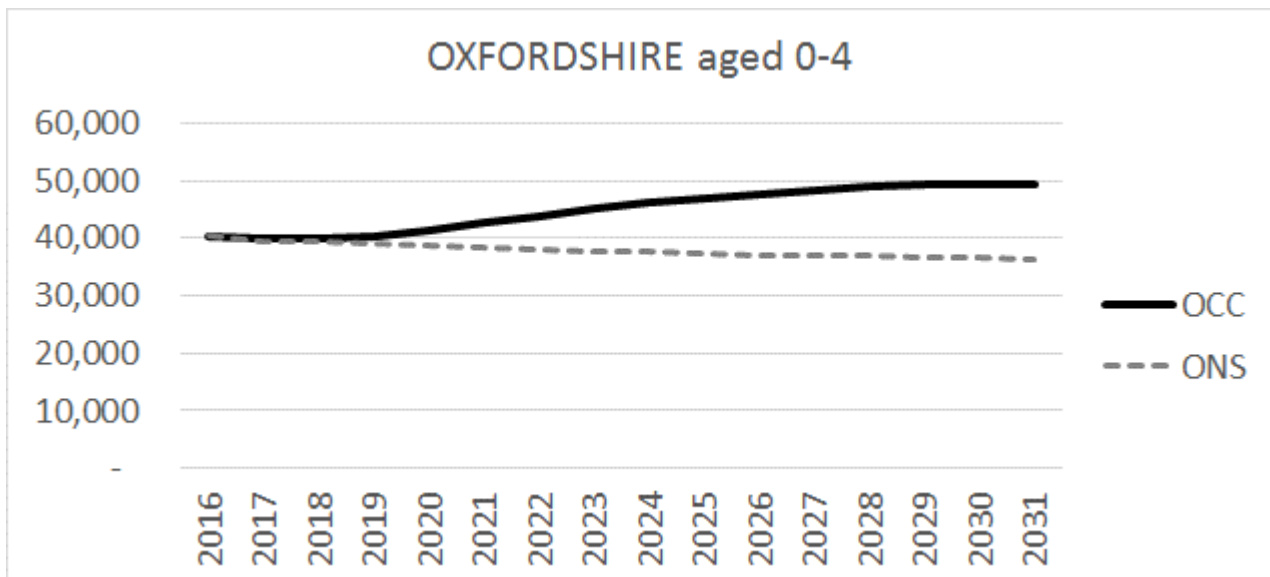
The chart clearly shows an increase from 40,000 to 50,000 children in the 0-4 age group by 2031 if one takes housing growth into account. These are clearly the figures we need to use for planning and they will have a clear impact on our future need for schools, health visitors, social services and GP services.

Housing Issues

I want to turn now to look at the impact of housing on demographic growth. More people means that more accommodation is needed to house them. Oxfordshire's Strategic Housing Market Assessment sets out a need for 100,060 additional homes between 2011 and 2031.

In the 5 years 2011-12 to 2016-17, a total of 16,800 new homes have been built in Oxfordshire (an average of 3,000 per year). This leaves 82,300 to be built by 2031, this is equivalent to a rate of just under 6,000 homes per year.

The table below shows the number of houses planned by each District up to 2031. In total, 47,000 homes are planned.

Homes built in Oxfordshire and expected housing growth in Oxfordshire 2011 to 2031

	Total new homes needed over 20 years 2011 to 2031 (inc re-allocation of Oxford's unmet housing need)	Homes built 2011/12 to 2016/17	Remainder by 2031 to meet 100,060 new homes
Cherwell	27,200	4,579	22,621
Oxford City	13,700	1,744	11,956
South Oxfordshire	20,450	3,397	17,053
Vale of White Horse	22,760	4,680	18,080
West Oxfordshire	15,950	2,369	13,581
Oxfordshire	100,060	16,769	83,291

The map on the next page shows where the areas of housing growth are most likely to be. The bigger and the darker the spot, the more houses are planned.

You can see at a glance that:

➢ Planned housing growth is spread across the County.

➢ Didcot and Bicester stand out as areas of particular growth with clusters of development around Banbury, Oxford and many of our market towns

➢ The expected growth around market towns such as Faringdon, Grove and Carterton is smaller but significant. The growth is less than elsewhere but is high compared to the number of existing homes, which may affect the character of the local community.
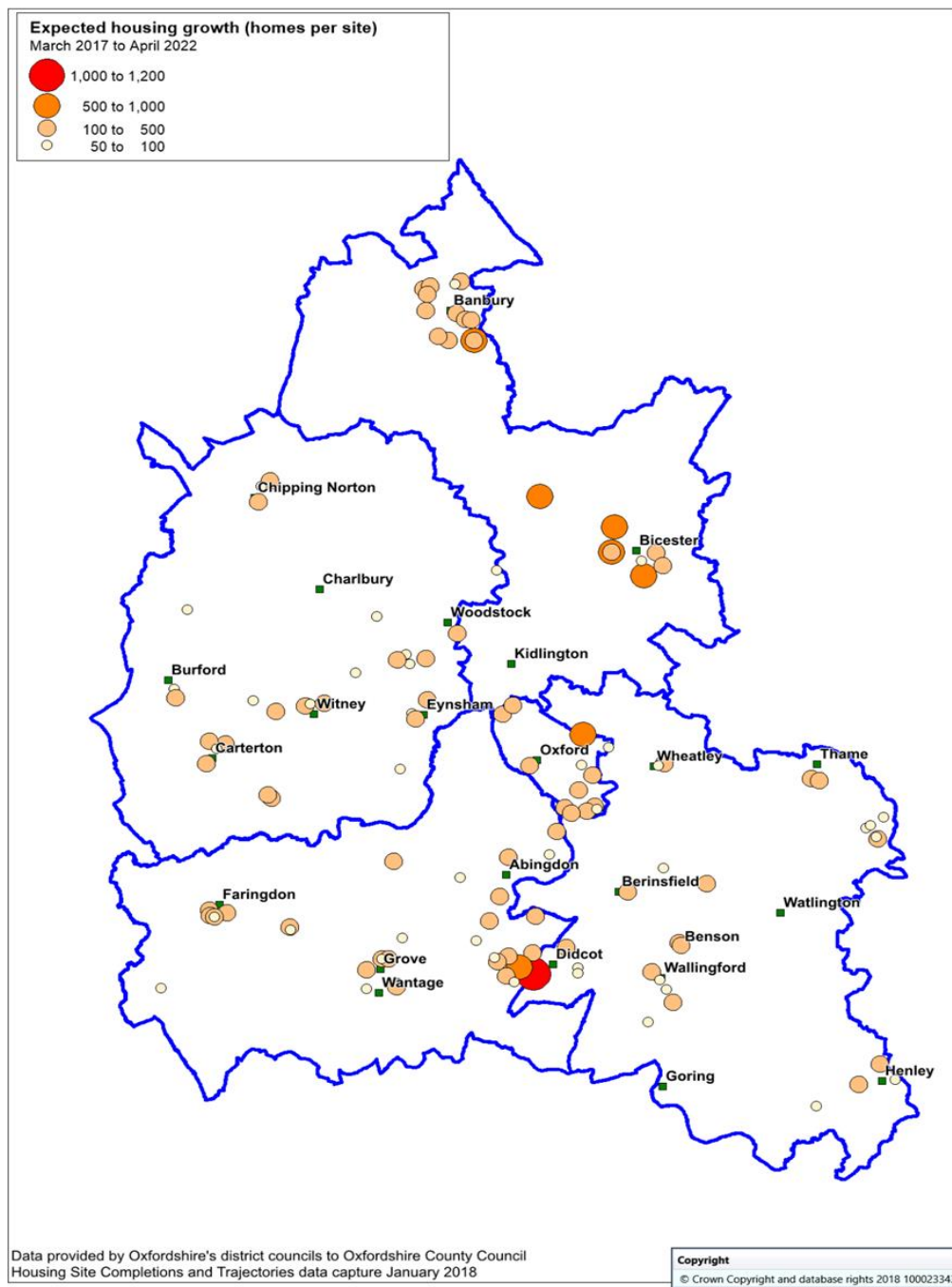
House prices and stresses in the care market

Of course, building houses is one thing. Being able to afford to live in them is another - and is a pressing problem in Oxfordshire. Expensive housing makes it difficult for lower paid workers and their families to live in Oxfordshire. This leads to the staff shortages we see across the County – for example, there are over 500 nursing vacancies in Oxfordshire at any one time and 'home care' workers are also strongly affected.

Unemployment is very low in Oxfordshire and the local economy is one of the most buoyant in the UK. This success has a down side however – an equally buoyant - and therefore expensive - housing market…….

The table below shows the latest data on average house prices.

Median house prices 2007 to 2017

The chart below shows how house prices in Oxfordshire have outstripped England's prices and topped the South-East Region's prices.

20 year trend in Median house prices (year ending) September 1997 to September 2017
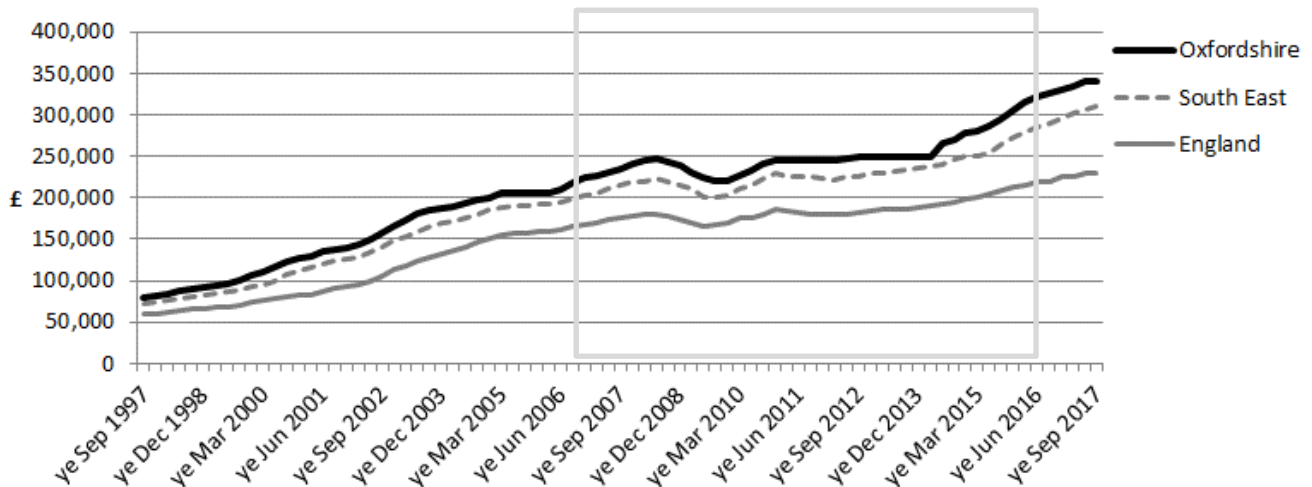
Source: ONS Median house prices for administrative geographies, released April 2018

The table below shows prices across the Districts, looking at the cost of a mid-priced house.

Median house prices 2007 to 2017

	Year ending Sept 2007	Year ending Sept 2017	*Difference*	*%*
Cherwell	£195,000	£297,500	*£102,500*	*+53%*
Oxford	£250,000	£400,000	*£150,000*	*+60%*
South Oxfordshire	£270,000	£380,000	*£110,000*	*+41%*
Vale of White Horse	£244,950	£340,000	*£95,050*	*+39%*
West Oxfordshire	£230,000	£329,995	*£99,995*	*+43%*
Oxfordshire	**£235,000**	**£340,000**	***£105,000***	***+45%***
South East	£215,000	£310,000	*£95,000*	*+44%*
England	£175,000	£230,000	*£55,000*	*+31%*

Source: ONS Median house prices for administrative geographies, released April 2018

The chart shows that:

➢ Oxfordshire's average house price is well above the average for England and above the South East as a whole.

➢ Prices have risen sharply over the past 10 years – more sharply than in England or the South East - making a sort of 'Oxon inflation factor' of 45% compared with 44% in the South East and 31% for England as a whole.

➢ Within the County, prices in the City have risen faster than elsewhere, up 60%, making working in the city's hospital services and living locally even more difficult for lower paid staff.

➢ During the same period house prices in Cherwell have also risen dramatically by 53%

So, to sum up:

Demographic change presents a distinct cocktail of triumphs and challenges to Oxfordshire:

➢ Health is generally good and the local economy buoyant.

➢ The population is growing fast.

➢ House prices are high and recruitment to essential staff groups is difficult.

➢ Housing growth is set to continue which will bring more young families and children

➢ The population is increasingly culturally diverse.

➢ The population is ageing and new patterns of disease have emerged eg dementia.

➢ Carers are vital to service delivery.

So, what do we do?

We can't spend our way out of this situation given the current financial situation, so we have to innovate our way out.

For public services this means:

➢ Working together in a more joined-up way and working positively across organisational boundaries

➢ Linking the planning work of the NHS, Social Care, District and City Councils and Public Health together much more strongly

➢ Finding solutions which use the new technologies now available to support people electronically rather than face to face contacts.

➢ Helping communities and residents to help themselves.

➢ Preventing problems before they start and joining up our preventative services more coherently.

➢ Systematically targeting services at those who are already ill and in whom further deterioration can be prevented. This means getting 'upstream' and working with people who have chronic diseases or care needs to stabilise them and keep them healthier for longer.

➢ Using all of these factors to create a new range of services

➢ Using all these factors to design communities which support good health.

These issues and solutions are amplified throughout this report. The next chapter looks at bringing together health concerns with local planning to create healthy communities. Chapter 3 looks at the challenges of those particularly at risk – the disadvantaged. Chapter 4 looks more closely at obesity and its impact on disease patterns, and chapter 5 looks at promoting good mental health which is a key ingredient to staying well for longer.

What did we say last year and what did we do about it?

Last year's recommendations called for a much more joined-up planning system overall across Oxfordshire. And there are many positive initiatives to report. All local authorities are working together to create a Joint Strategic Spatial Plan. This is good progress. We also secured a Growth Deal with Government enabling infrastructure to keep pace with housing growth (see chapter 2 for details)

The Healthy New Towns approach (also discussed in detail in the next chapter) has also moved forward and the shared learning from this has begun to influence planning of new and existing settlements in the County -this is very good news.

NHS, Social Care and Public Health services are now working much more closely together under a re-designed Health and Wellbeing Board. A new strategy for services for older people is being drafted as I write. This change was helped by a Care Quality Commission review of services for people going into, through and out of the hospital system which strongly supported better joined-

up working under a re-organised Health and Wellbeing Board. All organisations are responding strongly and positively.

The NHS nationally has the bit between its teeth when it comes to promoting preventative initiatives at scale through a policy known as 'Population Health Management' which is also being embraced by Local Government. This means looking at whole populations, or subgroups, identifying why people become ill, and creating services aimed at preventing further deterioration. This is a very important shift in thinking and is to be welcomed. This includes the coordination of preventative services across the County recommended in last year's report.

The NHS has begun to change the basis on which it works in a helpful way. Health policy five years ago was dominated by creating 'internal markets' in health care with distinct commissioning and providing organisations linked by negotiated contracts. This policy is now giving way to a more collegiate approach in which all organisations work together for the good of Oxfordshire, drawing on one 'bag' of tax-payers' money. This also includes finding new ways of working with social care and public health services. This is a positive development.

Recommendations

1. The Health and Wellbeing Board should develop as a priority a Joint Health and Wellbeing Strategy which embraces the philosophy of 'population health management' as well as creating a new strategy for older people and targeting inequalities.

2. Joint work between the NHS, County Council and District Councils to get health and wellbeing issues into the planning of places and highways should continue apace.

3. Work already begun to coordinate preventative services better between all Local Authorities, the NHS and Social Care should continue as a priority.

Chapter 2: Creating Healthy Communities

There has been a sea change in thinking about how we should plan communities over the last decade – and it is still gathering pace. It is no longer a matter of simply planning houses and sewers and roads, it is a matter of planning vibrant communities which support people to live healthier lives – and it is a vitally important issue.

If we are to cope as a society we need to integrate health and wellbeing issues into the way we plan our communities locally, regionally and nationally.

I'm talking here about health concerns on the large scale - issues such as:

➢ coping with demographic growth

➢ building health promotion into community design to prevent obesity, chronic disease and loneliness and to be 'dementia friendly'.

➢ coping with an ageing population structure and planning for a projected 2 million cases of dementia nationally by 2030.

➢ hard-wiring provision of future health services into planning systems

➢ designing community facilities and schools which reach out to engage the whole community

➢ considering ambulance journeys and patient access in the design of new roads

➢ planning major roads that make the best use of hospitals across the country and beyond

All easy to say, but difficult to do without teamwork, creativity and political will at all levels - and harder to do in times of financial restraint.

Why is it a challenge?

The existing planning system is complex and labyrinthine, depending as it does on a cocktail of government policy, local plans, agreements between Local Authorities, deeply held public views, developer contributions, legislative frameworks and the commercial interests of developers.

Major schemes are even more complex, requiring the interaction of many government departments, multiple agencies, pressure groups and many local authorities across neighbouring counties.

Money is scarce, and the prizes go to schemes which also deliver more economic growth and more houses for more people who must then also be catered for in terms of health and social care, schools and amenities.

The goal is to achieve a 'winning hand' combining future economic prosperity with communities one actually wants to live in. These in turn must make healthy lives easier to lead and build in access to the facilities we will all need.

I want to use this chapter to review some of the key stages of our local journey along this path and to showcase the contribution of the Cherwell District Council and City Council led Healthy New Towns.

The initiatives of local leaders to put health issues into planning.

The key stages I have seen in recent years towards these goals have been:

➢ Closer working between key organisations to achieve important deals from Government resulting in road improvements around the County (e.g. at Harwell and the Oxford ring road), the Growth Deal and current work on a Housing Infrastructure Fund bid. Close working between all Local Authorities, the Local Enterprise Partnership and the Universities has been an important success factor.

➢ Strategic infrastructure planning has also benefitted, first with a shared assessment of Oxfordshire's strategic requirements and secondly through the agreement to have a Joint Strategic Spatial Plan for Oxfordshire which will be put together over the next few years and which will incorporate health and wellbeing issues from the outset.

➢ The successful bidding for two of the ten Healthy New Town pilot sites in England led by Cherwell District Council and Oxford City Council (see more below).

➢ The initiative of local leaders to generalise the lessons learned from putting health into planning through local conferences culminating in an event earlier this year hosted by Cherwell District Council and the City Council. At this event Leaders and senior officers from Local Authorities, the NHS, the Local Enterprise Partnership and other key organisations met to review progress made through the Healthy New Towns and began to discuss how to generalise the emerging lessons.

➢ Discussions held over the last 18 months between Chief Executives of our two large NHS Trusts, Local Government the Local Enterprise Partnership and our Universities to discuss the long-term planning aspirations of those bodies.

➢ During this time, the Public Health team have worked closely with the County Council Communities team so that it is now second-nature to include active travel and features such as cycle paths in new developments. This can be seen clearly in our Local Transport Plan.

➢ The recent re-design and strengthening of the Health and Wellbeing Board also improves opportunities for it to work alongside the Growth Board as part of a constructive dialogue.

➢ …………And last but not least, the recent difficult discussions over the recent consultation about re-shaping health care across the County really did serve to put the issues of transport, travel and access issues at the top of the agenda, showing that these issues cannot be considered in isolation.

In all this I need to say that I am a doctor, not a planner. I come at this from a public health point of view, but over the last five years there has been a really creative exchange of ideas between us as the penny has dropped that we won't cope with population growth and ageing unless we plan for health and wellbeing as part of infrastructure and housing planning.

The acid test for all these approaches to get health and wellbeing into planning is: do they actually work on the ground?

That is where the value of the Healthy New Town pilots comes in - they are practical experiments in what can actually be done and are therefore extremely valuable to us all. ***The learning from these two sites is pure gold and a real gift to Oxfordshire.***

Focus on the Healthy New Towns in Bicester and Barton.

I believe that many of the initiatives in the Healthy New Towns can be applied in other areas across the County and that they help point the way forward for the County as a whole. I think it is vital that this learning is shared so I am going to go into the topic in some detail.

The Healthy New Towns chime with so many of the concerns raised in this report and link to:

Chapter 1 on population growth, house prices, dementia and loneliness

Chapter 3 on tackling inequalities and disadvantage

Chapter 4 on obesity and healthy lifestyles and 'shifting to prevention'

Chapter 5 on mental wellbeing.

The Healthy New Towns offer new solutions to some of the key problems facing Oxfordshire over the next decade – that is why they are vital and that is why they are exciting, and that is why the learning should be sustained.

To push the point home, I am including below a checklist of the types of issue that can be tackled. You will see that they are the pressing priorities for the County as a whole:

Potential Benefit to Oxfordshire of the Heathy New Towns: Checklist	
Plan healthy communities and healthy housing growth: bring organisations together with a common ambition	✓
Engage local people in planning and health care	✓
Encourage exercise	✓
Fight obesity	✓
Help to cope with dementia	✓
Fight loneliness	✓
Bring together NHS and Local Authority planners and developers	✓
Involve the voluntary and community sector	✓
Work with local schools to improve children's health	✓
Find new ways of delivering health services	✓
Help tackle chronic diseases like diabetes	✓
Reduce social disadvantage and inequalities	✓
Promise help to an overburdened NHS	✓

What does the term 'creating healthy communities' mean?

As set out in the previous chapter we know that one of the key challenges for Oxfordshire is population growth linked to the need to provide more housing. The shortage of affordable homes is particularly acute in Oxfordshire and this has been one of the driving forces for the county and district councils agreeing a Growth Deal with national government to build 100,000 new homes by 2031.

The scale of the Growth Deal means that Oxfordshire now has a great opportunity to ensure that it supports the creation of healthy communities, not just large housing estates. Creating healthy communities is described as:

'a collaborative process which aims to create sustainable, well designed communities where healthy behaviours are the norm and which provide a sense of belonging, a sense of identity and a sense of community'

Crucially, creating healthy communities is not just about new developments; it applies to any place experiencing significant housing growth and is a mechanism for integrating new estates with existing communities so that all residents have the opportunity to benefit in terms of health and wellbeing.

Over the past two years Bicester and Barton in Oxford have been testing out how to create healthier communities as two of ten demonstrator sites for NHS England's Healthy New Towns programme. NHS England has provided three years of modest funding for these sites to test out innovative ways of shaping communities to promote health and wellbeing, prevent illness and rethink the way that health and care services are provided. They are the test beds for all our futures.

The following section describes the progress that both sites have made over the past two years in testing innovations in the built environment, working creatively with local people through 'community activation', and developing new models of care, and how they have started to share the learning with a view to replicating this approach across Oxfordshire.

Barton Healthy New Town

Barton is an area on the western outskirts of Oxford, just outside the ring road, bounded by the A40 only 3.5 miles from Oxford City Centre. Built in 1946, the estate was originally developed to provide social housing for residents of Oxford. The population of the Barton and Sandhills ward has grown by 9% since 2006 and now stands at 7,411. With a further 885 new homes planned at Barton Park (delivered by Barton Oxford LLP a joint venture between Oxford City Council and Grosvenor) in the next 7 years, a further 3,000 new people are likely to move into the area as a result of the new development.

The 2015 Index of Multiple Deprivation showed Barton to be among the 20% most deprived areas in England. Life expectancy at birth in Barton and Sandhills is 77.5 years for males, 81.6 for females. For males this is 12.6 years less than North Oxford ward (about 4 miles away) and 5.5 years less for females.

The Barton Healthy New Town programme is being delivered through a partnership between Oxford City Council, which is the lead delivery partner, Grosvenor Developments Ltd, Oxfordshire County Council's Public Health team and Oxfordshire Clinical Commissioning Group. The project aim was set early on in year one for '***All Barton residents (Barton and Barton Park) to have an equal opportunity to good physical and mental health and good health outcomes***.'

Bicester Healthy New Town

> ### *Bicester Healthy New Town*
>
> *Bicester is a market town located within Cherwell District Council's administrative area in North Oxfordshire. The town currently has approximately 13,000 dwellings and a population of about 30,000 people. Over the next 20-30 years a further 13,000 homes are planned to be built which will effectively double the size of the population. Cherwell District Council has recently adopted its Local Plan (July 2015) which allocates housing and commercial sites for development in Bicester and covers the period from 2011- 2031. Bicester was designated as a Garden Town in 2014 under the government's Garden Cities initiative and is a strategic location for growth within the Oxfordshire Strategic Economic Plan.*

The programme is a partnership initiative led by Cherwell District Council, Oxfordshire Clinical Commissioning Group, Oxford Academic Health Science Network, A2 Dominion (developer of the ecotown Elmsbrook at North West Bicester), and supported by a further 25 different community organisations, health and care providers and Bicester schools and businesses. In Bicester the two key priorities are:

> ➢ **To increase the number of children and adults who are physically active and a healthy weight. (In Bicester 1 in 4 of children aged 2-10 are overweight or obese and 58% of women and 65% of men are overweight or obese)**

> ➢ **To reduce the number of people who feel socially isolated or lonely in order to improve their mental wellbeing (17% of older people are in contact with family, friends and neighbours less than once a week).**

How can the built environment encourage healthy living?

The ***Neighbourhood Centre located in Barton*** is undergoing a major refurbishment, funded through pooling of 'section106 funding' (the money developers pay to contribute to new infrastructure like schools and road access), City Council funding from capital investment from the 'Investing in Barton' regeneration programme and from its maintenance programme. This will see the ***expansion of the medical practice***, which will ***triple primary care space*** from $74m^2$ to $249m^2$, providing enough capacity for existing and new residents in Barton. This is alongside the ***modernisation of the community and youth spaces***, including the installation of youth art, ***dementia friendly signage and improvements*** to the reception area. All of this will convert the Neighbourhood Centre into a ***Health and Wellbeing Hub***, with additional capacity to cope with the increased demands from the new population within six months of the first occupants moving in.

Over the last year Barton took part in the Town and Country Planning Association's (TCPA) Developers and Wellbeing project to look at how working with developers improves health. The project culminated with a parliamentary launch in February 2018 which featured a profile on

Barton. This initiative was also featured by the Local Government Association as part of its 'Planning Positively through Partnership' publication.

As a result of the project, spatial planners now have a much richer understanding of how development can shape the health and wellbeing of future generations and the project has had a permanent impact on planning policy within the City Council including a policy within the Oxford Local Plan 2036 stipulating that '*for major development proposals of more than 9 dwellings or 1000m^2 the Council will require a health impact assessment to be submitted to include details of implementation and monitoring*'.

Other initiatives at Barton include *a **wayfinding project with three new dementia-friendly trails**.* These provide opportunities for people to be more active, create routes between community facilities and link the new development with existing areas in Barton and neighbouring communities. These are due to be launched in spring 2019 when Barton's Park opens (a 3.84 hectare linear park) connecting Barton and Barton Park.

In Bicester ***three 5K circular Health Routes for walkers, joggers and runners*** have been marked out in blue in residential areas of the town to encourage people to get active. There is no cost to participation and it is suitable for a wide range of ages, at any time of the day. When ***'Bicester's blue lines'*** were launched they attracted over 50,000 views on Facebook, resulted in an increase in footfall of 27% along one of the routes, and are supporting community cohesion with people walking them with family and friends and using them to explore different parts of Bicester. ***They have been so popular that a new Discovery Walk is planned*** for Bicester town centre to encourage people to take a ***brisk 15 minute walk during their lunchbreak***. The graphic below gives the idea:

Other built environment initiatives in Bicester include the installation of ***wayfinding signs*** across the town which provide ***information on cycling and walking times*** to key local destinations, and the opening of ***a 'community house'*** at Elmsbrook, to provide an early facility for residents

to support them to come together and run community events and activities and develop a sense of community in the eco development in Bicester.

Building social cohesion and enabling people to live healthier lives through 'Community Activation'

Community activation builds on the idea of actively engaging communities to be partners in the development of new ideas which will benefit both individuals and the whole community. The notion was floated in the NHS's 'Five Year Forward View' and, is about putting into practice the principles set out in the graphic below through the real and dynamic involvement of local people and communities:

fyfv@nationalvoices.org.uk 2016. Six principles for engaging people and communities

Over the last year *Bicester's primary and secondary schools* have been actively supporting young people in a range of ways to increase both their physical and mental wellbeing. *Five primary schools have introduced the 'Daily Mile'* into the school day with the result that 2,000 children now run a mile a day at school promoting not just their physical health but aiding

Page 69

concentration and mental wellbeing. All schools in the town took part in *Walk to School Week* in May to encourage parents and children to leave the car at home for their school commute and *Cherwell's Sports Activators have trained play leaders to increase active play* at break time providing more playtime equipment and activities.

Encouraging children to be active outside of school hours is equally important and *St Edburg's school has successfully tested a family fun club* in the early evening to get families together and take part in fun and healthy activities. Across the 10 week programme there was a total of 173 attendances with new friendships formed between families as well as enthusing them to have active family time. There has been a 50% increase in children attending the *active fun clubs run in the school holidays* by Cherwell District Council.

Addressing the *mental health of young people* is equally important and *Healthy New Town Ambassadors in the secondary schools have provided input into the development of a website by the local mental health trust offering access to mental health advice and services for young people, parents and teachers.*

Training has also been provided to primary school teachers to promote the mental wellbeing of under 11s, with practical 'SATS relax' sessions provided in all schools to help reduce any stress felt by Year 6 children as they took their exams.

In Barton, there has been a particular emphasis on building and embedding community resilience using an 'asset-based community development approach'. In practice, this means working with local voluntary and community groups to use their strengths to address health issues in their community supported by small grants. Through the grants programme in year one, 11 pilot projects were funded, supporting over 1,800 people, with several project levering in additional external funding to continue the projects when NHS funding comes to an end in March 2019.

The funding was complemented with special training for 122 professionals and in community development skills to support directly those who need help the most. Skilling-up local people and professionals in this way will make the legacy of the project last longer than the end of NHS England's funding. The fruits of this are shown by the local Community Association having health and wellbeing as their number one priory in their strategy for 2017 – 2020.

One of the local organisations funded was Getting Heard, which was piloting an 'Appointment Buddies' project. This project provided advocacy for older people attending a health appointment to ensure that they understood the information they received, especially around medication or any secondary care referral. The project was successful and went on to successfully apply for *£204,326* of Big Lottery funding to expand the project over a 3 year period.

Year two saw an increase in 'social prescribing' (prescribing activities like exercise and hobbies instead of the traditional 'pills and powders') and led to commissioning a range of physical activity sessions. For example, a Zumba session started in late 2016 in partnership with Barton Community Association and Oxford City Council's Sport and Physical Activity Team and has now been running for two years and attracts around 30 local residents each week.

Testing new ways of delivering health and social care

In both Barton and Bicester, a range of **service innovations** have been tested designed to *prevent problems and to reach out to people before crises occur*. The emphasis has been on providing services in a community setting and promoting self-care.

In Barton an 'asset mapping' exercise was undertaken to understand current services, how well-used they are and service gaps. A range of new services started in January 2018 to fill those gaps. This included local GP Practices running a **Proactive Population Health Management** initiative (defined in Chapter 1). This involved the *two GP surgeries which serve Barton sending proactive, direct invitations to patients with long term conditions inviting them to attend the practice for preventative and early interventions* specific to their health needs. In schematic form it works like this:
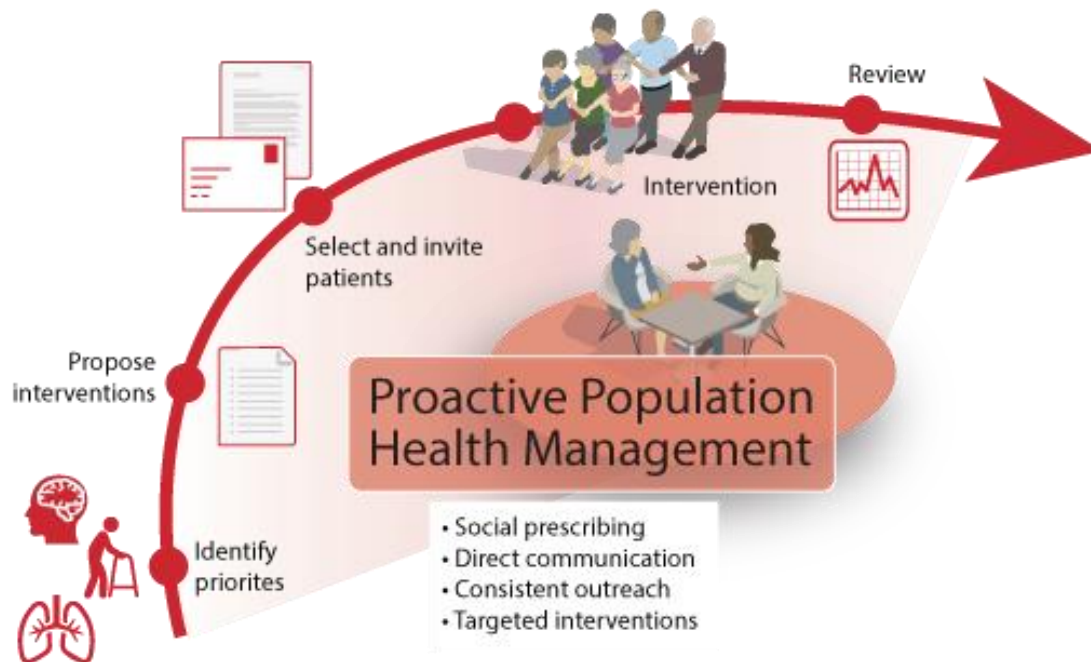
A promising example is the prevention of falls which often lead to hospital admission in the elderly. In a small pilot project, local GPs sent out invitations to people at risk of falls to take part in dance sessions designed to improve their balance and coordination. In the three months this pilot project ran, 53 patients with long term conditions took part with 29 patients sustaining participation. This approach is now being scoped for replication in other Oxford localities, as part of a Health Inequalities Commission joint project between Oxford City Council and Oxfordshire Clinical Commissioning Group.

Other initiatives include:

➢ Oxfordshire Clinical Commissioning Group running the *National Diabetes Prevention Programme* and;

➢ *coaching to 12 unemployed people experiencing mental health issues*, to support them back to employment.

The point here is to experiment with new ways of reaching out to people to improve health, prevent further deterioration and avoid crises. A key lesson is that the ***involvement of the voluntary sector*** can enhance health care and use the whole community's resources.

In year three in Barton, the programme has been specifically funded to develop and deliver a 'Team Around the Patient' (TAP) for frequent users of health and public services, linking in with a city-wide health inequalities project. GPs will work with the local Accident and Emergency Department, Ambulance Service, Social Housing providers and other partners to identify individuals who place the highest demand on services. A TAP meeting is convened to find the root causes of their frequent use of services, and a support package is provided to address these root causes, which may be more social than clinical.

In Bicester there has been a focus on ***improving care for people with diabetes***. ***Digital technology*** is now being used by GPs to ***access expert advice remotely*** from consultant colleagues, ensuring that ***patients only travel to Oxford for specialist care when they really need it***. Patients have been encouraged to get active to help control their diabetes, with practices in Cherwell making the most referrals in the county to ***motivational coaching support*** services run by the District Council and Oxfordshire Sports Partnership so that people access activities that meet their interests. Practices have also been working closely with diabetic nurses and consultant colleagues to ***coordinate the care they provide with the result that there has been a 7% increase in people receiving all the care they need.***

For many people diabetes stems from being overweight and in efforts to prevent this Bicester has launched a ***'Healthy Bicester' Facebook Page to provide regular tips on how to be active and eat more healthily.*** It promotes self-care through the use of ***Public Health England apps*** and over the last year 414 people in the Bicester area have downloaded apps such as 'Active 10'.

Looking ahead to 2018/19

2018/19 is the last year of central funding from NHS England and so both sites will be focusing on completing delivery of planned short term initiatives, evaluating the impact of various interventions, sharing the learning from the programme and planning for development of creating further healthy communities in the next three years.

How do we keep this approach going?

We are reaching an important point for the Healthy New Towns. They have promised much, they have fulfilled their role as test-beds for innovation and the lessons learned are important. Realistically three years isn't long enough to demonstrate the full value of these trailblazing projects – Titanics take time to turn, engaging communities is a lengthy process and finding the initiatives that really fly all require a degree of experimentation.

The real gain will come from generalising the learning across the whole planning system – and this is precisely what the recent event held in Bicester described above was intended to do.

So, the question is how do we keep this learning and this initiative going in some form? The answer to that question will be taxing leaders across the County during this year and into next. In my view, these projects press so many positive buttons for future success that between all

organisations we need to find a way – and that is the basis for my recommendation for this chapter.

Recommendation

Leaders of all organisations should continue to find ways of keeping the learning from these initiatives alive until the long-term benefits emerge, and they should continue to explore ways to generalise the learning, making it an integral part of the planning system for new developments and for health services.

What did I say last year and what has happened since?

Last year I looked in detail at the health effects of poor air quality. There is little new health information about these effects during the year and last year's recommendation to see this as another way of 'getting health into planning' still holds good and reinforces the message of this chapter. If we can include health issues in planning, we can build in improved air quality too.

I also recommended close monitoring of progress for 'Healthy New Towns' and, as this chapter demonstrates, this has been achieved.

Chapter 3: Breaking the Cycle of Disadvantage

Part 1
Keeping the Torch aflame: The Health Inequalities Commission

What was the Health Inequalities Commission?

➢ The independent Health Inequalities Commission for Oxfordshire was commissioned by the Health and Wellbeing Board and carried out its work throughout 2016.

➢ The idea was to take an independent look at inequalities across Oxfordshire and to make recommendations for action.

➢ It took two years of persistent effort to create it.

➢ The Clinical Commissioning Group, the County Council's Public Health team, along with many other partners, including Oxfordshire Healthwatch, played a midwife role.

➢ The report of the Commission was presented by the independent Chair, Professor Sian Griffiths, to the Health and Wellbeing Board in November 2016 and at a launch event on 1st December, chaired by the Leader of the County Council, attended by the media and a wide range of partners.

➢ The Health Inequalities Commissioners were independent members selected from statutory and voluntary sector organisations and academia.

➢ The report made 60 recommendations covering a very wide range of topics. The recommendations were just that – recommendations – they have no force apart from our willingness to consider them and make changes where appropriate.

➢ The practical work is being taken forward by a multiagency implementation group.

This was an important piece of work and I want to use this report to keep the torch aflame

Progress has been reported regularly to the Health and Wellbeing Board and the Health Overview and Scrutiny Committee (HOSC) for the last 18 months.

So what is happening?

➢ The Health and Wellbeing Board agreed that organisations need to adapt and develop existing ways of working to ensure that health inequalities were identified and addressed. This will form part of the to-be-revised Joint Health and Wellbeing Strategy.

➢ Rather than set up a range of new, possibly short-lived projects, the Implementation Group wants to see existing projects develop a stronger focus on tackling inequalities, maybe by targeting particular localities or groups of people instead of just taking a general approach for everyone.

➢ The Commission also highlighted the need to step up the whole 'prevention agenda' aimed at including people who are likely to have worse outcomes. This is now gaining traction and the Clinical Commissioning Group are working with the Public Health Team to join up their preventative action across the County.

Has anything changed?
There are some good signs of progress but entrenched health inequalities will not be eradicated overnight. This is a long haul and it is only by sustaining the effort and really embedding inequalities in all our work that lasting improvements will be seen – hence my desire to keep the torch aflame. We need to keep going. It is about considering inequalities in every one of our new strategies and plans that will make the difference.

Q: Universal or targeted?
A: Both!

There is an old question: should we aim to reduce inequalities right across the board, or should we start off with those who are the worst-off? The answer is both – we need a general approach to increase benefit for everyone – and narrow the gap between best and worst….. and target those at the very end of the scale.

The good signs so far include:

➢ The big-ticket item is that health inequalities and their reduction are now included in all our major strategies. Increasingly, vulnerable groups are having specific work focussed on them e.g. people suffering from domestic abuse.

➢ Establishment of a (very modest) Innovation Fund through the Oxfordshire Community Foundation which will be used to fund projects to have a measurable impact on health inequalities. Working with Oxfordshire Community Foundation has already meant more money can be added to the pot.

➢ Social prescribing initiatives (prescribing things like walks or joining clubs rather than having a prescription for medicine) are being developed across the county, including a project in North and West Oxfordshire with West and Cherwell District Councils which has won national funding. More people will be "prescribed" activities instead of medicine to help with their health problems and prevent them getting worse. (see chapter two on Healthy New Towns for further examples).

➢ A new analysis of areas of the county which have worse outcomes for some health issues has been published and is being used to target services.

➢ Well@Work activities in the NHS, local authorities and the private sector are being used to raise awareness of mental wellbeing and the benefits of physical activity

What else is still needed?

➢ Reporting success and good practice will fuel the flame and keep the momentum going – we need to learn from each other.

➢ Better data for use in needs assessments and equity audits is coming on-stream and needs to be used more widely.

➢ The new Joint Health and Wellbeing Strategy and other major strategies need to address inequalities issues and be explicit about what can be done.

➢ The 'population health management' initiative mentioned in Chapter 1 will help to combat inequalities and spread preventative activity.

Part 2

Report on the Basket of Indicators

Two years ago I identified a basket of high quality indicators which would help us to measure progress in the fight against disadvantage. I set a baseline figure for comparison (shown as a vertical dotted line on the charts in this chapter) and will report on progress against these one by one.

Indicator 1. Child Poverty

The proportion of families classed as having 'children in poverty' fell both nationally and locally last year after a worrying upward' blip' last year. **This is good news.**

The correct name for this is indicator is 'relative poverty'. Poverty is not an absolute – it is a comparison of the best-off with the worst-off. Poverty in a 'wealthy' country might look like wealth in a 'poor' country. An individual is considered to be living in relative poverty if their household income is less than 60% of median national income. Nationally two-thirds of children classified as being in poverty are living in households where at least one adult is in work. The most up to date data comes from 2015.

Percentage of Children in poverty (Under 16 years)
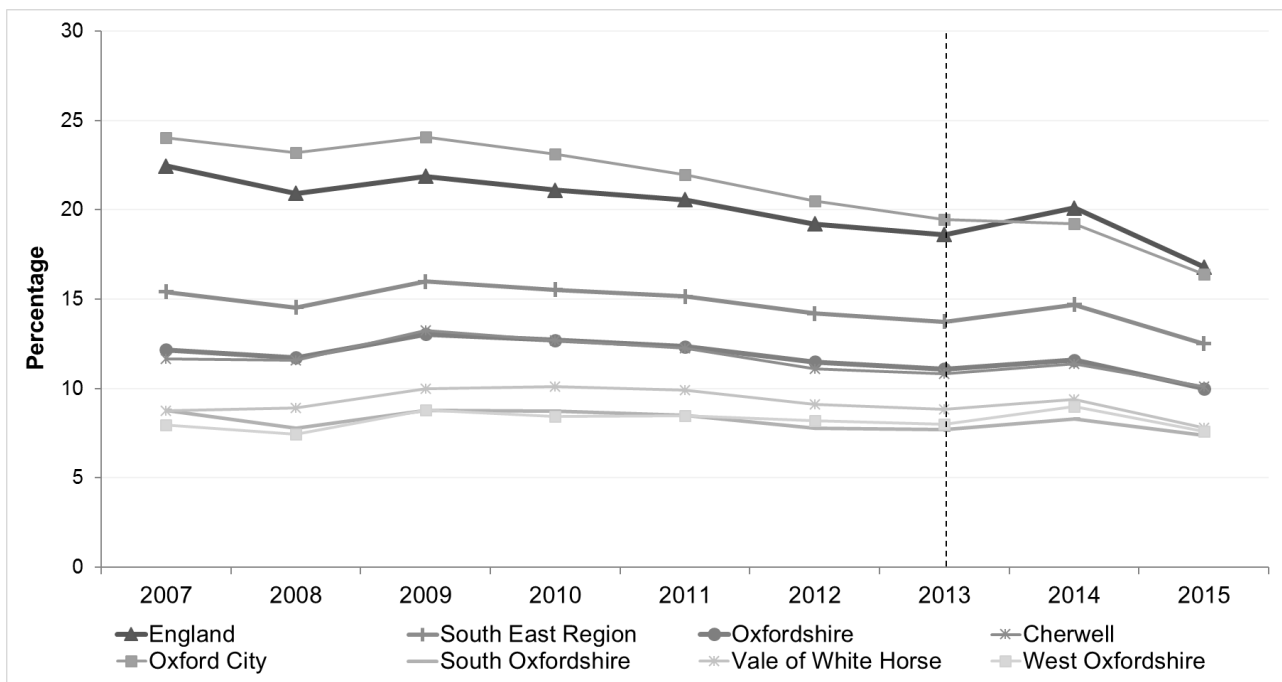
Public Health Outcomes Framework, from PHE

The chart shows that:

➢ There is a national and local trend downwards – this is very welcome.

➢ Overall Oxfordshire has a significantly lower percentage of children in low-income families than England. This is good news.

➢ Oxford City has had a significantly higher percentage of children in low-income families than England until more recently – it has been lower than or similar to the national figure for the last couple of years. This is encouraging.

➢ All other districts in Oxfordshire have significantly lower levels of children in low-income families.

Indicator 2. Teenage Pregnancy

This indicator measures all conceptions in females under 18 years of age whether the pregnancy ends in birth or termination.

Under 18 conception rate per 1,000 female population aged 15-17 years
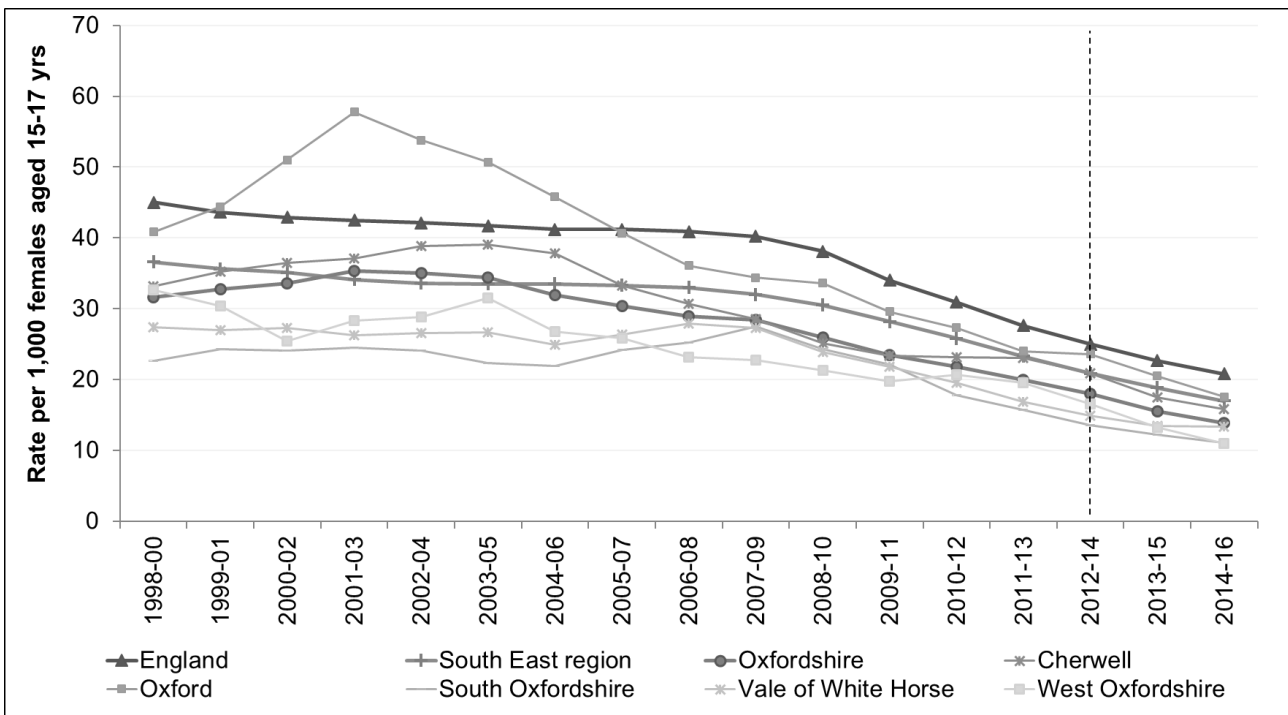
Office for National Statistics

The chart shows that:

➢ The general downward trend in under 18 conceptions continues. More good news.

➢ The teenage conception rate in Oxfordshire is significantly lower than the national average and is decreasing broadly in line with national and regional trends.

➢ There has been a welcome sharp decline in Oxford City since 2001-03

➢ Most recent data (2014-16) continues on a downward trend across all geographies.

➢ This is a good result.

Indicator 3. Teenage mothers

Not all teenage conceptions end with a live birth. About half result in termination. This indicator measures live births to mothers under 18 as a percentage of all births. These children will, on the whole, be at risk of experiencing disadvantage and poorer life chances.

The chart below shows a percentage, but to give a more human context we are talking about 30 births to mothers in this age group in 2016/17 and this number has more than halved over the last decade.

Percentage of births where mother is aged <18 years
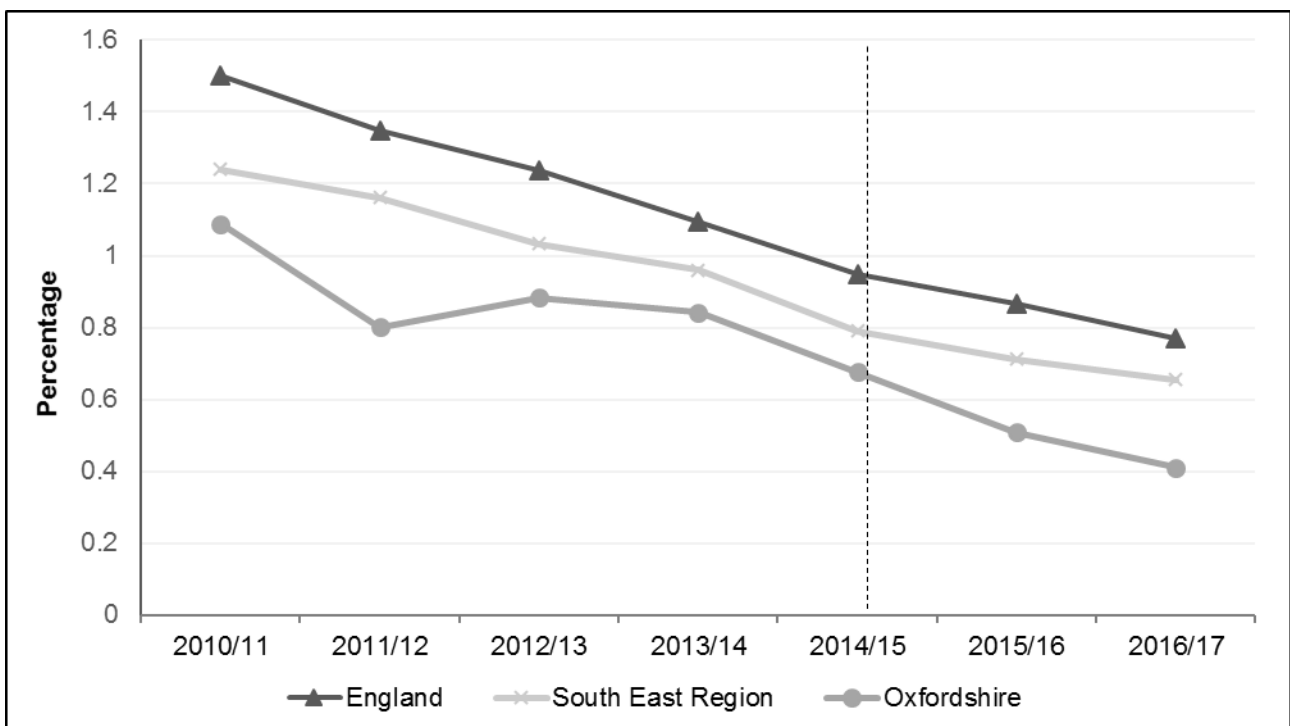
Hospital episode statistics (HES), from PHE

The chart shows that:

➢ In Oxfordshire, the proportion of births where the mother is under 18 is significantly lower than in the South East and England, and is decreasing.

➢ This is very good news. It means that a lower proportion of children in Oxfordshire are at risk from this form of disadvantage.

Director of Public Health Annual Report for Oxfordshire

Indicator 4. Breastfeeding at 6-8 weeks.

Breastfeeding gives children a great start in life. Its positive effects on health are long-lasting and as well as providing a perfect diet and providing immunity from disease. The breastfeeding rate at 6-8 weeks remains high in Oxfordshire compared to England at just over 60%. England's figure is 15 to 20 percentage points lower. We should remember however that despite best efforts not all mothers can breastfeed.

The challenge is to get the rates higher in the lowest areas which are historically: Banbury, Bicester, Kidlington, Didcot, Wantage and South East Oxford.

Percentage of infants aged 6-8 weeks who are breastfed
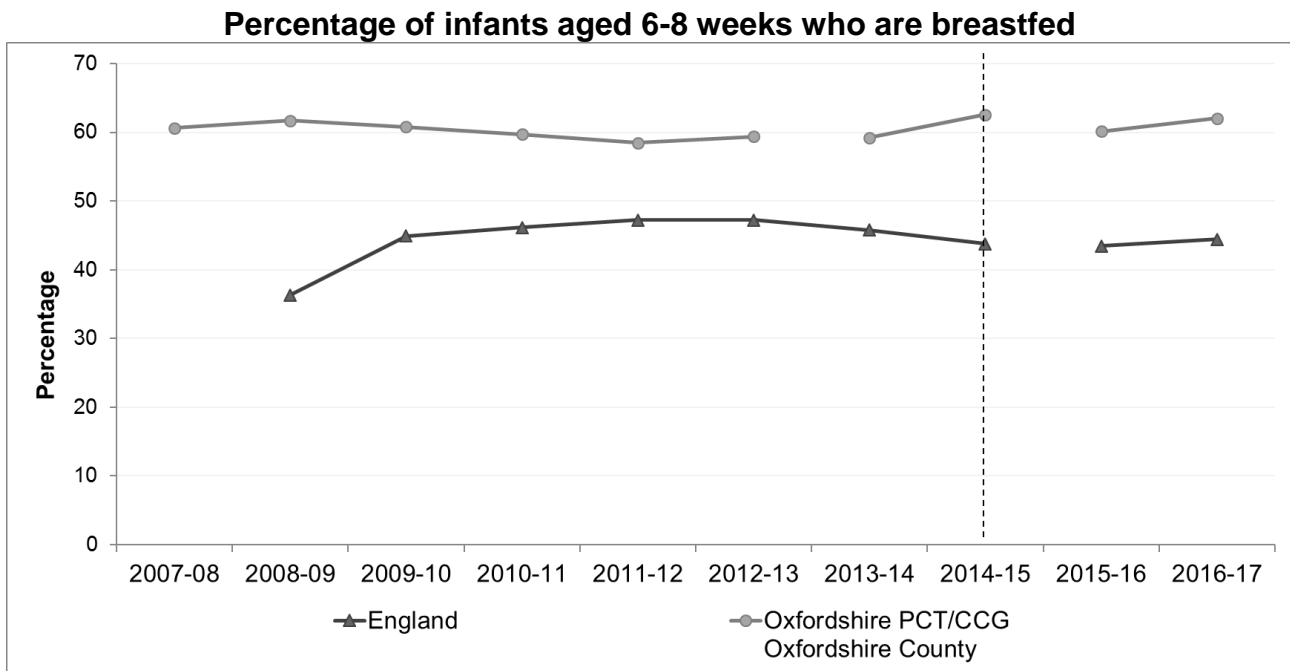
Public Health England National Child and Maternal Health Intelligence Network

NB Breaks in the Oxfordshire line indicate that 1) reorganisation from PCT to CCG, and 2) change in methodology which has not yet been backdated – breastfeeding data is now reported by county (i.e. residence) rather than CCG (i.e. GP population).

The chart shows that:

➢ Oxfordshire has a significantly higher percentage of infants breastfed at 6-8 weeks than the national and South-East averages.

➢ The Oxfordshire figure has increased slightly.

➢ Nationally the prevalence of breastfeeding at 6-8 weeks increased and now appears to be levelling off.

➢ This is another good result.

Indicator 5. Childhood Immunisation

Immunisation for Measles, Mumps and Rubella is a good proxy measure for the take up of all immunisations. Children should receive two Measles, Mumps and Rubella (MMR) vaccinations, the first by the time they are 2 years old and the second by 5 years old. All immunisation rates are monitored thoroughly through the Public Health Protection Board and through the Health Improvement Board. Oxfordshire's results are very good and NHS England and Public Health England are to be congratulated. The key is to monitor these figures really closely and respond to the smallest dip.

Percentage of 2 year olds that have received one dose of MMR vaccination
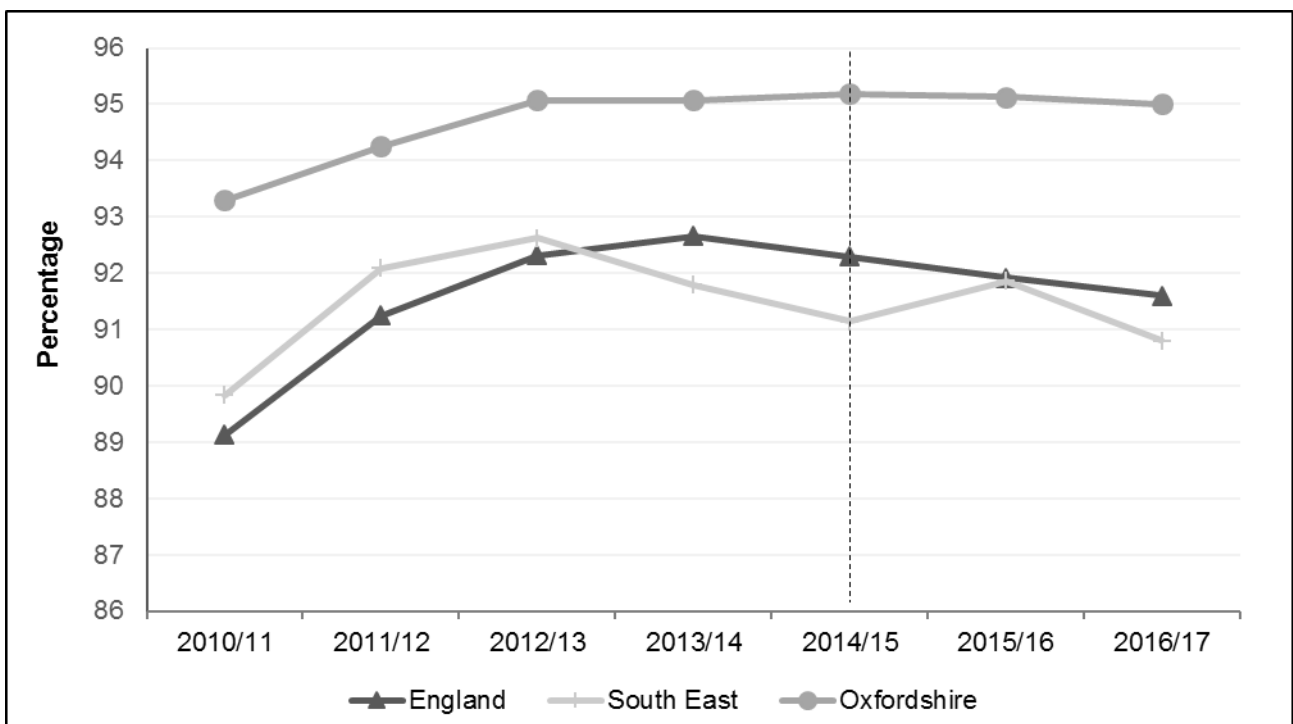
Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE). Please note axis does not start at zero.

The chart shows that:

➢ The percentage of eligible children receiving MMR vaccination has consistently been better in Oxfordshire than in the South East and England overall.

➢ Vaccination coverage in Oxfordshire is among the highest in the region at 95% - the national target - which very few areas meet.

➢ Oxfordshire's coverage appears stable over the past five years, where regional and national coverage has decreased. This is due in part to the very close scrutiny we give to these figures quarter by quarter.

Indicator 6. School Readiness: the percentage of children achieving a good level of development at the end of reception year.

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

School Readiness: the percentage of children achieving a good level of development at the end of reception
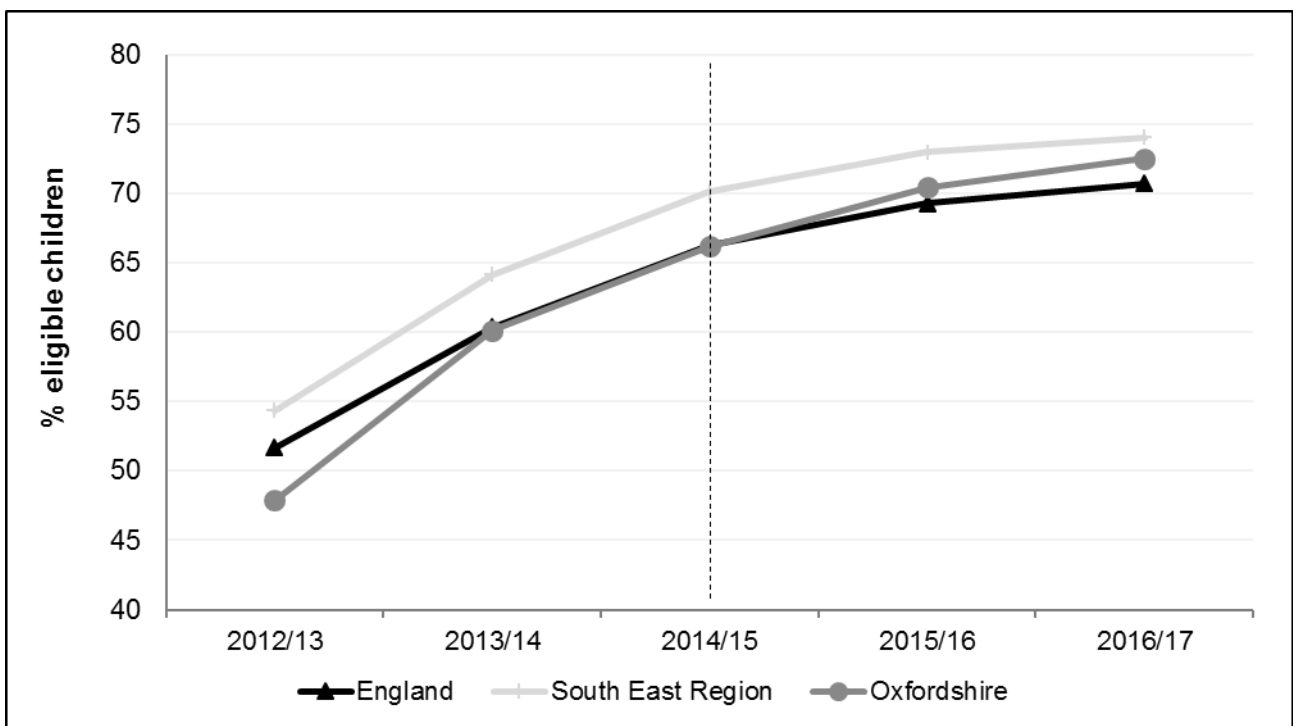
Department for Education (DfE) EYFS Profile. Please note axis does not start at zero.

The chart shows that:

➢ Since 2012 Oxfordshire has been gradually 'catching up' with rest of our Region – this is very encouraging.

➢ In 'catching up', Oxfordshire's figure was 'lagging behind' the England figure but has now overtaken it – another good result.

➢ It should be noted that if one drills down into this data, the results for children in receipt of free school meals an indicator of disadvantage) are lower than the group who do not receive free school meals (see more detail below).

Indicator 7. School results

Educational attainment is a fundamental and profound indicator of disadvantage. **It is an indicator of a child's life chances.** How our children perform compared with all children nationally is important and helpful information.

The national system for measuring educational attainment is changing. Looking at our overall performance in GCSEs over the last decade shows two main trends:

1. Gradual improvement on an initially weak position compared with neighbours

2. Concerns that (as elsewhere in the country) children identified as having a disadvantage either because of poverty or ethnicity performed less well on the whole.

The section below sets out some of the new ways of comparing our children's performance with elsewhere.

Because this is an important indicator I am going to explore the figures in some depth.

The first measure, in Year One (age 6), is the 'phonics screening check'. Phonics is a method of teaching people to read by learning the sounds that letters make. The test takes 5 to 10 minutes and tests children's ability to read short words or bits of words that form the building blocks for longer words e.g. cat, sand, windmill. It also includes nonsense words to make sure children can really link the writing to a spoken sound.

Oxfordshire's performance compared with regional and national figures looks like this:
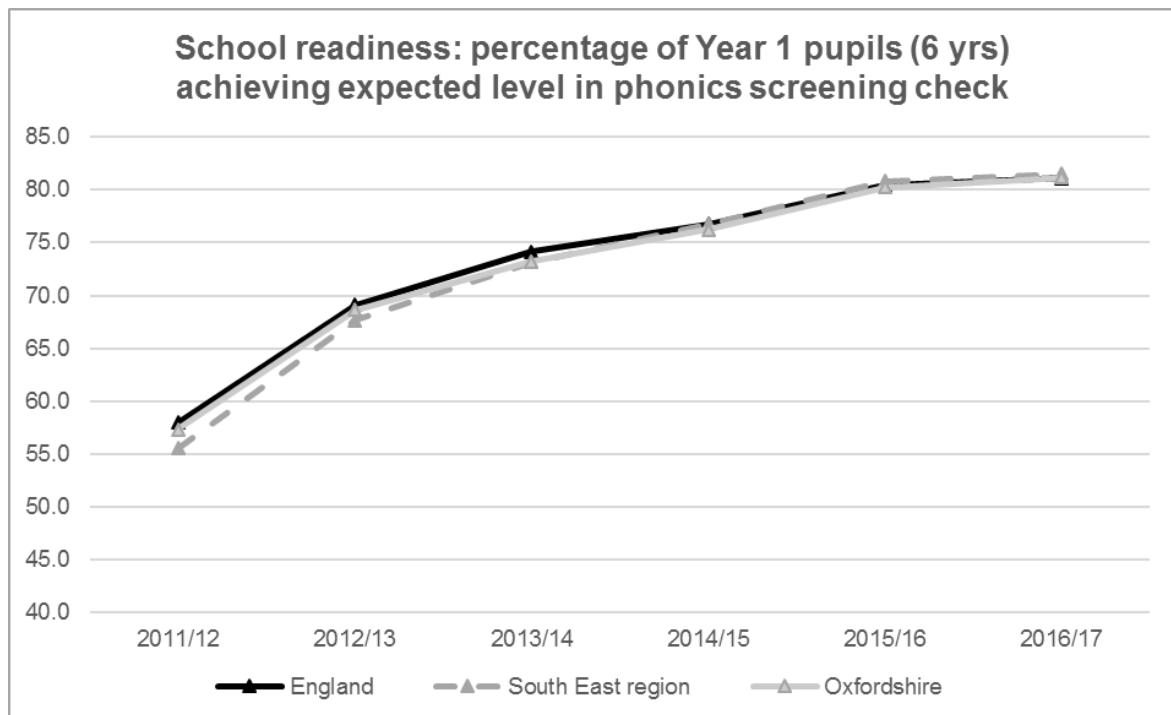
Please note axis does not start at zero

The chart shows that there are no notable differences in the phonics test results across England, South East and Oxfordshire and all follow a similar upward trend.

However, if we look at the children who receive free school meals, we get the following picture:
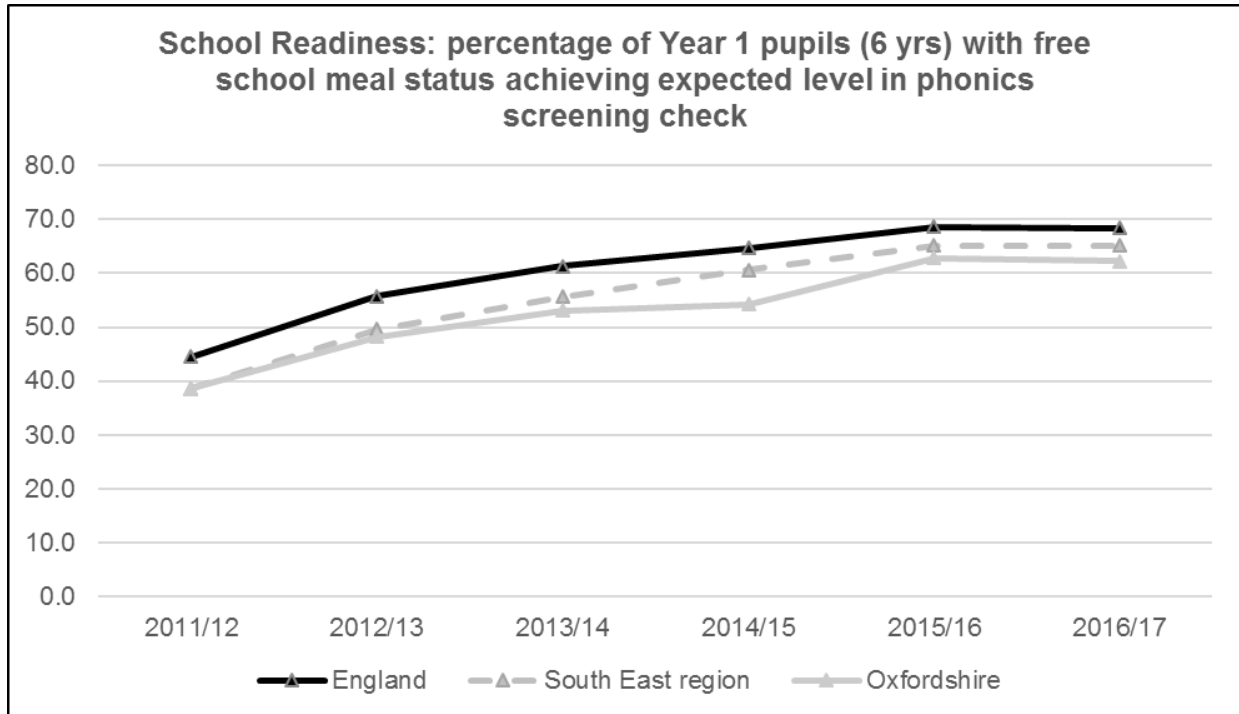
The chart shows that:

➤ Oxfordshire's attainment for phonics for children receiving free school meals is lower than national and regional levels.

➤ This is a concerning result. It shows we have work left to do to at least catch up with, if not exceed, the national figure.

Ethnicity

The results for school readiness are not spread evenly across ethnic groups – highlighting a further source of potential inequality. Recent results are shown in the table below:

% achieving a good level of development	White	Mixed	Asian	Black
Cohort in Oxon.	6239	526	460	174
Oxfordshire	**74 (72)**	**74 (71)**	**68 (59)**	**68 (65)**
National	72 (70)	73 (71)	69 (68)	70 (68)
Similar Local Authorities (average score)	73 (72)	74 (71)	68 (70)	64 (63)

The figures in brackets show last year's results, so the picture is generally improving.

The table shows that a lower proportion of children from Asian and Black ethnic groups score lower on this measure.

This finding is similar to those seen in England and amongst similar Local Authorities and gives an indication of ongoing disadvantage.

Gender

There is a further inequality in this data regarding phonics – girls outperform boys overall. This may mirror underlying genetic and social differences in some way. The chart below shows the picture for measures of school readiness regarding phonics:
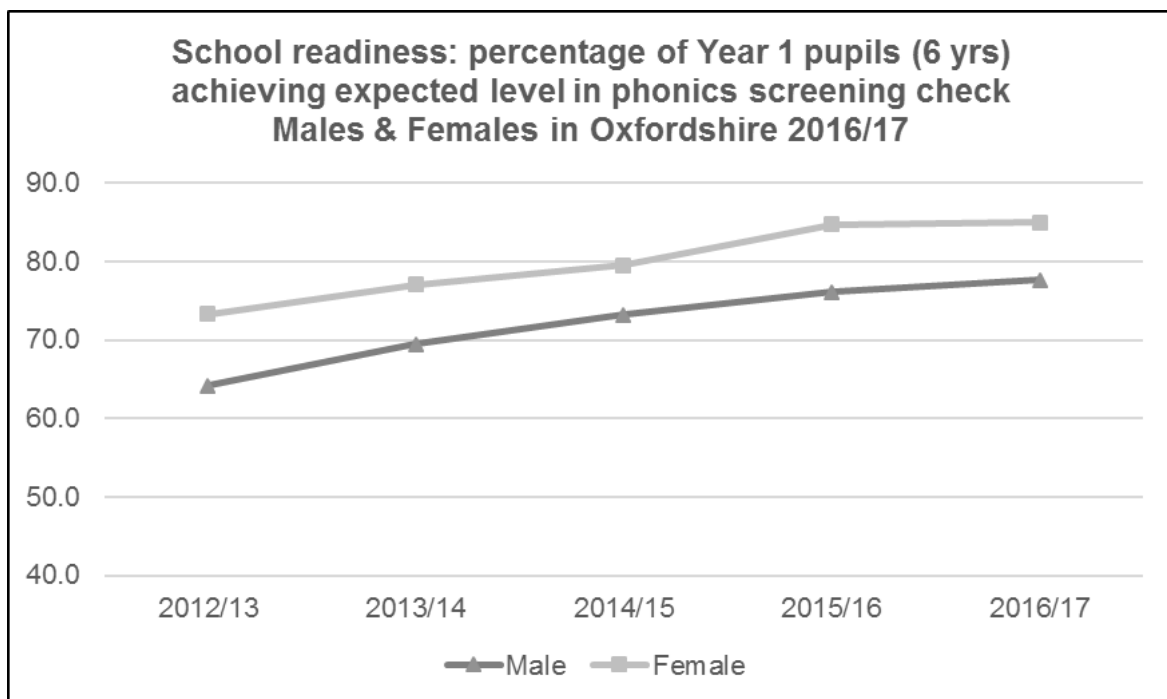
Please note axis does not start at zero

The chart shows that:

➢ Girls achievement stands at around 85%, boys' at around 78%

➢ Achievement for both genders has been steadily improving.

Other Key Stage 1 results

Summarising the other County's many other results at key stage 1 (6-7 years), in the interests of space, gives the following comparative position and shows mixed results. Taken as a whole, the figures are better than England and lower than in similar Authorities indicating again that there is room for improvement.

Test	Oxon compared to similar counties	Oxon compared to England
Maths	Just below	Just above
Reading	Just below	Above
Science	Similar	Above
Writing	Slightly below	Slightly below

Results at Key Stage 2 (age 10-11 years)

At Key Stage 2 (10-11 years) the method of assessment has changed. Data for 2017 shows the following picture. It combines reading, writing and maths. The results look like this, comparing Oxfordshire with similar Local Authorities:
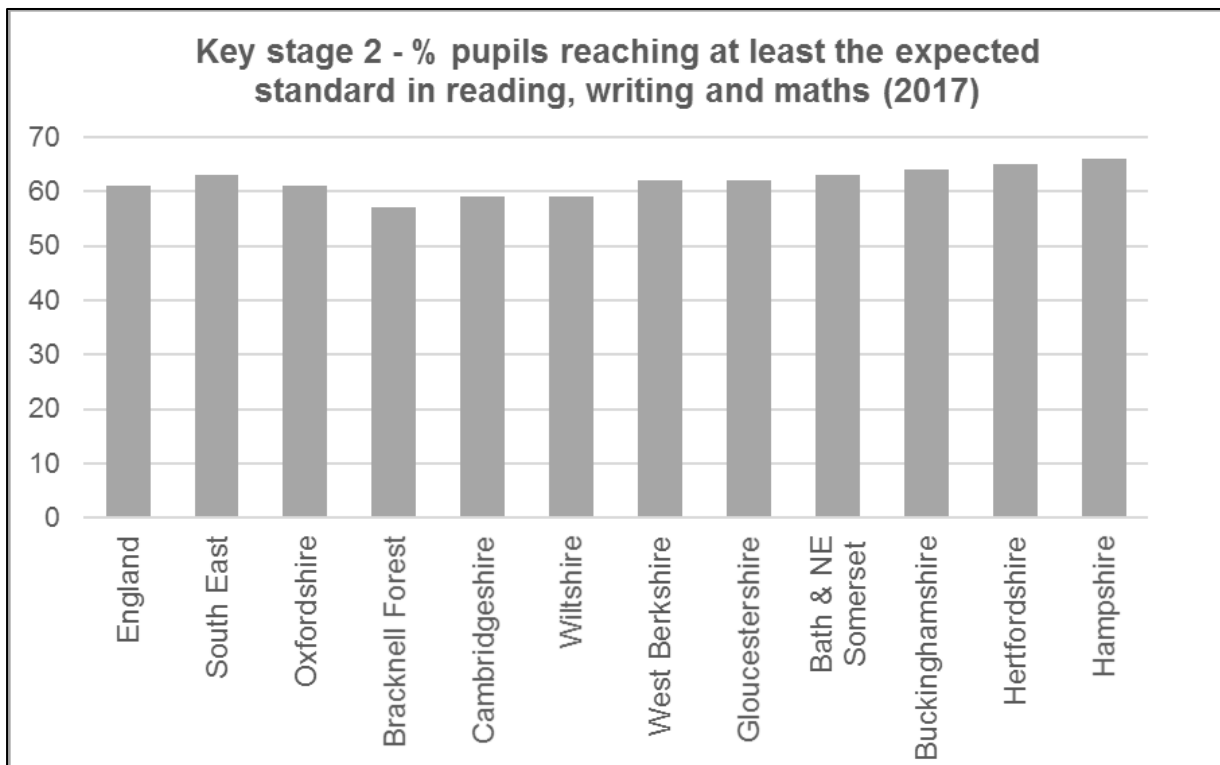
The chart shows that Oxfordshire's performance is around the national average and slightly below the regional average. The results for similar Local Authorities show a mixed picture with some performing less well than Oxfordshire and some better. It will be important to monitor these results to see what trend emerges over time.

Looking at Key Stage 2 results for ethnicity shows the following results:

KS2 attainment by major Ethnic groups, 2017

Ethnic group	England	Oxon
Black	61	49
Asian	64	56
All Pupils	62	61
White	61	62
Mixed	63	64
Chinese	78	67

■ England ■ Oxon
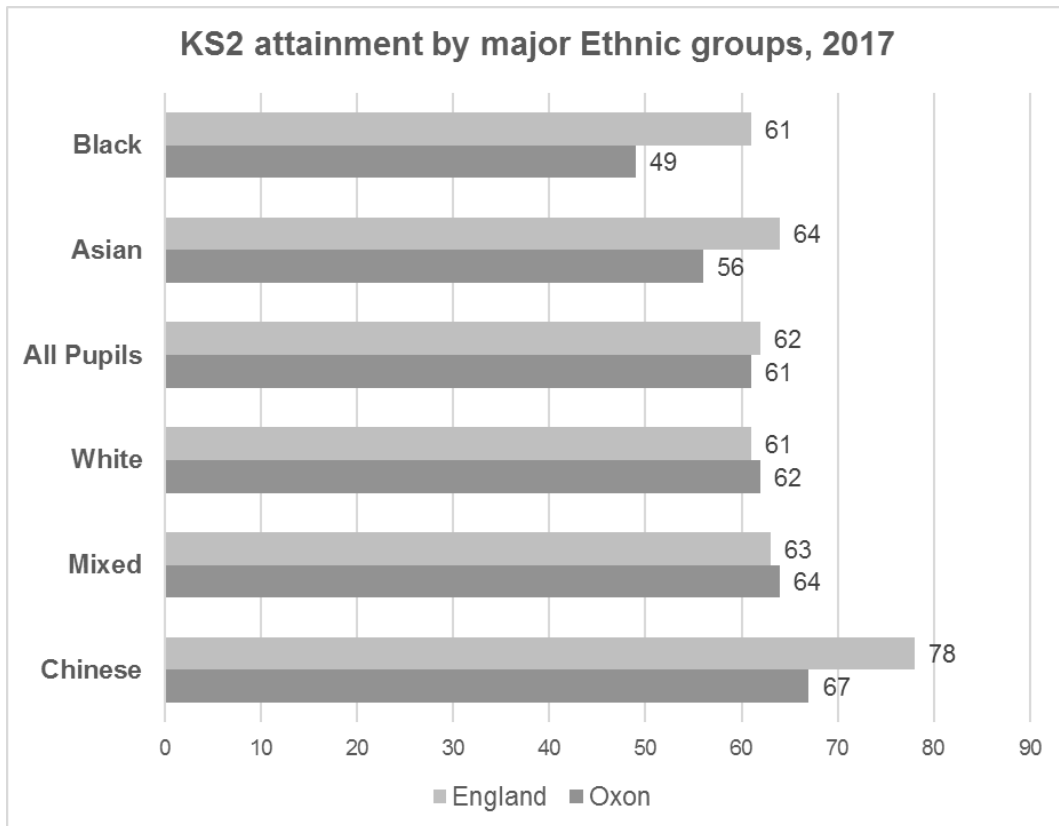
The chart shows that:

➢ Attainment at the end of key stage 2 varies between different ethnic groups. Chinese pupils are the highest achieving group in 2017 as in the last few years, although this cohort is only 13 pupils, and so the statistics are less reliable.

➢ Attainment of 'mixed', 'white' and all pupils is broadly similar to the national average.

➢ Pupils from Black and Asian background are lower in attainment than the England average and this is a source of inequality, although the numbers of students in Oxfordshire are small and so the statistics are less reliable.

Results at the end of secondary school

The new system aims to capture the progress a pupil makes from the end of primary school to the end of secondary school in measures called Attainment 8 and Progress 8. New GCSE qualifications will be added in 2018 and 2019 so measures may not be comparable over time.

Attainment 8 scores add up attainment in 8 subjects and average them. Results are shown below:
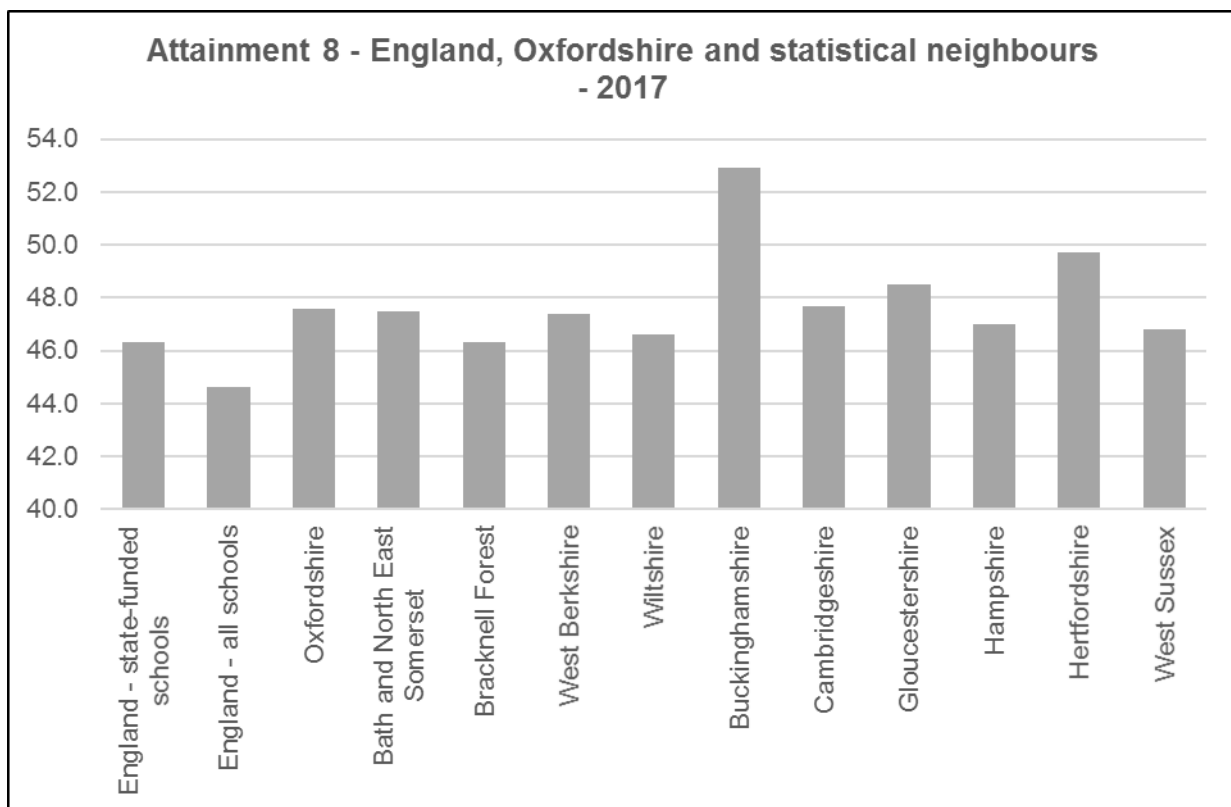
NB the axis does not start at zero so differences will appear visually to be magnified.

The chart shows that:

➤ Oxfordshire performs better than England and is comparable with similar Authorities, although some, such as Buckinghamshire score higher.

Progress 8 is a measure of improvement between key stage 2 and key stage 4 (i.e. during secondary schooling). Oxfordshire's children are compared with a similar national peer group to see if they do better or worse than the peer group. Oxfordshire scores 0 which means we do as well as the average. However, compared with similar authorities, five of our statistical neighbours have a below average score and three have an above average score.

Regarding free school meals, the attainment 8 gap in Oxfordshire is slightly wider in Oxfordshire than that recorded nationally and shows that this inequality persists throughout the 'school career'.

We need to keep a watching brief on these new scores as they develop and more data is added.

Overall for school attainment the themes are:

➢ Oxfordshire's scores are improving overall.

➢ However, inequalities are a cause for concern amongst children with free school meals and children from Asian and Black ethnic groups.

Indicator 8. 16-17 year olds not in education, employment or training.

From September 2016 the Department for Education changed the requirement on Authorities to track school age 18-year-olds. Local Authorities are now only required to track and submit information about young people up to the end of the academic year in which they have their 18th birthday i.e. academic age 16 and 17-year-olds. This means that accurate comparisons can't be made as before.

In the new system only one year of data is available, the results are shown below for males and females:
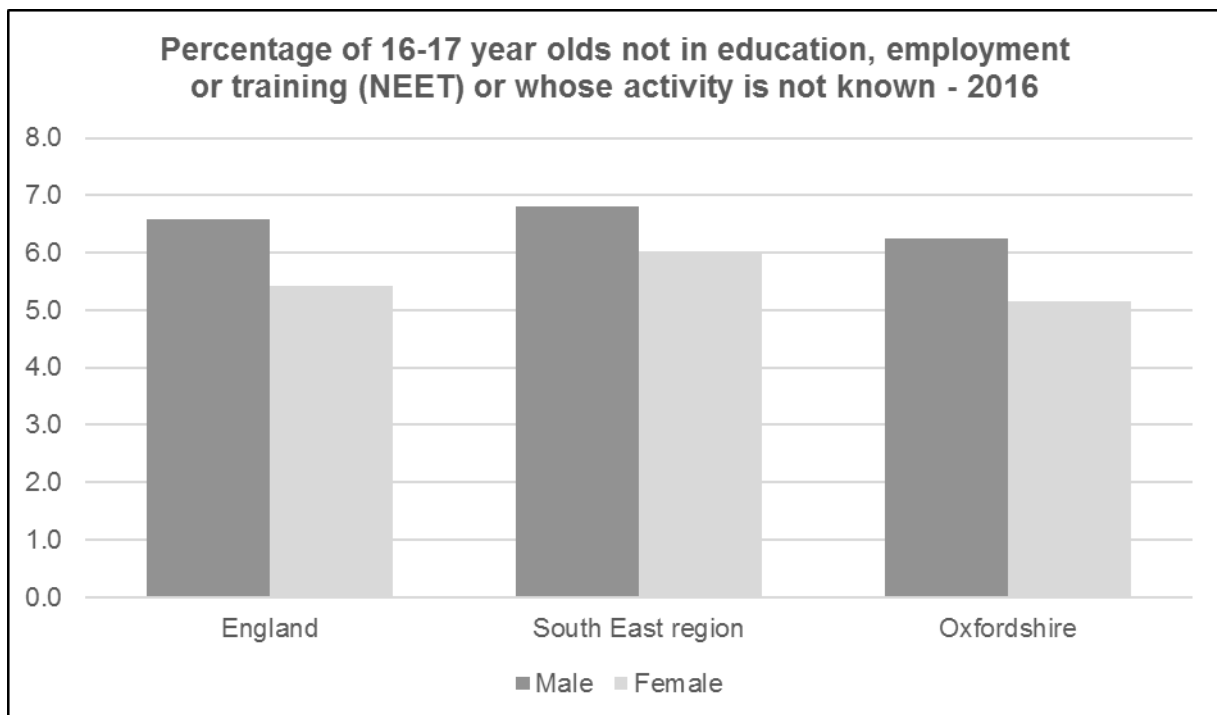
The chart shows that:

➢ Oxfordshire's figures for males and females are better (i.e. lower) than both the national and regional figures at just over 6% for males and just over 5% for females.

➢ This is a good result.

Improvement is possible however as some similar Local Authorities have lower figures – Hertfordshire for example is around 3% overall.

National figures show the following result:

Percentage of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known - England - 2016
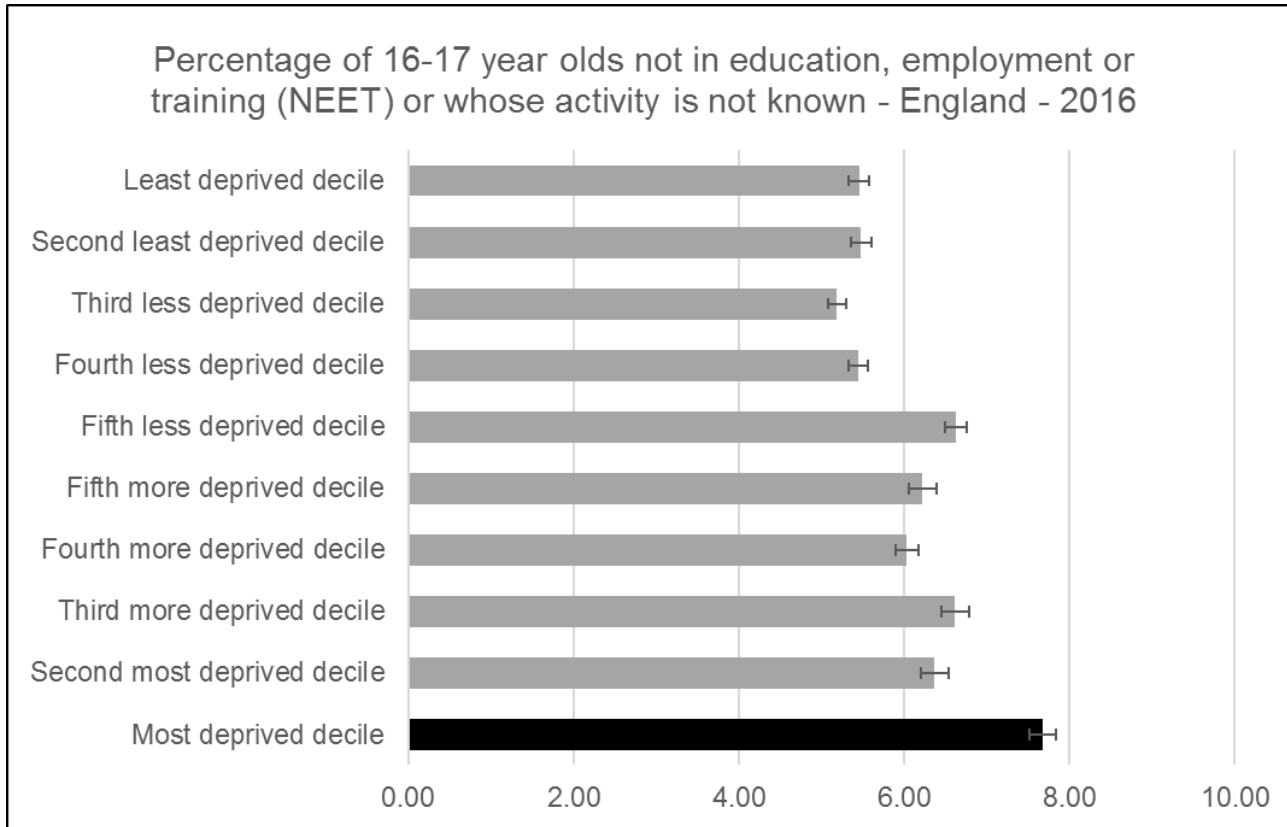
There is an 'inequalities gradient' at play here in the national data, with children in the most disadvantaged tenth of the population being about 2% more likely to be not in education, employment or training than those in the least disadvantaged tenth.

Indicator 9. Obesity in children in reception year.

Obesity is one of the biggest threats to health and wellbeing and it starts young. This indicator looks at children as they enter school. Obesity is more common in disadvantaged children.

Percentage of children in Reception Year who are obese
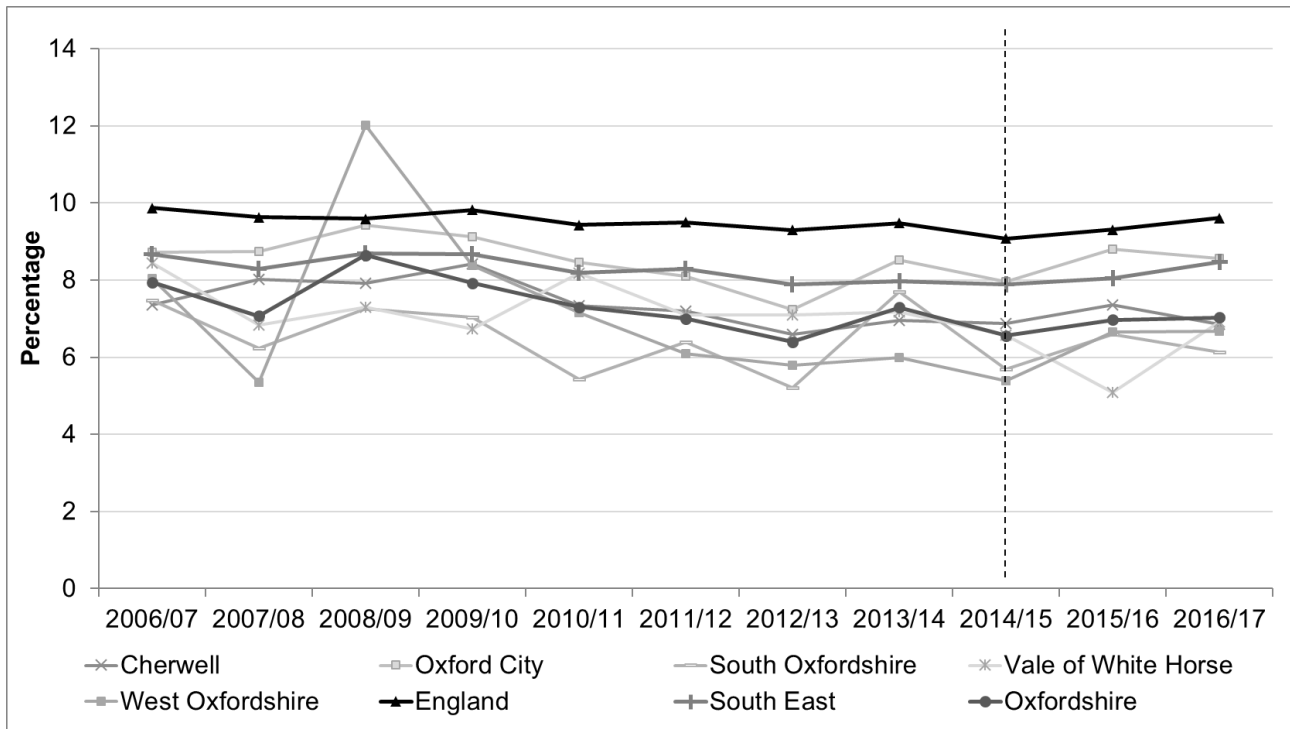
National Child Measurement Programme (NCMP)

The chart shows that:

➢ Oxfordshire continues to buck the national trend, having obesity levels in reception year of around 7% compared with almost 10% nationally. Both these figures are too high – but it is a good result for Oxfordshire comparatively speaking.

➢ The trends are fairly static over time.

➢ Oxford City continues to have a higher rate – this will be due largely to higher levels of social disadvantage. The figure for more disadvantaged parts of the City will be higher still as the poor result is offset by very low levels in more affluent parts of the City.

Indicator 10. Obesity in year 6 (10/11 year olds)

The last indicator showed an average of 7% obesity for Oxfordshire's children in reception year. By the time children become 10-11 years old the Oxfordshire figure rises to around 17%. This is better than England's figure of 20%, but it is still a concerning increase in such a short time. This trend continues into adulthood when over 50% of people are overweight or obese.

Percentage of Year 6 children who are obese
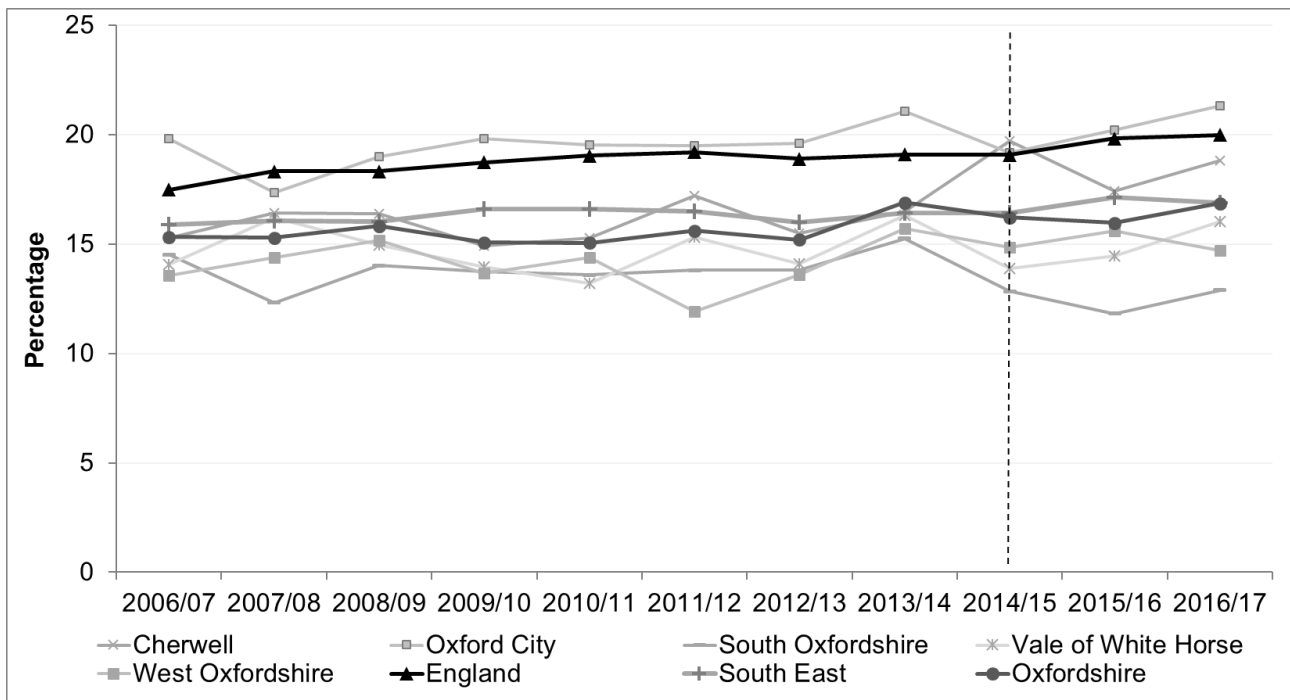
National Child Measurement Programme (NCMP)

The chart shows that:

➢ Oxfordshire as a whole performs significantly better than the national average for prevalence of obesity in Year 6 children.

➢ Oxford City and Cherwell are the only districts which do not have significantly lower rates than England, and the City's figure is higher. This is a reflection of the fact that these areas have a greater number of disadvantaged children.

➢ Over time childhood obesity shows a slow gradual rise with some possible levelling off over recent years.

Indicator 11. Homeless Households

To be homeless is a direct measure of disadvantage and gives us a useful overall indicator.

Statutory homelessness: crude rate per 1,000 households, Oxfordshire, the South East and England.
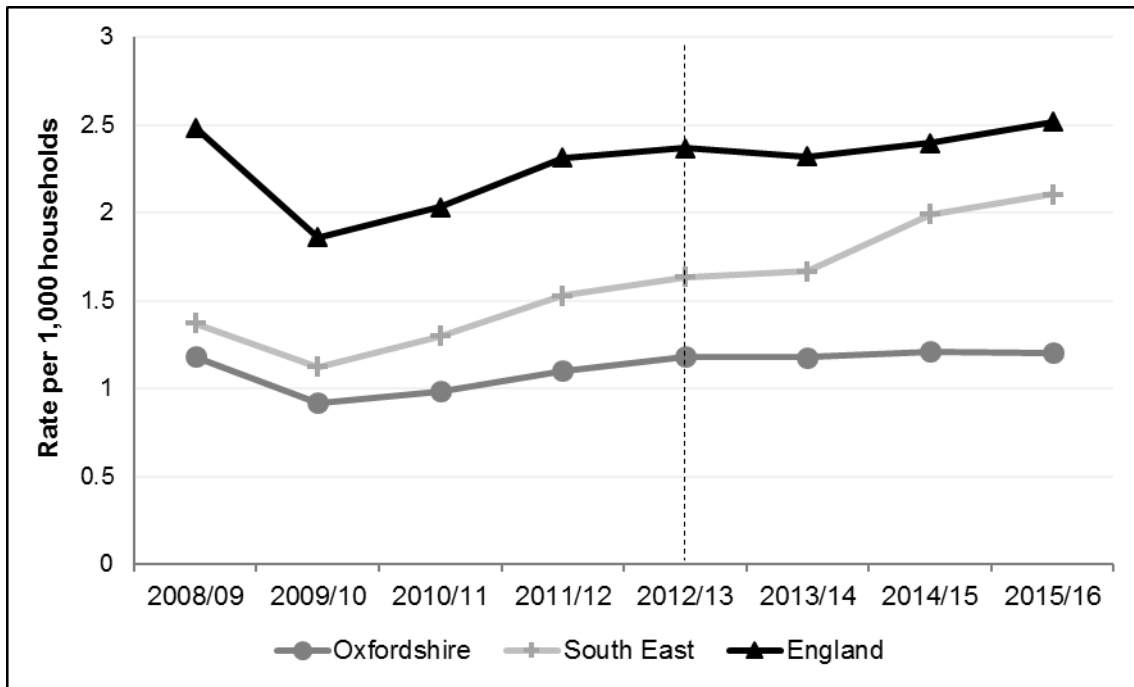
Department for Communities and Local Government

The chart shows that:

➢ The Oxfordshire figure is much lower than the regional and national average.

➢ The Oxfordshire rate is stable at just over 1% of households while national and regional rates are rising and more than double this figure.

➢ This is a good result which bucks the national trend.

If we drill down into the Oxfordshire data we get the following picture at District level:

Statutory homelessness: crude rate per 1,000 households, Districts in Oxfordshire.
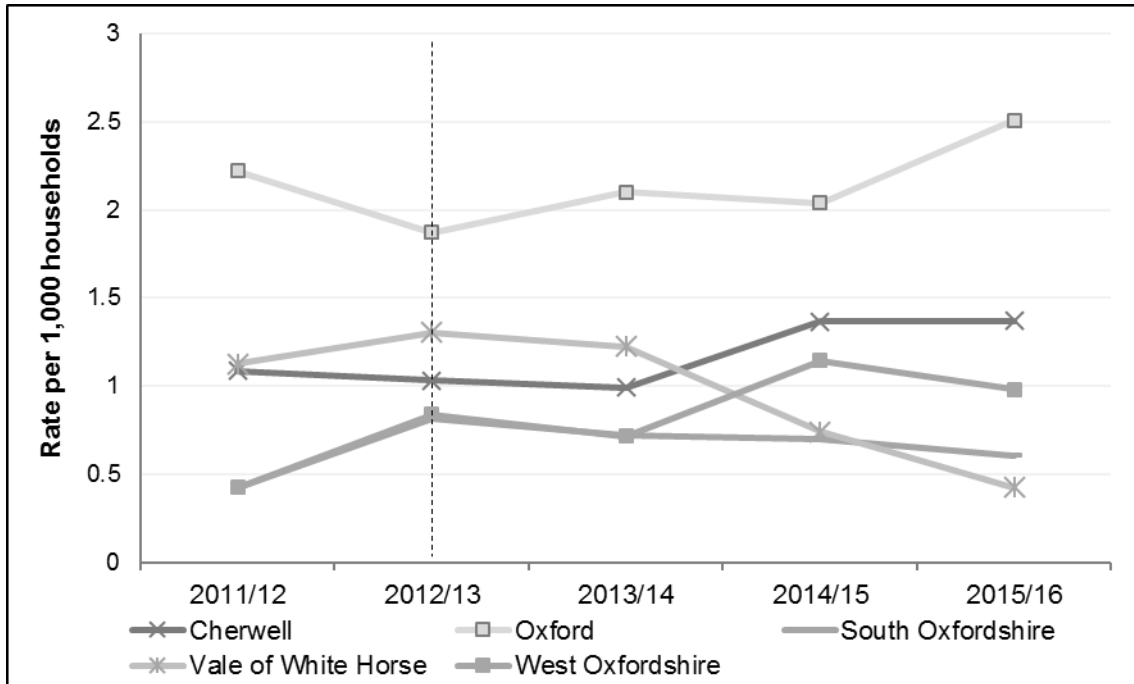
Department for Communities and Local Government

The chart shows that:

➢ Homelessness is most prevalent in Oxford City and is similar to the England rate.

➢ All other districts are significantly lower than England.

Indicator 12. Households in temporary accommodation

Placing homeless families in temporary accommodation is a means of preventing homelessness and provides a stop-gap. It is also an indicator of significant disadvantage. The first chart shows the big picture:

Households in temporary accommodation, Oxfordshire, the South East and England
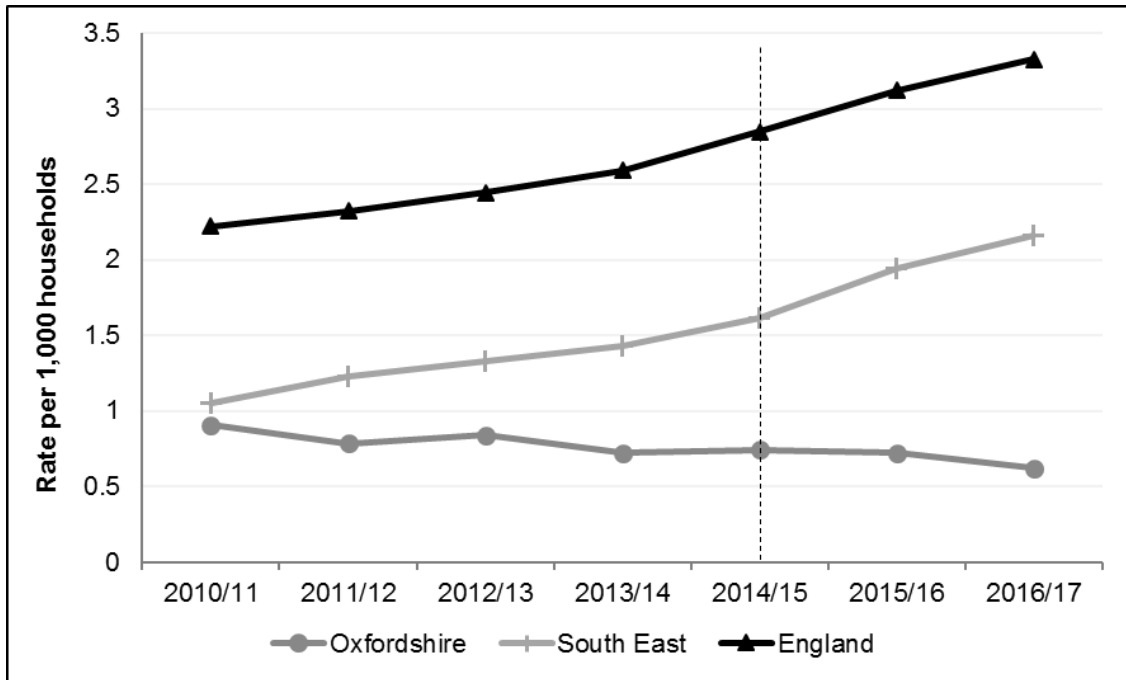
Department for Communities and Local Government

The chart shows that:

➢ Oxfordshire performs very well indeed on this measure. The rates are falling and are much lower than the national figures. In contrast the national figures are rising steeply.

➢ This is an excellent result.

The next chart shows the same data at District level:

Households in temporary accommodation, Districts in Oxfordshire
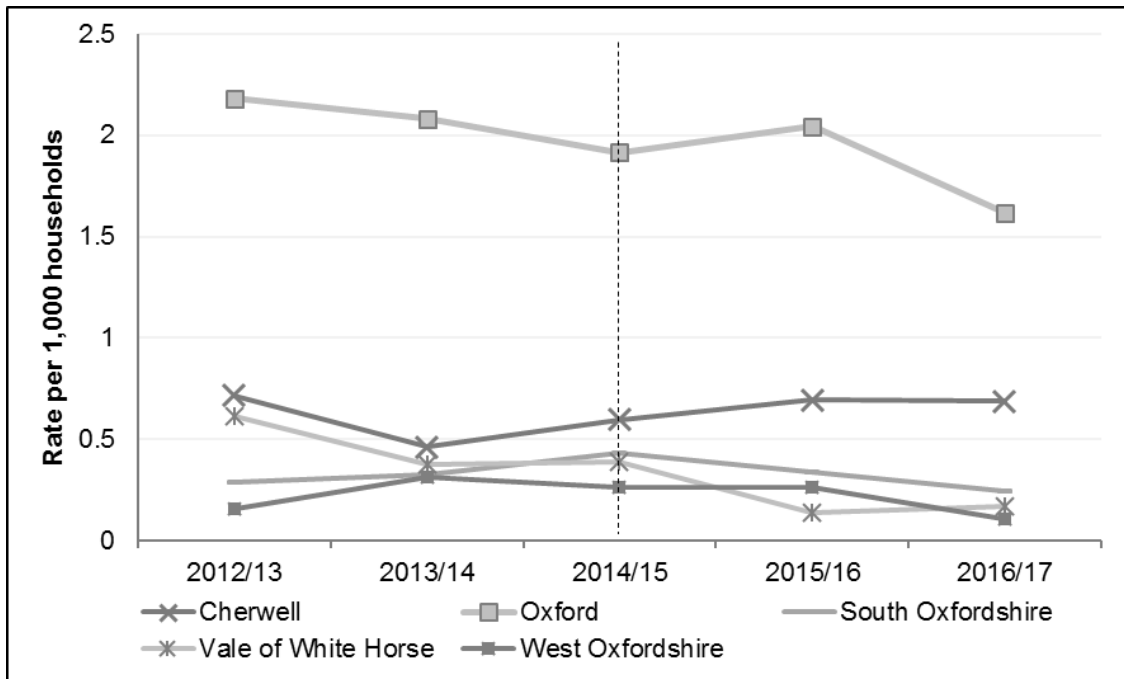
Department for Communities and Local Government

The chart shows:

➢ Another very good result over the last year's data overall.

➢ Rates in general are low.

➢ Rates in Oxford are higher but have fallen sharply and are lower than the national average.

➢ Rates in Cherwell are steady.

➢ Rates in Vale of White Horse, West Oxfordshire, and South Oxfordshire are among the lowest in the region.

Overall Assessment and Conclusion

Overall the indicators show a general reduction in these measures of disadvantage over the year which is a heartening result. However, inequalities are hard-wired into our society based on income, education, ethnicity and gender. We need to take a systematic and sustained approach to tackling disadvantage in Oxfordshire – we are on the right track at present, but vigilance is required.

Educational attainment among children with free school meals and from Asian and Black ethnic groups is a source of concern.

What did we say last year and what has happened since?

For convenience I have inserted last year's recommendations and have given an assessment of progress beneath each one.

Recommendations from last year

1. The Health and Wellbeing Board should ensure that the work of the Health Inequalities Commission continues to be taken forward.
   This is being achieved.

2. The Basket of indicators of inequalities in childhood should be reported in the DPH annual report next year. The Health Improvement board should monitor homeless acceptances closely during the year.
   This has been achieved.

3. The next phase of the Oxfordshire Sustainability and Transformation Plan should target disadvantaged groups and seek to level up inequalities. The service 'offer' should not be 'one size fits all' and the needs of different parts of the county should be recognised.
   This has been superseded by the intervening review of the Health and Wellbeing Board outlined in Chapter 1. This recommendation is now being taken on actively by the Health and Wellbeing Board.

Recommendations

1. The Health and Wellbeing Board should ensure that dealing with inequalities features prominently in the new Joint Health and Wellbeing Strategy and that all health and social care and public health strategies plan for such reductions.

2. The basket of indicators of inequalities in childhood should be reported in the DPH annual report next year.

Chapter 4: Lifestyles and Preventing Disease Before It Starts

If you want to boost your odds of a long and disease-free life, your lifestyle really matters. I've said it before and I'll say it again.

We are what we eat, drink, breathe, think and do.

These things shape our whole lives.

In this chapter we're going to look at some lifestyle choices and their consequences, and we're going to start with the most important issue of the last decade or two: diet, exercise and obesity.

Obesity – why it matters.

Everything in our current culture pushes us towards obesity. We enjoy:

➢ Less physical labour
➢ A cornucopia of foods from across the world on tap
➢ Cars and public transport
➢ Relatively more cash to spend
➢ Every shape and size of restaurant
➢ A vivid advertising industry – now messaging us 24/7
➢ Many, many fast food options – delivered from armchair to front door if we want it – as close as the nearest app
➢ Cheap alcohol and relaxed licensing laws
➢ Electronic communication so we don't even have to go out to have company

The snag is that these things are a cocktail that tends to end up in one place – Under-exercised. Overweight. Obese.

It's been creeping up on us for years, just like it has already in a more extreme form in the USA.

And as a result, more than half of all adults are overweight or obese. And once it becomes the new norm, who notices?

People in the UK are around 20% less active now than in the 1960s. If current trends continue, we will be 35% less active by 2030.

'We are the first generation to need to make a conscious decision to build physical activity into our daily lives.'

So what's the catch? What's the problem?

Well, ***unfortunately obesity leads to more of all the long-term things we don't want.*** It increases our chances of heart disease, stroke, diabetes, cancer, dementia and makes any disability worse and it costs the national economy an estimated £27bn, the NHS £6bn and social care £350m each year.

Of course, it's also a big inequalities issue and affects women more than men, unskilled workers more than skilled and Black and Asian ethnic groups more than White.

The UK Millennium Cohort Study showed in 2017, for example, that the higher a woman's educational level the less likely is it was her children will be overweight.

Definitions of Physical Activity and Obesity

Physically active: *Percentage of adults (aged 19+) who meet Chief Medical Officer recommendations for physical activity (150+ 'moderate intensity equivalent minutes' – which means doing enough to make you breathe a little harder - per week).*

Physically inactive: *Percentage of adults (aged 19+) that are physically inactive (less than 30 'moderate intensity equivalent minutes' per week).*

Excess weight: *Percentage of adults (aged 18+) classified as overweight or obese, based on Body Mass Index (BMI) which is your weight in Kgs divided by your height in metres squared. For most adults, a BMI of:*
- *18.5 to 24.9 means you're a healthy weight*
- *25 to 29.9 means you're overweight*
- *30 to 39.9 means you're obese*
- *40 or above means you're severely obese*

So why do we keep going in this direction?

Well, lifestyles are hard to turn around. They are the warp and weft of what we are day to day and changing is difficult – we are programmed for short term pleasure rather than long term wisdom - and changing and sticking to a change in lifestyle is even more difficult…… ask anyone who has lost weight on a diet how easy it is to keep the pounds off long term – it isn't easy, is it?

What is the situation in Oxfordshire?

We have already looked at obesity in children in detail in Chapter 3 on inequalities. To recap, by the time they reach school, 7% of children are obese. More are overweight. By the time they are in Year 6, the figure is more like 17% and so it goes on increasing into adulthood.

The Active Lives Survey tells us that the picture for adults from who have 'excess weight' in our Districts and county looks like this:

Excess weight in adults (18+)
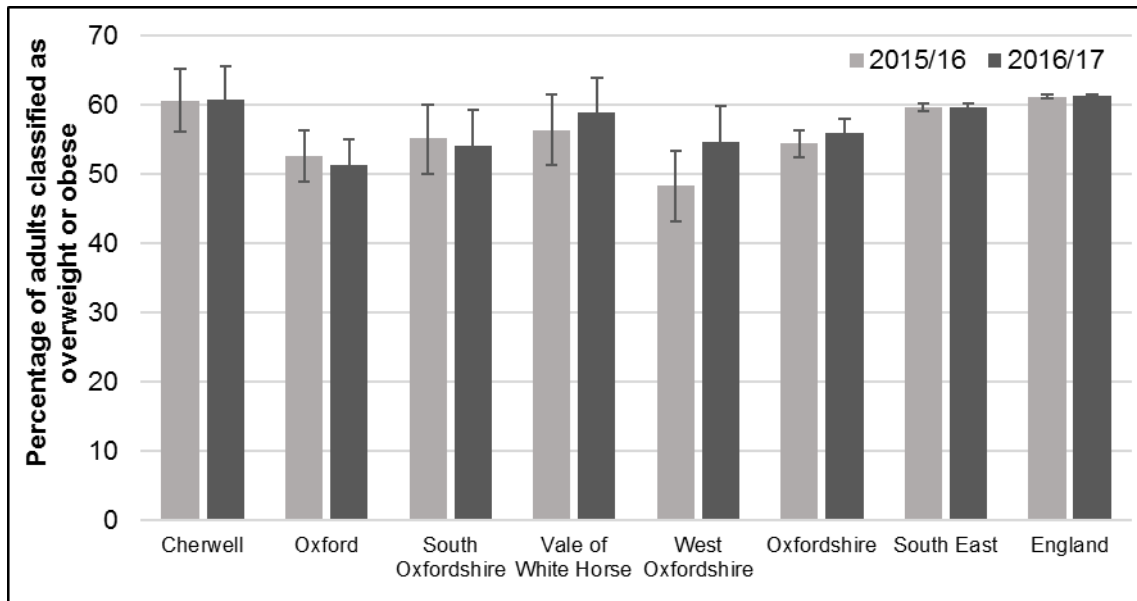
Active Lives Survey

The chart shows that:

➢ In Oxfordshire, over 5 in every 10 adults are either overweight or obese.

➢ Oxfordshire has had a significantly lower proportion of adults overweight or obese than in England overall. This is relatively good news.

➢ The chart reflects the different age-structures of the different Districts, the younger structure of the City keeping its figure lower.

Let's take a look at some of the factors underpinning obesity. Physical activity is very important as it burns calories and thus burns fat…… and any physical activity is OK, even standing instead of sitting, or taking one flight of stairs, or getting off the bus a stop early – it doesn't need to come clad in lycra!

Physical activity in adults (19+)

Active Lives Survey
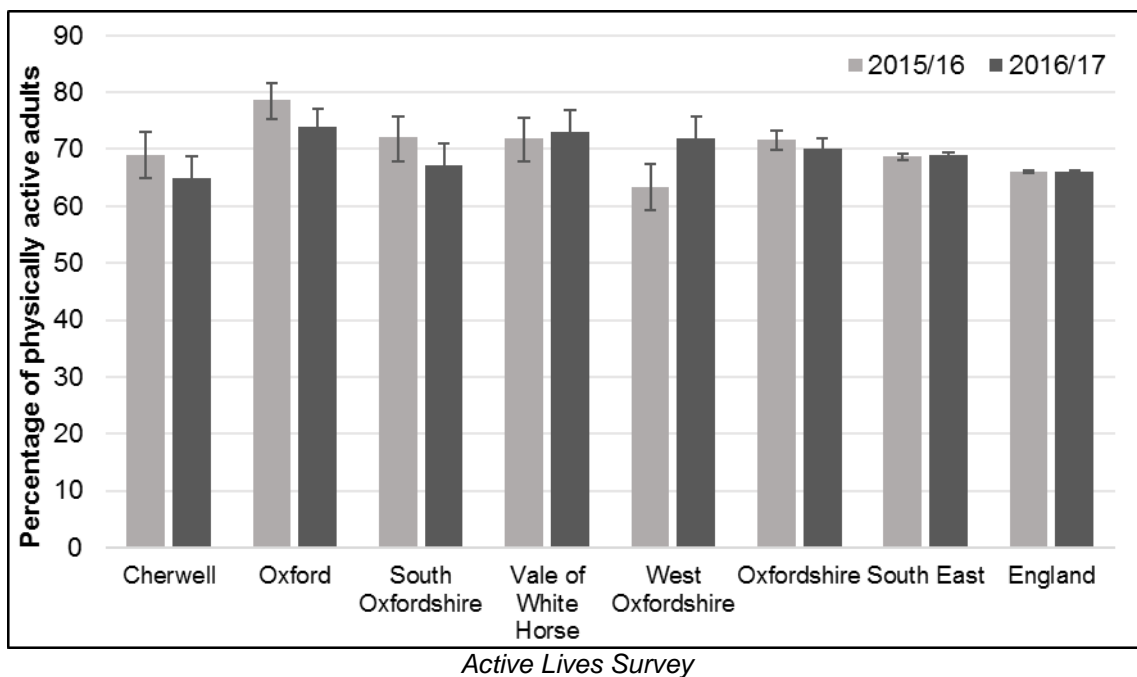
The chart shows that:

➢ Oxfordshire has had a higher proportion of physically active adults than England in both survey years. This is good news.

➢ Again, the differences between Districts will mostly be due to different age structures – younger adults being more active than older ones.

Inequalities are at work in the realm of physical activity too:

➢ Those who are working are more likely to be active than those unemployed or economically inactive

➢ Those less disadvantaged are more likely to be active than those more disadvantaged

➢ Those of White or Mixed ethnicity are more likely to be active than those from Asian, Black, Chinese, or Other ethnicities

➢ Males are more likely to be active than females

➢ Participation in physical activity decreases with age. Nationally, 76% of 19-24 year olds were physically active in 2016/17 compared to 26% aged 85+

So what do we do about it?

The answer set out in last year's report holds good:

'the answer has to come through teamwork between the individual, family, government, employers, planners and organisations. It's about 1000 adjustments to 1000 tillers to turn the flotilla we all sail in.'

To be more specific, I think the answer comes at 3 levels:

1. Government/ National

2. County/District

3. Personal

Government/ National level

Government can help to create an overall climate in which exercise and healthy eating become easier.

This has begun with initiatives such as the sugar tax, food labelling and starting a debate on protecting children from advertising. **This is gradual work.** It begins with voluntary agreements and ends in legislation. **It is for the long haul and Public Health England have done a good job in championing the debate**….. but…… *we* are the electorate and the consumer, and *we* have to want these changes too… which means that *we* have to understand the issues and want change. Once they become ballot-box issues we should see the pace of change increase. The ever-increasing demand on the NHS due in part to obesity-generated diseases may in time provide the fillip policy makers need.

Government can make changes in many other helpful ways too e.g. emphasising exercise in the curriculum and onto Ofsted's agenda; also through rewarding transport schemes which reward active travel and so reduce traffic congestion. These things are happening, but the pace is gradual.

The national campaigns on nutrition such as '5 a day' have been very effective in raising public awareness. You can tell when campaigns are effective as the message enters the vernacular.

At County and District level there is much we can do too - especially if Government supplies the framework and the incentives.

This is the level at which we plan the road schemes, put in the cycle paths, design the communities, and work with the schools and local organisations and assemble the Growth Deals.

This is where 'getting health into planning' comes in. Initiatives such as the Healthy New Towns initiative and all the other measures detailed in chapter 2 are excellent examples of how we can work together to reduce the threat of obesity, as well as reducing heart disease, cancer and reducing the impact of dementia (and thus demand on our hospitals). It is also the level at which

Page 102

we work with schools on travel plans not involving cars, social prescribing by our GPs and enticing people into using parks and green spaces.

On a personal level.

If you cast your eyes back to the list of modern lifestyles that heads up this chapter, the changes we all need to make are pretty obvious and you don't need a Director of Public Health to tell you what to do. The point is,

This isn't nannying, it is enlightened self-interest. It is backing your own team in the game of life – and it's up to you.

We can all do a little more activity and we can all eat a little healthier, and it's those small daily changes that add up to make the difference…….

How are we doing overall in Oxfordshire?

There are three main points to make in summary:

➢ We are still better than the national averages on exercise and obesity measures – this is good progress.

➢ The Health Improvement board is taking a sound approach to coordinating effort – this needs to continue and the recent interest in prescribing activity for people is a great boost.

➢ The addition of a stronger 'getting health into planning' aspect of this work has tremendous potential if it can be tapped – this would be a major step forward. Chapter 2 is all about this.

On the strength of this assessment I would make the following recommendations.

Reviewing what I said last year, the recommendations have the same thrust but good progress on the Healthy New Towns and spreading their message more widely means that I am repeating these recommendations more emphatically this year.

Recommendations

1. The Health Improvement Board should continue to coordinate this work and ensure that the Health and Wellbeing Board retains an overview. The current emphasis on prevention within the NHS is very promising.

2. All organisations should work together to generalise the benefits of initiatives such as the Healthy New Towns and find a way to build health issues squarely into the planning process.

Smoking and Tobacco Control

Smoking tobacco continues to be the single most harmful thing you can do to damage your health. Smoking causes conditions ranging from cancers, heart attacks, strokes, rheumatoid arthritis and dementia.

In Oxfordshire, the prevalence of adult smokers has seen a continued decline in the past few years. This is excellent news. The decline is shown in the chart below. The prevalence of adults who smoke in Oxfordshire is currently estimated to be around 11% which is lower than the national prevalence of around 15%. **This is very good for the health of Oxfordshire.** The estimated rates in Districts will vary from year to year because the numbers are small.

Smoking prevalence in individuals aged 18+ by District in Oxfordshire

Active People Survey
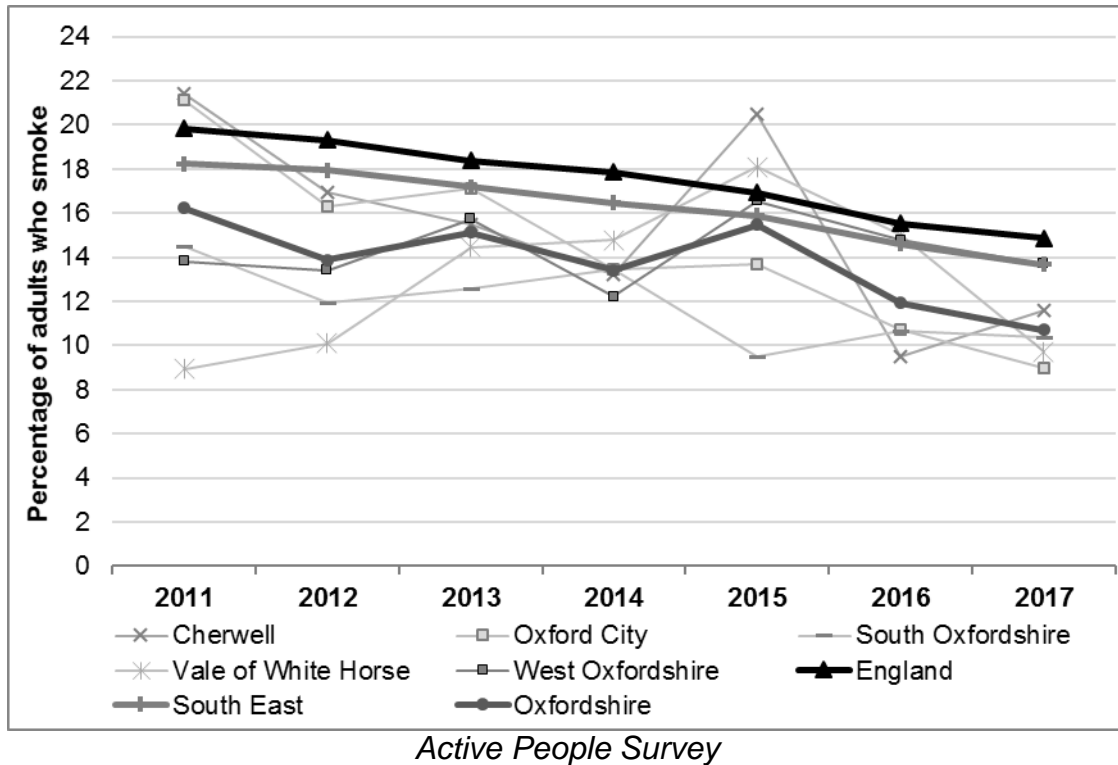
The chart shows:

➢ The general decrease in the number of smokers at all levels. This bodes well for the future.

➢ The fact that Oxfordshire performs better than national and regional levels.

➢ The variation between Districts – caused mainly by the modest sample size of the survey.

While falling smoking rates in the County are what we want to see, there is no room to be complacent. *There is still a large inequality in who smokes, with much higher levels of smoking found in more disadvantaged communities.* **The level of smoking in routine and manual workers in the County is 24.4%, more than double the average.** To meet the need, services are being targeted at the groups who need it most.

The chart below shows the higher figures for smokers in manual groups across the County.

Adults smoking: 18+ in Routine and Manual groups

Active People Survey
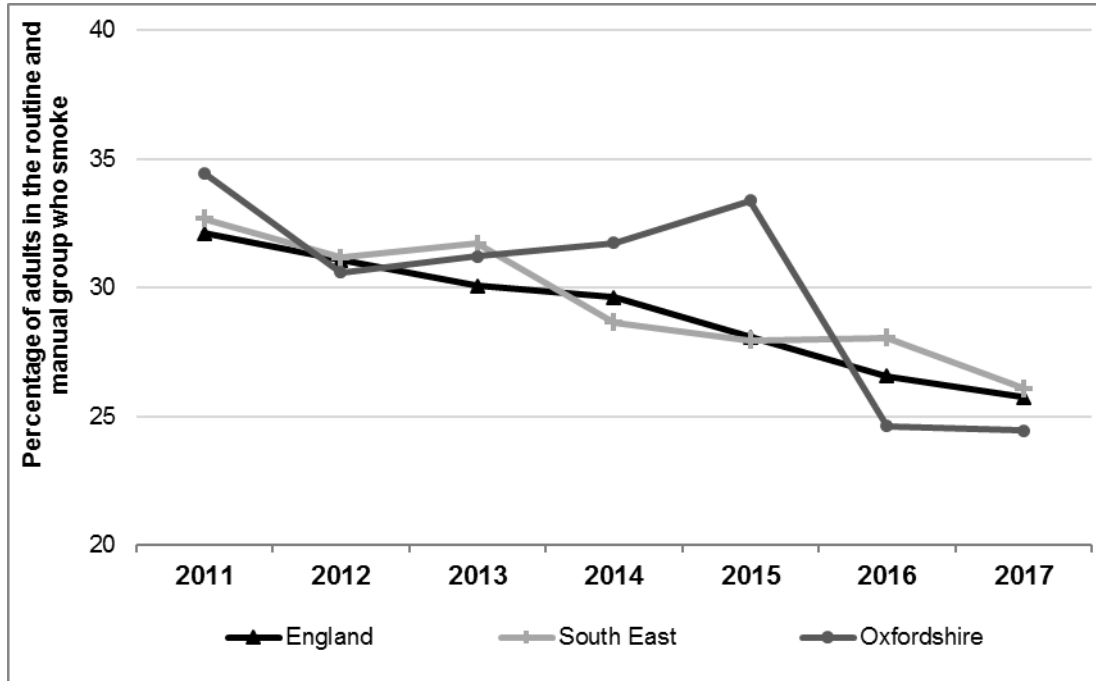
Active People Survey

The chart shows:

➤ The higher levels of smoking in manual workers at all geographical levels.

➤ The same downward trend as for all smokers.

➤ Oxfordshire's figure showing variation year on year but currently lower than regional and national averages.

Tobacco Control

Tobacco control is an umbrella term used to describe a broad range of activities aiming to reduce smoking and the problems it causes. In 2017, the Government published a new Tobacco Control Plan, to pave the way for what they dubbed a 'smoke free generation'. Since the introduction of the last Tobacco Control Plan, smoking prevalence among adults in England has dropped from 20.2% to just 15.5%—the lowest level since records began.

The National Plan prioritises working with NHS organisations in reducing smoking in pregnancy, the harm to disadvantaged communities and the harm to people with mental health conditions.

Locally the County Council and other local stakeholders have a responsibility alongside central Government to help reduce smoking rates. To achieve this the Oxfordshire Tobacco Alliance has been established as a partnership between organisations to monitor the situation, advocate

stopping use of tobacco, and coordinate activities across the County. This will help us to act as a single unit in the fight against tobacco.

Last year I recommended that a new stop-smoking service should be commissioned that targets stop-smoking effort at the groups with the highest smoking rates.   This has been achieved. I also recommended that the Health Improvement Board should monitor the situation which has also been done.

Recommendations

➢ The Health Improvement Board should continue to monitor activities of local stop-smoking services and wider agencies to help people quit smoking and also not to start in the first place.

➢ The Oxfordshire Tobacco Alliance should develop coordinated plans to reduce the use of tobacco in Oxfordshire.

NHS Health Checks

NHS Health Checks (commissioned from GPs by the County Council's Public Health team since 2013) specifically target the top seven causes of preventable death: High blood pressure, smoking, high cholesterol, obesity, poor diet, physical inactivity and alcohol consumption.

Eligible individuals aged 40-74 years are invited for a check every 5 years (191,000 people). The 40- 74 years age range of the programme was set nationally because this is the group in which detection and prevention of heart and circulatory disease is most cost effective.

Since 2013 in the first five years of the programme in Oxfordshire, 190,000 invitations (98.7% of eligible population) were sent to residents. **There were 95,485 health checks given to residents -** 50.4% of those invited - which is a good result compared to other areas. The programme has achieved the following impressive results:

➢ **26,422 people were given advice about their weight**

➢ **21,173 people were informed they had high blood pressure**

➢ **9,072 people were given smoking cessation advice**

➢ **8,426 people were advised to increase physical activity**

➢ **4,522 people were given advice on lowering alcohol consumption**

➢ **3,494 people were told they were on the threshold of developing Type 2 diabetes**

➢ **1,357 people were informed they were Type 2 diabetic**

➢ **900 people were diagnosed with Chronic Kidney Disease**

What we said before and what we are doing about it

Last year I recommended that we should continue to market the NHS Health Check programme in new and innovative ways to increase its uptake. *This is being done and a comprehensive programme is in place.*

I recommended that we should continue to work with GPs to improve on the uptake of Health checks and investigate new ways to improve the way people are invited. *Currently plans are being developed to advertise Health Checks on-line, targeting the catchment areas of the local practices as invitations go out.*

I recommended that we should better identify and engage with high risk groups to take up the offer of a free NHS Health Check. *A health equity audit has identified groups in the community who are not taking up the offer of the free health check. We are working with minority groups to learn why they do not have a health check and what can be done to their take-up.*

I recommended that we should continue to work with partners to improve on the quality of the programme locally and to the knowledge base supporting the programme nationally. All the GPs have signed up to continue delivering the health check programme. *We are continuing to work with the practices on auditing services to deliver continued quality improvements.*

Recommendations for NHS Health Checks

The first five years of the NHS Health Check programme have been a success locally and is well embedded in the health system. While it is well received by the public, we cannot be complacent. 50.4% of people offered had their free health check which is commendable, but 49.6% of people didn't. We need to reach out to these people and do more to encourage them to have a free health check. The concerted efforts to raise the profile of this programme with the public and improve on the programme must be maintained. In order to achieve this the public health team should:

1. Continue to market the NHS Health Check programme in new and innovative ways which take advantage of emerging technologies.

2. Continue to work with GPs to improve on the uptake of the offer of a free NHS Health Check.

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

Oral Health The marked improvement in oral health and the number of adults keeping their teeth is a result of better brushing with fluoride toothpaste and more awareness of oral health. This is welcome. Tooth decay is one of the most easily preventable diseases.

The picture in children

Local data is based on national surveys whose sample size is really too small to draw firm conclusions beyond a County basis. Looking at the national data we can see that tooth decay is linked with other measures of general social disadvantage and so is a further source of inequality in the County. Latest data from the 2016/17 oral health survey of five-year-old children shows

that in Oxfordshire 80% of 5 year old children were free from any decay which is significantly better than the national average of 77%. This is a good improvement locally from 67% who were free of decay in the 2012 survey. The range of decay is still unequal in the county, 76% of children in Oxford are decay free whereas in South Oxfordshire this number is 84%.

Children's Oral Health: Decay experience in 5 year olds
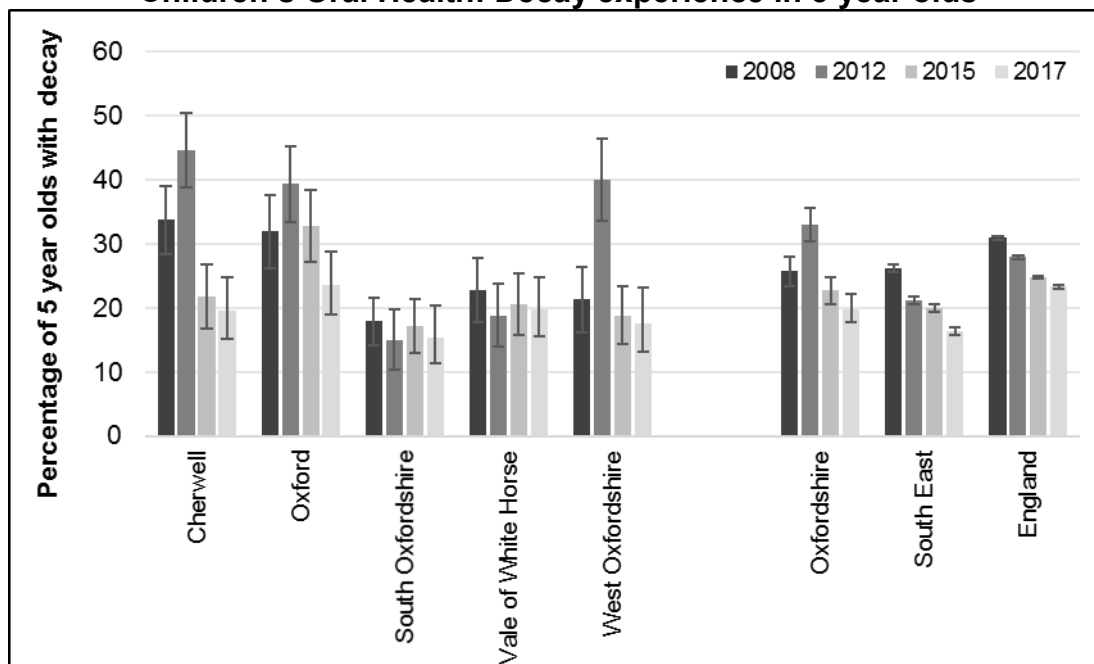
National Dental Epidemiology Programme for England, Oral Health Survey of five-year-old children

The chart shows that:

➢ These are estimated figures, making it hard to draw firm conclusions. The small bars at the top of the columns on the graph indicate the amount of uncertainty about the figures – they are best estimates. The taller the thin line, the bigger the uncertainty.

➢ There is an improving trend over time in Oxfordshire which mirrors improvement in the South East and in England.

➢ Oxfordshire performs better than England but not as well as the South East as a whole. **Last year I recommended** that the oral health promotion service should continue its policy of training staff in oral health so that a small 'army' of professional can reach out to educate people about oral health in setting such as maternity, schools and care homes. *This has been achieved and these principles will inform the re-commissioning of the service.*

Recommendations re oral health

1. The Director of Public Health should continue to monitor trends in tooth decay.

2. A new oral health service should be commissioned which aims to train front line workers in oral health promotion

A word about alcohol

Alcohol consumption continues to fall nationally and locally. This is part of a secular trend. In its wake, indicators such as alcohol related deaths are also improving. At the same time, our partnership group working on reducing harm from alcohol has continued to make good progress, and so, apart from this update I am not going to report further on this topic this year.

Last year I recommended that opportunities should be taken to give people brief advice about drinking and alcohol related harm*. This is now also part of the 'Making Every Contact Count' programme. The work is progressing at a steady pace and is being led at Buckinghamshire-Oxfordshire-West Berkshire level.*

Chapter 5: Promoting Mental Wellbeing and Positive Mental Health

For the past 2 years I have looked in detail at the mental health of young people.

This year I want to devote a major part of this report to mental wellbeing, positive mental health and promoting mental wellbeing for all age groups.

It isn't an easy topic to capture for a number of reasons that are worth stating up-front:

- ➢ Mental wellbeing and mental health problems are less easy to define than physical health problems. The two often occur together and it is better to treat the whole person.

- ➢ The statistics reflect this – there is a notorious dearth of good hard data on mental health and wellbeing – it is quite different from physical health.

- ➢ We tend to know when we don't experience good mental health e.g. when we are anxious or depressed, but we tend to overlook it when we do have it.

- ➢ Talking about mental health problems can be stigmatising. Coming forward to seek help can be difficult leading to many problems staying undetected. This is less of an issue than 20 years ago, and our young people of school age are coming forward with problems much sooner than they used to.

So, let's look at some definitions.

The World Health Organisation defines positive mental health as:

'... a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.'

This is an interesting definition. It includes the concept of stresses of life as a cause of problems and has contributing to the community as a yardstick of positive mental health.

It's worth unpacking stress as something that makes us lose our sense of mental wellbeing. This seems to operate in 3 ways:

1. Stress early in life can predispose us to mental health problems in later life

2. Stress in the day to day sense can veil our sense of mental wellbeing leading to discontent or dissatisfaction…..something many people feel much of the time. This can be as simple as coping with the daily round – exams – young children – work.

3. Stress can also act as a trigger in those predisposed to serious mental illnesses such as schizophrenia and bipolar disorder.

Looking at stress more closely in younger people led the Chief Medical Officer to evidence the following list of factors which build resilience in young people and so helps them withstand the stresses and strains of modern life. These are:

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

The reverse of this list leads to decreased resilience and vulnerability to stress.

We can get a handle on mental wellbeing in over 16s from a UK survey which asked about people's levels of satisfaction with life, happiness and anxiety. It shows some surprising results. The results are shown below in 5-year age bands from age 16 onwards below

Average personal wellbeing ratings in the UK by age, 2016-17
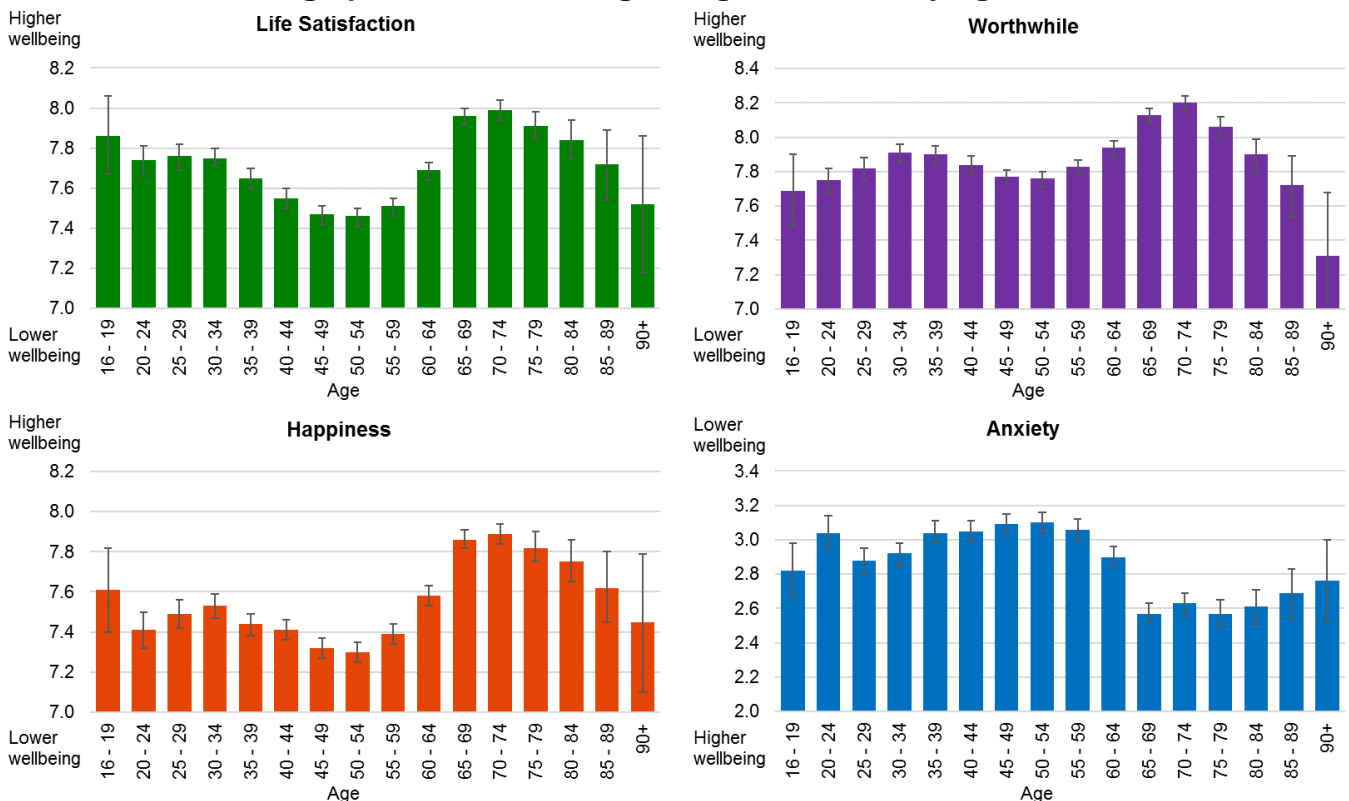
Source: Office for National Statistics

The results show:

➤ All measures of happiness and wellbeing tend to start well in one's teens and early twenties, dip rather steeply and progressively in the 30s, 40s and 50s and then improve dramatically around retirement age.

➤ Anxiety levels do the opposite – they are lower in the teens and early twenties, rise in adults of working age and then fall dramatically.

➤ As older age increases, life satisfaction and happiness do fall, and anxiety increases a little.

It is tempting to see this as evidence of the stresses of life mounting as jobs, families and mortgages add to responsibilities leading to increasing measures of mental unrest. This leads to a general period of wellbeing in the retirement years with some decline as the stresses of old age take effect.

Just how common are mental health problems across the age groups?

The following facts from Public Health England and Government sources tell the story – and the numbers are surprisingly high.

Children and Young People

➤ 1 in 5 children have a mental health problem of some kind. In Oxfordshire this equates to 28,700 children in the 0-17 age group

➤ In those suffering lifelong mental health problems, 50% have begun by age 14 and 75% by age 25.

➤ Children from the poorest 20% of households have a 3-fold greater risk of mental health problems than children from the wealthiest 20%

Mental health of all Adults

➤ 1 in 4 adults suffer from a mental health disorder at some point.

➤ 15 million working days were lost in England due to stress, depression and anxiety in 2014 – up 24% from 2009.

➤ 1 in 6 people of working age have a mental health disorder

➤ Mental health problems are the biggest single reported form of disability.

➤ Of people with long term conditions, 1 in 3 have a mental health disorder, usually anxiety or depression.

➤ People with mental health problems in England and Wales have a reduced life expectancy of about 10 years compared with those who do not.

Impact of work and impact on the economy

➢ 19% of long term sickness is due to mental health problems.

➢ Each year mental ill health is estimated to cost the economy £70bn in lost productivity, NHS costs and care benefits.

Women and Maternity

➢ Postnatal depression affects 1 in 10 women within a year of giving birth. In Oxfordshire this equates to around 700 women per year.

Learning Disability

➢ People with learning disabilities have six times the risk of developing mental health problems.

Older People

➢ Depression in over 65s affects around 22% of men and 28% of women. In Oxfordshire this equates to around 12,400 men and 18,700 women.

➢ 850,000 people are living with dementia in the UK – by 2020 the figure will top 1 million. In 2016-17 there were almost 5,500 GP-registered patients in the Oxfordshire Clinical Commissioning Group with a diagnosis of Dementia and Alzheimer's disease, up from 5,200 in 2015-16. The estimated total number of people living with dementia in Oxfordshire (diagnosed and undiagnosed) is thought to be around 8,000.

These facts give an eloquent picture of just how common mental disorders are and just what a prize mental wellbeing really is.

The facts and figures above refer to the general population. The figures are even higher in specific groups. This is set out in the section below.

Vulnerable groups and inequalities in those at risk of mental health problems

The Local Government Association reports that the risk of mental health problems is higher in the following groups of people experiencing:

➢ Poverty
➢ Homelessness
➢ Disability
➢ Long term illness
➢ Violence or abuse

The risks are also higher in the following groups:

- Veterans
- Lesbian, gay, bisexual and transgender communities
- Looked after children
- Refugees and asylum seekers
- Some Asian, black and minority ethnic groups.

Here we see the all too familiar impact of social disadvantage and inequalities. The take-home message has to be that,

'Tackling inequalities also reduces the burden of mental health problems and promotes positive mental health'

I would also add carers to the list of people particularly at risk – 57% of carers in the latest Oxfordshire survey reported general feelings of stress. Just under half reported feeling depressed.

Protecting ourselves and promoting good mental health

There seem to be several factors that nurture mental wellbeing and promote good mental health. Together these could be seen as a programme of 'mental health self-defence'. They are easy to list but rather more difficult to achieve in practice.

Protective factors are:

- A nurturing childhood.

- Good community design which fosters safety, communication, access to greenspaces, makes exercise easy and is 'dementia friendly'.

- Being more active in everyday life.

- Investing in one's 'life assets' i.e. maintaining a network of friends, maintaining hobbies and interests, contributing to the local community.

- Practising Mindfulness and the '5 ways to wellbeing' (see below)

- Achieving a healthy work-life balance.

- Being in steady work.

- Catching problems early.

- Reducing social inequalities.

- Proactive and early help for vulnerable groups.

So, reviewing these factors, how well are we doing in Oxfordshire?

This is a massive topic and there is only space to give a high-level overview in this report. My view would be:

A nurturing childhood

We are doing a lot to support families to achieve this through our Community Midwifery and Health Visiting Services, through our school health nurse service, through partnership work in the Children's Trust and through the Children's Safeguarding Board.

For example we can look more closely at the County Council's **Health Visiting** service provided by Oxford Health NHS Foundation Trust. It is rated by the Care Quality Commission as 'outstanding'. **Health Visitors assessed 7,253 new mothers for maternal mood last year by the time baby was 8 weeks old, this is 97.1% of the eligible population and is a very good result.**

Mental wellbeing is promoted at every Health Visiting contact and women with existing mental health problems receive additional support.

If there is a mild to moderate risk of mental health problems then the service uses the 'Knowing Me Knowing You' model which helps mothers to help themselves to find long term solutions and strengthen the all-important bond with their baby. There is also a focus on building a good social network through meeting other mothers and community groups.

The low figures for **teenage conceptions** in Oxfordshire mentioned elsewhere in this report are also a positive indicator of future mental wellbeing. Oxfordshire's high figures for **breastfeeding** are also helpful to the bonding process between mother and child.

Although still concerning, levels of **childhood poverty** are relatively low**,** providing another useful positive indicator.

Referral to children's social care gives us another side-light on children who are in difficulties. In 2016-17, 6,429 children were referred to **children's social care**. This number is increasing but is in line with similar Local Authorities and is part of a national trend.

Overall our Children's social care service is rated by Ofsted as 'good' which is an excellent result. Services are working with partners to offer **'early help'** to intervene before situations reach a crisis. This has been successful and early help assessments have risen steadily throughout the year. It is expected that over 1,300 of these assessments will be carried out in Oxfordshire this year. This is a good development aimed at solving problems early.

There is also a welcome emphasis on **children leaving local authority care**, aiming to build their resilience and maximise their life chances. This is a good development. By March 2017 there were 230 known care leavers in Oxfordshire. The County Council stays in touch with 94% of care leavers and takes an active interest in their lives. This compares with the England average of 90% - a good result.

Schools of course have a vital part to play in young people's mental wellbeing. The County Council's **school health nurse service** (run by Oxford Health NHS Foundation Trust and rated

by the Care Quality Commission as 'outstanding') shows just how important this is. **In 2017/2018 school health nurses saw children for emotional wellbeing or psychological support on 7,665 occasions from a total of 33,276 interventions (22%).** This was a rise from 7,224 occasions the previous year. Emotional and psychological problems were the most common reason young people saw a school health nurse. Our school health nurse service is more comprehensive than in neighbouring areas and this is a major weapon in our fight to detect and treat problems early. Our nurses are trained in common childhood mental health and wellbeing issues including self-harm, low mood, eating disorders and building resilience. They may help the child directly or signpost them on to other services.

Good Community Design

This is the subject of Chapter 2 of this report and it is of vital importance. If we can design communities to strengthen social interaction, make exercise easy, make access to good food easy and help people with conditions such as dementia, we are hard-wiring mental wellbeing into the fabric of our villages and towns.

The Healthy Towns initiative really does point the way forward. Please see Chapter 2 for more detail.

Exercising and increased physical activity

Exercising makes people feel good both mentally and physically and makes us more resilient to the stresses and strains of life. It also protects against anxiety, depression, heart disease, stroke, cancer and dementia - it is a real all-round winner!

We have high levels of exercise in Oxfordshire, but we still need to make it easier to stay active. A number of useful initiatives have been strengthened over the last year:

➢ Building in cycleways and walkways has become standard in transport planning – this is good news.

➢ Our Healthy New Towns have had success with their planned parks and 'blue lines' which map out 5 kilometre and 2 kilometre walks.

➢ Our Sports Partnership which aims to promote sport across the County has been re-branded and re-launched as Active Oxfordshire. Their mission is to Get Oxfordshire Active - Every person in Oxfordshire including sport & physical activity as an essential part of their daily routine.

➢ 21 Oxfordshire primary schools are participating in an initiative called 'WOW'. WOW is run by Living Streets, the UK charity for everyday walking, as part of their Walk to School Campaign and it has been proven to make pupils healthier and happier, as well as reducing congestion around school gates. The County Council's Public Health team have contributed funding towards this programme. The baseline rate of active travel amongst the 21 participating schools in September 2017 was 65%. In July 2018 this had risen to 86%.

➢ Oxfordshire School Sport Games, during the 2016-17 academic year, 95% of primary schools and 100% of secondary schools took part, involving nearly 30,000 participants.

➢ School Health / College Health Improvement Plans also focus on mental health and wellbeing and physical activity within the education community

➢ See chapter 2 for involvement of schools in Bicester in getting more exercise through the Healthy New Towns initiative.

Overall this is a positive story for Oxfordshire.

Social Prescribing

Social prescribing means prescribing exercise or participation in clubs and hobby groups instead of traditional prescribing. It is designed to support people with a wide range of social, emotional or practical needs, and many schemes are focused on improving mental health and physical well-being.

Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

The City GP Locality of the Clinical Commissioning Group have an established programme and have 'care navigators' who link to GP practices and signpost people to activities.

North & West GP localities have won a national bid for funding of a social prescribing scheme and are working with Cherwell and West District Councils and Citizens Advice locally from September 2018. This is a good development.

Details of social prescribing as part of the Healthy New Towns initiative are detailed in Chapter 2

Mental health self-defence – 5 Ways to wellbeing

The excellent programme of what I call 'mental health self-defence' - the 5 ways to wellbeing - is becoming better known. This is something everyone can practise and I recommend it. Researchers have set out 5 practical and simple things anyone can do to improve mental wellbeing. They are:

According to the 'NHS Choices Moodzone' webpages they are:

➢ **Connect** – connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships.

➢ **Be active** – you don't have to go to the gym. Take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life.

➢ **Keep learning** – learning new skills can give you a sense of achievement and new confidence. So why not sign up for that cooking course, start learning to play a musical instrument, or figure out how to fix your bike?

➢ **Give to others** – even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks.

➢ **Be mindful** – be more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness "mindfulness". It can positively change the way you feel about life and how you approach challenges.

I've also seen this set out as 7 things you can do via the Mental Health Foundation and the Civil Servants' Charity website:

1. **Keep active** Physical activity does wonders for your mental health

2. **Talk about it** Get together with friends, family or colleagues and have a good old natter!

3. **Eat well** Good food is another great way to support your mental health. Vitamins and other nutrients can protect your mental wellbeing.

4. **Drink sensibly** Why not pass on the alcohol and have a mocktail party? By replacing alcohol with your favorite juices, you might discover a new favorite whilst having a healthy evening in.

5. **Keep in touch** Spending time with friends and loved ones, whether it's a BBQ or full on dinner party is a great way to open up and share your story with the people that matter most.

6. **Be mindful** Learn a technique called mindfulness to help yourself cope during stressful times.

7. **Be you** We're all different. Do what you're comfortable with. By talking about mental health locally, you will be helping to break down some of the stigma surrounding mental health issues.

The point I want to make here is that there is a growing awareness of these common things that improve people's sense of wellbeing in the broadest sense. It's something you do for yourself. For example, there is a thriving workplace 'mindfulness' group which County Council staff run for themselves, and this sort of initiative is expanding rapidly…… try it!

Earlier this year the County Council's Public Health Team worked with MIND to run a 5 Ways to Wellbeing campaign which used social media, posters and Tea and Talk events in libraries all around the county to highlight mental health and wellbeing. Mind also used the launch event at event at County Library in Oxford to display their World Mental Health Day book – a collection of stories and contributions from their clients and supporters.

The campaign gained good coverage on social media and in the press. Overall more than 9000 people saw the campaign via Facebook and 8000 on Twitter, while others attended the library sessions to join in small group discussions.

Work-life balance

This is a difficult issue given the pace of modern life and the nature of working patterns. Duncan Selbie, Public Health England Chief Executive has said,

'Having a job is good for our health, but the quality of our jobs makes the difference. Ensuring people have a safe, encouraging and supportive working environment will help keep them well and in work for longer. This is something that all employers should take steps to achieve'

Good quality work is important for good mental wellbeing: The Health Foundation report that over 1 in 4 employees feel depressed when they work long hours. They also report that 61% of workers in insecure employment have worked when unwell for fear of losing their job or pay. The TUC report that in-work training and further education makes people happier and more effective at work.

This is a matter for individual employers but it begins close to home. In the County Council for example there has been a real emphasis placed on training and development of staff over the last year. It's good for the employee and good for the employer, and it promotes good mental health. We also have a long-standing programme of Health in the Workplace events led by our Human Resources team which promotes physical activity, health checks and mental health self-defence.

Being in steady work

Being out of work is decidedly bad for mental wellbeing. Chapter 3 reports on our very low levels of employment which is a boon, but, as Duncan Selbie points out above, the quality of the job also matters a great deal.

Domestic abuse

This topic covers a wide range of issues from domestic violence to controlling and coercive behaviour covering physical, psychological and sexual aspects. This is a major stress and puts mental health seriously at risk. An estimated 28,000 residents aged 15 + are thought to be

affected altogether, around 1000 people access specialist services and around 300 individuals are classed as 'high risk'.

A major review of services for domestic abuse was carried out in 2016 and a new service was launched on the 4th of June 2018. This pulls together all services, County and District, into a single 'pathway' under a new service provider A2 Dominion. This is a major step forward. It is too early to evaluate the service yet and it requires a watching brief.

Armed Forces and Veterans

There are more than 8,500 military personnel and almost 5,000 family members living and working in the county. The nature of their work means that they are vulnerable to emotional pressures both in active service and as veterans. Partnership work is strong and Oxfordshire's close relationship with the military is cemented in the Community Covenant, which is a statement of mutual support between the civilian community and the local armed forces. An updated Covenant was signed by a wide range of partners in June 2018, signifying their willingness to continue to work together for the good of armed forces, families and local communities.

The County Council Armed Forces Champion co-chairs the Veterans' Forum which meets annually and oversees a wide range of work to ensure that veterans are able to get the services they need locally. Although a huge network of organisations supports the armed forces community, the Veterans Forum highlighted that finding the right service or assistance is not always easy. In response the 'Veterans' Gateway' was launched last year (June 2017) as a single point of contact for veterans and their families to enable them to get the right advice and support from local organisations both within and outside the armed forces sector: https://www.veteransgateway.org.uk/

Special consideration has been given to ensuring access to mental health services over the last few years not only for veterans but for families of serving personnel too. Local NHS providers have been able to fast-track individuals who need treatment for Post-Traumatic Stress Disorder, for example. Oxfordshire Mind have also delivered training and support services to families of serving personnel on the Oxfordshire military bases, helping them through times when members of their families were on active service in war zones and returning home. Grants from the Community Covenant Fund have enabled this work to expand. In addition, the Armed Forces Primary Care Services personnel regularly attend training set up by the Public Health team to help them identify and give treatments such as brief advice on alcohol use, which may be linked to mental health concerns.

Reducing inequalities

Any action to reduce health inequalities and reduce social disadvantage is highly likely to improve mental wellbeing and protect against mental health problems. Chapter 3 deals with this issue in more detail, but it is very clear that any programme of mental health improvement will also be a programme which reduces inequalities.

Preventing dementia

Dementia is estimated to cost the UK £11.6 Bn in unpaid care, £4.5 Bn on state funded social care and £4.3 Bn on health care. It is a massive issue with the number of cases set to top the 1 million mark in the UK by 2025.

The good news is that it can be prevented or delayed to some extent – how? Public Health England point to the following factors:

At societal level:

> ➢ By helping people to give up smoking or never start – some cases of dementia are linked to disease of the blood vessels.

> ➢ By improving environments where people can be more active – another boost for the healthy New Towns initiative.

> ➢ By promoting healthy eating

> ➢ By addressing loneliness and creating better community spaces

At an individual level (reminiscent of the 5 ways to wellbeing mentioned above):

> ➢ By volunteering and socialising
> ➢ By reading, doing puzzles and crosswords
> ➢ By learning new things such as a second language

The great work of the Voluntary and Community Sector and Faith Groups

The work of many charities is key to keeping people mentally healthy. Charites such as MIND RESTORE and Age UK do a great deal to improve the quality of people's lives and to improve their social networks. It doesn't stop with the big specific charities though – carers groups and the different condition-based support groups for sufferers and families have a major role to play too. Any organisation which promotes better connections, more activity and a sense of purpose is contributing to mental wellbeing.

Faith groups have a tremendous part to play too as does the scouting movement and groups like the WI.

All of these endeavours promote a really crucial sense of focus, purpose, creativity and belonging which is highly effective in promoting mental wellbeing. It protects the mental health of the users of these services and is also protective for those who organise them and take part.

The examples are too numerous to cover here – I would simply like to pay a heartfelt tribute to the work done by 1000s of (largely unsung) heroes and heroines across the County who carry out this work.

Mental Wellbeing: Conclusion

This a major public health issue now and increasingly in the future. Everyone has a role to play from individuals, to community groups, to organisations, to employers, to schools, to Government. We have many useful initiatives in place. We now need to take this work to the next level as organisations and coordinate our activities better. The recommendations below drive at this, but first I want to review what I said last year.

What the report said last year and what's been done about it.

Last year I reported on children's mental health problems and self-harm. There was particular concern as the number of referrals to children and young people's mental health services were increasing and that services were under pressure to cope – this is part of a national issue.

The reality is that we are dealing with a new phenomenon – children and young people coming forward in increasing numbers seeking help with emotional distress. This is a good development. The question is, how should services cope?

The significant contribution our School Health Nurses are making has been highlighted earlier in the chapter.

The latest data on referrals looks like this:

Number of Oxfordshire residents referred to Oxford Health mental health services 2011-12 to 2016/17
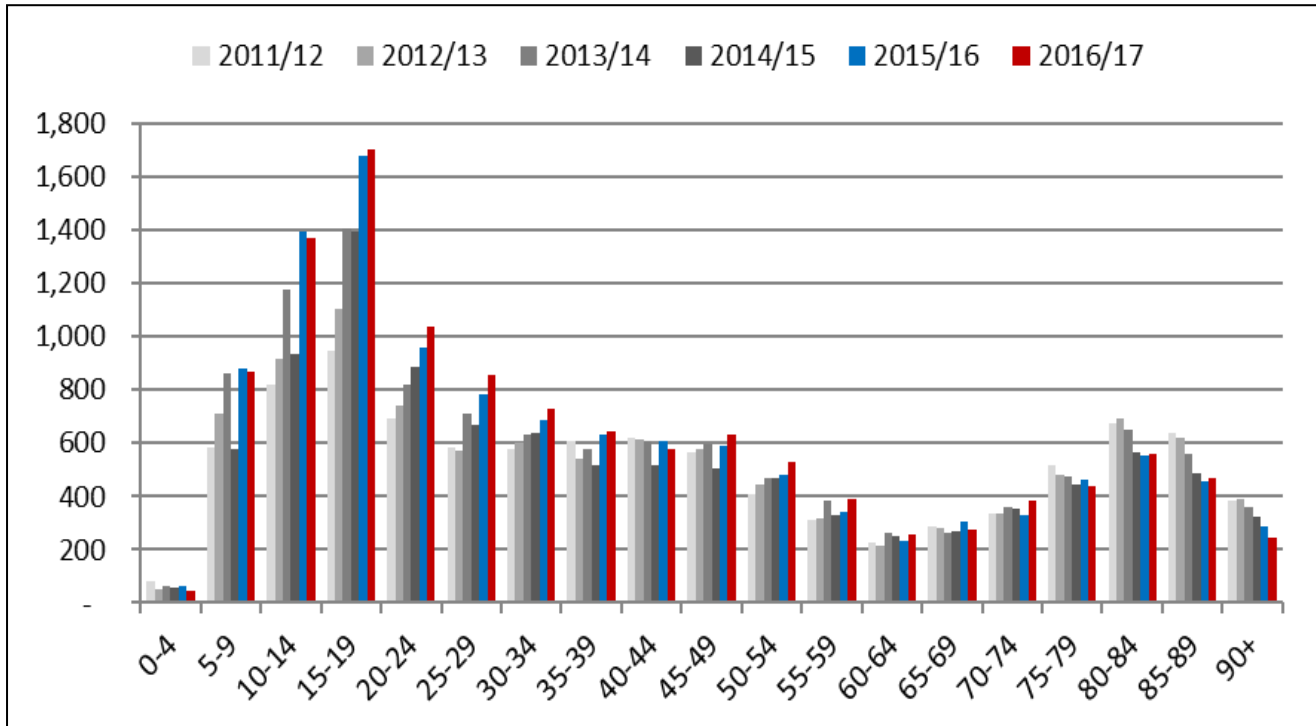
This shows that:

➢ Referrals for 0-4s, 5-9s, 10-14s all fell slightly in latest data, and referrals for 15-19 rose slightly.

➢ Referrals in the 10–19 year age group are by far the highest in any age group and this is mirrored nationally.

In terms of action taken:

Waiting times for Children's mental health services remain a huge challenge locally and nationally as services try to cope with the ever-increasing number of referrals and the increasing number of children waiting for a first appointment.

The local service model implemented over the last year is sound, but it has taken longer to settle in than expected. Crucially, the overall service is supported as the model of choice by children and parents as well as by the professionals.

The aim now is to be more ambitious in trying to increase self-referral by young people rather than waiting for a professional referral. This is likely to increase demand further but is felt to be the right thing to do. This will allow assessment to be done 'live' and immediately on the phone and treatment begun immediately rather than waiting for cumbersome referral processes. This also helps to not medicalise and stigmatise these common emotional problems.

Oxford Health NHS Foundation Trust (which runs the service) is also putting together an improvement plan to reduce the number waiting by seeing if additional support can be brought in to help with initial assessments.

Time will tell if these initiatives are effective.

Regarding hospital admissions for self-harm, the figures remained broadly similar to last year and are broadly in line with national and regional trends. The specific numbers of admissions fluctuate year on year in the different age groups. In 15-19 year olds in Oxfordshire the rate has risen for the past three years, and is just above the England average. The rate is lower for 10-14 year olds. This fluctuation is to be expected as the numbers are statistically fairly small overall. The key fact is that this is a national trend.

In terms of specific action:

The County Council Public Health team commissioned the play 'Under My Skin' for the third year in a row. It is a play performed in schools by Pegasus Theatre to raise awareness of self-harm for Oxfordshire's young people, and access to support services. It was developed via the multi-agency self-harm network in collaboration with Pegasus Theatre. This was a response to an increase in self-harm rates in the north of the County.

Headline Outcomes for the play

➢ Year on year outcomes continue to be excellent

➢ 26 schools in Oxfordshire received the play with a total of 28 performances

➢ 5078 young people in Years 8 and 9 saw the play

➢ The cost was £3.94 per pupil

➢ 95% of young people said their awareness of self-harm had increased since seeing the play

➢ 90% know where to get support since seeing the play

➢ 87% felt using theatre was a good way of learning about difficult topics

➢ 69 young people saw their School Health Nurse on the topic of self-harm in the immediate two weeks post performance

The play will be commissioned again for 2018/2019 school year.

Recommendations regarding mental wellbeing and mental health promotion

1. There is good activity across the County. This now needs to be taken to the next level.

2. The Health Improvement Board should receive a specific Joint Needs Assessment on mental health issues alongside this annual report and should use these to direct planning by the end on 2018/19

3. The Health Improvement Board should coordinate this effort and should create a new framework for mental health promotion activity by the statutory sector and beyond.

Chapter 6: Fighting Killer diseases

Part 1. Epidemics, Flu and Antimicrobial Stewardship

The improvement in the quality of our living conditions and the advances in modern medicine have meant that threat of major illness and large numbers of deaths due to communicable disease are considered as a problem from the past or a problem for poor and developing countries.

Most people don't see or know about the efforts made to keep them safe from infectious diseases. There are still stark reminders of the continuing threat that can arise at any time and present a very real risk to us all irrespective of countries and borders, as seen with Ebola and Zika in recent years. The concerns about flu last winter is a reminder of the continued vigilance that is still needed to safeguard our population's health from communicable disease.

A lot of the work that goes on to protect the community from communicable diseases is relatively unseen and out of the public eye. This work must still be a priority and continue to be delivered every day of the year to make sure that suitable preparations are in place for the worst scenarios. Directors of Public Health and their teams have worked closely with Public Health England and the NHS across the Thames Valley to make sure we can respond when the need arises. **This cooperation and 'behind the scenes' effort is vital.**

The right response continues to be systemic and calm planning. We need to ensure that we are organised so we can respond when the need arises without fear or panic. The need to remain vigilant continues to hold true.

Last winter saw an increase in the level of flu compared to the previous few years of low activity. This put pressure on the health system and caused the cancellation of planned procedures nationally. This increased flu activity was expected and world-wide surveillance helped us in planning how to limit the effect of flu during the winter season. This included a concerted effort to encourage people who work as carers of vulnerable people in our community to take up a free flu vaccine.

The threat of **antibiotic resistance** and the rise of "superbugs" remains a cause for concern. Antibiotics are important drugs in the fight against bacterial infections which were once life threatening in animals and humans. Bacteria are highly adaptable and the widespread misuse of antibiotics and inappropriate prescribing of antibiotics continues to lead to increasing numbers of bacteria which have developed resistance to antibiotics which once were effective.

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

How do we keep this work going?

Success depends on several key elements:

➢ Maintaining a well-qualified and well-trained cadre of Public Health specialists in Local Government.

➢ Continuing to build and maintain long standing relationships with colleagues in Public Health England and the NHS.

➢ Mainstreaming our plans by working with the Police, Military and many of the other organisations under the auspices of the Thames Valley Local Resilience Forum (LRF).

➢ Educating and advising the public of their role as individuals in limiting antibiotic resistance.

Our work on this in Oxfordshire has been strong. It is vital to keep the specialist workforce we have now to continue with this important work.

Part 2. Infectious and Communicable Diseases

Health Care Associated Infections (HCAIs)

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

Methicillin Resistant Staphylococcus Aureus (MRSA)

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

Infections can be limited by using traditional hygiene methods. Nationally there is a zero-tolerance policy and the rate of MRSA is still higher than we would like to see. The improvements over the past years in Oxfordshire have reflected the efforts to reduce MRSA and continued vigilance is still required by all hospital and community services to combat MRSA infections.

Director of Public Health Annual Report for Oxfordshire

Methicillin Resistant Staphylococcus aureus (MRSA) - crude rate per 100,000 population (2008/09 – 2016/17)
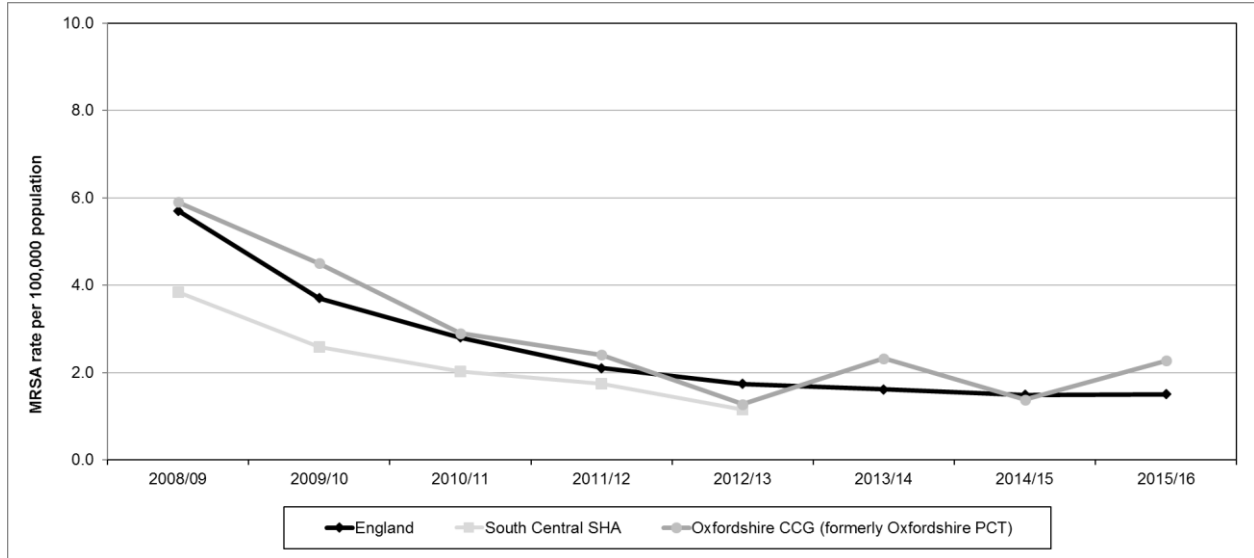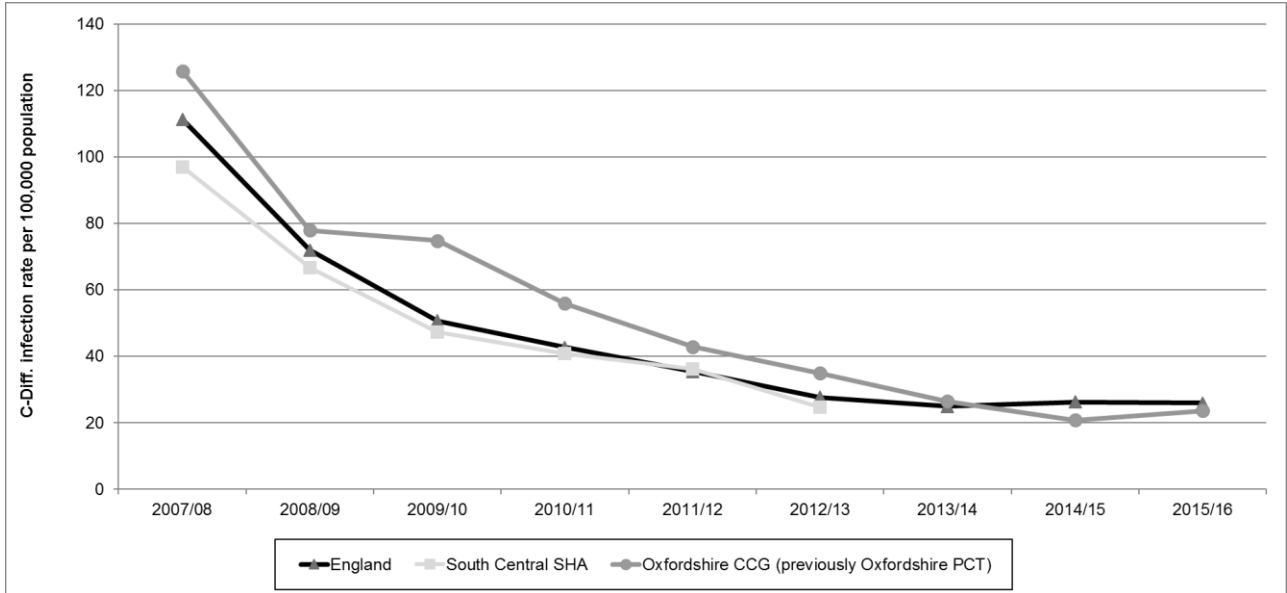

Public Health England (PHE), Health Protection Agency (HPA)

Clostridium difficile (C.diff)

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

The focussed approach on the prevention of this infection has resulted in the steady reduction of cases in Oxfordshire since 2007/08 as shown in the chart below which is in line with the national trend. This reduction in C. diff involved coordinated efforts of healthcare organisations to identify and treat individuals infected and careful use of the prescribing of certain antibiotics in the wider community.

Director of Public Health Annual Report for Oxfordshire

Clostridium Difficile Infection (CDI) - crude rate per 100,000 population (2007/08 to 2016/17)

Public Health England (Health Protection Agency)

Tuberculosis (TB) in Oxfordshire

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

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

Tuberculosis (TB) – Incidence rate per 100,000 population (2000-2 to 2014-16)
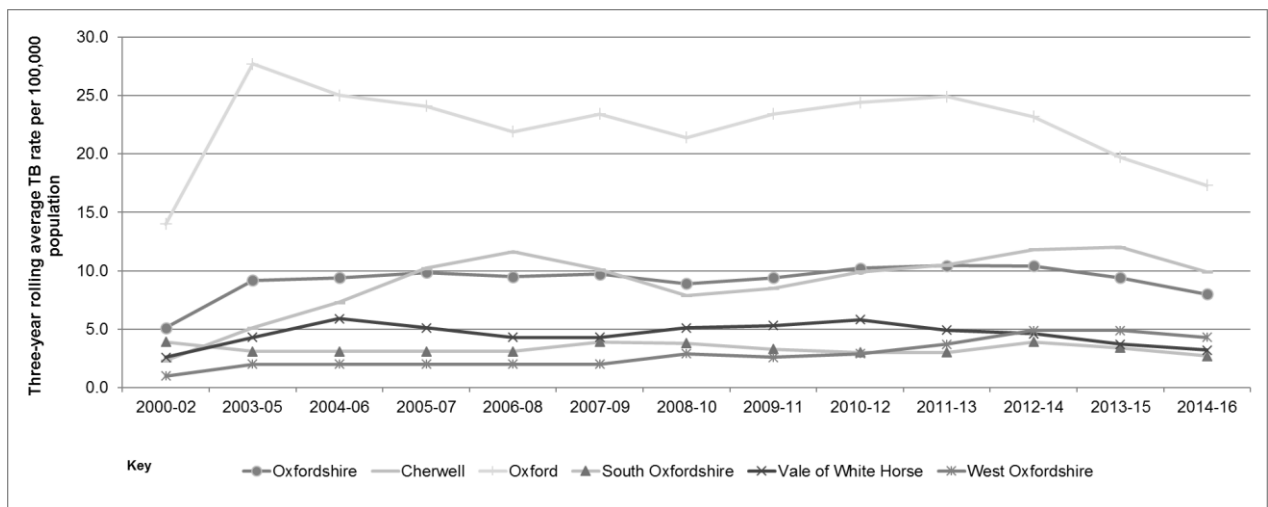
Public Health England, Health Protection Agency (HPA) Enhanced Tuberculosis Surveillance

Page 129

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

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

The National TB strategy which has been developed by Public Health England is beginning to realise a reduction in the levels of TB in England.

Sexually transmitted infections

HIV & AIDS

HIV does not raise public alarm like it did in the 1980s, but it remains a significant disease both nationally and locally. Due to the advances in treatment, HIV is now considered a long-term condition and those who have HIV infection can now expect to have a longer lifespan in health than previously expected by HIV carriers. As such we expect to have more people living with HIV long term. 2016 data shows that there were 463 people diagnosed with HIV living in Oxfordshire, 233 out of these 463 were living in Oxford City. This trend is shown in the chart below and shows another decrease this year across the County.

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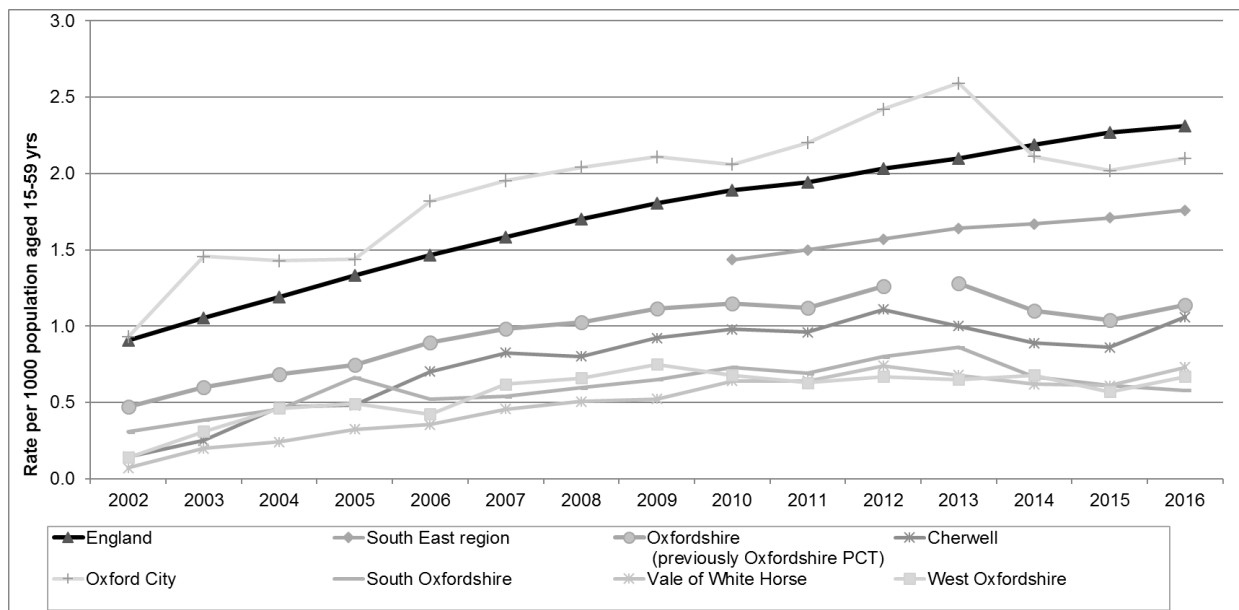
Public Health England Sexual and Reproductive Health Profiles

Finding people with HIV infection is important because HIV often has few symptoms and a person can be infected for years, passing on the virus before they are aware of the illness. The sooner an infected individual begins their treatment the more effective treatment is with a better

prognosis for the individual concerned. Trying to identify people with undiagnosed HIV is vital. We do this in three ways:

➢ Providing accessible testing for the local population. In 2017 the sexual health service provided 15,495 HIV tests.

➢ Through community testing. Local residents who are at high risk of HIV can now access a testing kit online which is part of a national service led by Public Health England. This increases convenience and accessibility of testing.

➢ Prevention and awareness. Educating the local population about safe sexual practices and the benefit of regular testing in high risk groups. The eligibility for accessing our condom scheme is available to men who have sex with men (MSM) and commercial sex workers, both groups being higher risk of contracting HIV.

Once diagnosed, the prognosis for HIV sufferers is now good, with effective treatments available. HIV still cannot be fully cured but the progression of the disease can be slowed down considerably, symptoms suppressed and the chances of passing the disease on greatly decreased. The trial of using drugs to halt transmission in high risk groups (PrEP) is currently being conducted nationally by NHS England. Local services are part of this trial and residents who meet the criteria can take part. The outcome of this trial is expected in a couple of years.

Sexual Health

Sexually Transmitted Infections (STIs) are still fairly common in England with the greatest number of cases in young heterosexual adults, and men who have sex with men (MSM). STIs are preventable through practicing 'safe sex'. Total rates of STIs in Oxfordshire are still below the national average except in the City which has improved since 2013. The local picture is shown in the chart below.

All new sexually transmitted infections (STIs) rate per 100,000 population aged 15-64 years - 2012 to 2017
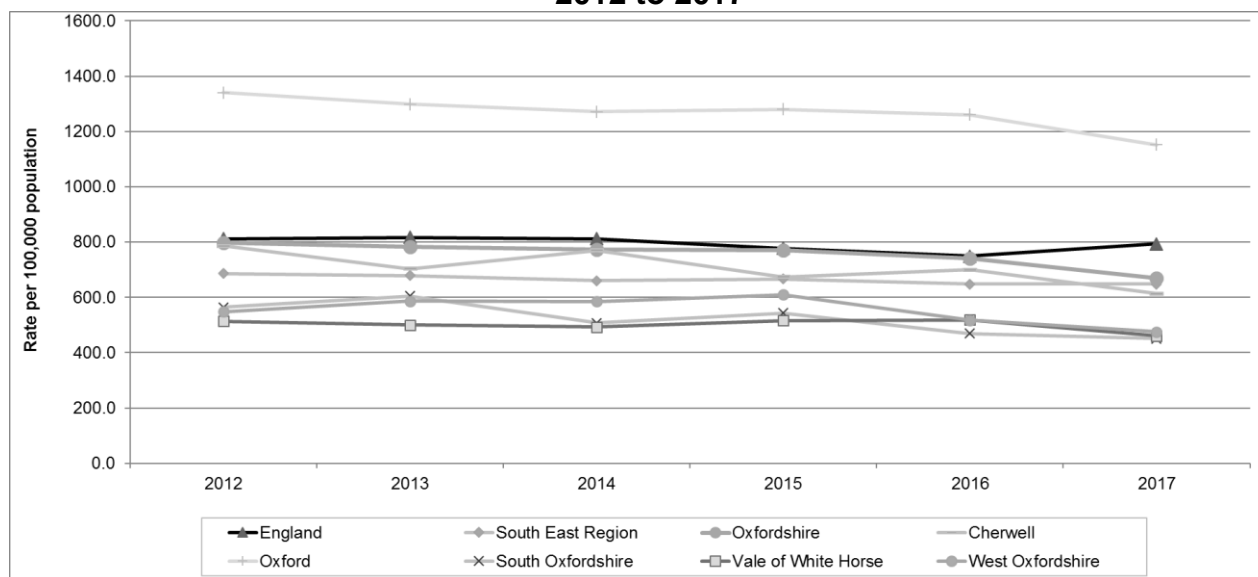
Public Health England / Health Protection Agency - Sexual and Reproductive Health Profiles

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

➢ Gonorrhoea - Is below the national average for Oxfordshire overall and all districts except in Oxford City. The systems of testing which were introduced to reduce the number of false positive diagnoses has produced the expected decrease in the number of diagnosed cases.

➢ Syphilis - there was a slight increase which is in line with national activity. However, the rates are still below the national average in all Districts.

➢ Chlamydia - levels are lower than the National average in all Districts.

➢ Genital Warts – rates are still below national average and have seen a decline in line with the National trend. Oxford City still has significantly higher number of cases (reflecting the significantly younger age group) but the trend is still declining rates. With Human Papilloma Virus vaccination programmes in place nationally we anticipate a decline in rates over the coming years.

➢ Genital Herpes – rates are similar to national average except in the City which has higher levels. Again, this reflects the predominantly younger population of the City.

The County Council's integrated sexual health service which began in 2014 continues to see good levels of activity and this is welcomed.

In addition to the integrated service our GP surgeries have provide contraception services and pharmacies have provide access to emergency hormonal contraception.

The established partnership of local organisations continues to work together to identify and address priorities locally to further meet the sexual health needs of Oxfordshire.

Recommendation

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

This page is intentionally left blank

CABINET - 16 OCTOBER 2018

Annual Report of the Director of Public Health 2017/18

Recommendations from the Oxfordshire Joint Health Overview & Scrutiny Committee from its meeting on 20 September 2018

The Oxfordshire Joint Health Overview & Scrutiny Committee considered the annual Report of the Director of Public Health at its meeting on 13 September 2018 and agreed the following recommendations for Cabinet:

To:

(a) Ask Cabinet to consider lobbying the Government for a minimum price on alcohol and a watershed of 9pm for the advertising of fast food on TV; and

(b) Recommend Cabinet to ensure that there is an evaluation of the Healthy Towns project when it comes to an end and also to ensure decisions are made on how to spread the learning arising from the project.

This page is intentionally left blank

Division(s): N/A

COUNCIL – 6 NOVEMBER 2018

ANNUAL PARTNERSHIPS UPDATE

Report by Policy and Performance Service Manager

Introduction

1. This report provides an update on Oxfordshire-wide partnerships that the County Council is engaged with and their activities over the past year. Each partnership report includes the following information:

    *   Current focus for the Partnership;
    *   Personnel including Chairman and supporting staff of the Partnership;
    *   Governance arrangements;
    *   Key achievements over the past year;
    *   Aims of the partnership for the forthcoming year;
    *   Key challenges for the Partnership and how these will be addressed

2. The report includes updates from partnerships that are particularly important to the overall outcomes for Oxfordshire and this is reported annually to Council in a light touch format.

3. The Annual Partnerships report has been reviewed by the Oxfordshire Partnership at their meeting on 15 October 2018.

Partnerships in Oxfordshire

4. There is a complex landscape of partnerships across Oxfordshire that continues to increase in importance in order to meet the needs of residents across the county. Partnerships bring together representatives from the public sector, private, voluntary and community sectors to collaborate on health and wellbeing, economic growth, safeguarding and safer communities. The key partnerships featured in this report are:

    *   Oxfordshire Health and Wellbeing Board (statutory) along with the sub-groups of the Board which are the Children's Trust Board, Health Improvement Board, Joint Management Groups for Adults with Care Needs and the Better Care Fund
    *   Oxfordshire Safeguarding Children Board (statutory)
    *   Oxfordshire Safeguarding Adults Board (statutory)
    *   Thames Valley Emergency Services Collaboration (statutory)
    *   Safer Oxfordshire Partnership
    *   Oxfordshire Stronger Communities Alliance
    *   Oxfordshire Growth Board
    *   Oxfordshire Local Enterprise Partnership

- Oxfordshire Environment Partnership

5. These partnerships deliver a number of key strategies including but not limited to the Joint Health and Wellbeing Strategy, Children's Plan, the Oxfordshire Infrastructure Strategy.

6. The Oxfordshire Early Years Board and Oxfordshire Strategic Schools Partnership Board are currently in the process of reassessing their core roles and so an update has not been included for these Boards this year.

RECOMMENDATION

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

Ben Threadgold
Policy and Performance Manager

Background papers: None

Contact Officer: Lauren Rushen (lauren.rushen@oxfordshire.gov.uk)

November 2018

Oxfordshire Health and Wellbeing Board

Date of completion	1 September 2018
Chairman/ Vice Chairman	Councillor Ian Hudspeth OCC / Dr Kiren Collison OCCG
OCC Lead Member	Councillor Ian Hudspeth
OCC Lead Officer	Strategic Director for People
Last Meeting Date	10 May 2018 (meeting in public), 19 July 2018 (workshop), 3 October 2018 (workshop)
Next Meeting Date	15 November 2018 (meeting in public)
Website Address	https://www.oxfordshire.gov.uk/residents/social-and-health-care/health-and-wellbeing-board
Governance Arrangements	

The Health and Wellbeing Board is a committee of the Council by virtue of the Health & Social Care Act 2012 and the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013.

The Board is a statutory partnership of Local Government (County, Districts and City), the NHS and Healthwatch.

The terms of reference[1] set out the requirement to produce a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy plus additional responsibilities.

The current focus for the Partnership

Governance Review of the Health and Wellbeing Board (HWB)

The Health and Wellbeing Board has undergone a major review during 2017-18 and is now reforming with new membership and revised terms of reference. The main changes have been designed to strengthen the Board.

Full details of the changes were set out in a paper at the HWB meeting in May and can be seen here: http://mycouncil.oxfordshire.gov.uk/documents/s41669/HWB_MAY1018R01.pdf

1. **Functions of the Board**
   - The HWB will create and own a single unifying vision for the improvement of the Health and Wellbeing of Oxfordshire residents.
   - The HWB will create, own and monitor a comprehensive high-level health and wellbeing strategy for the improvement of the Health and Wellbeing of Oxfordshire residents.
   - The HWB will agree a suite of strategies which will be created and owned by its sub-committees. These will flow from the overarching Joint Health and Wellbeing Strategy.
   - The HWB will monitor the implementation of its strategy and the member organisations will hold one another to account for delivery. The Board will

---

[1] https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/socialandhealthcare/health-and-wellbeing-board/Health_and_Wellbeing_BoardTOR.pdf

- receive regular reports from its sub-committees based on outcome measures set by each.
- The HWB will fulfil its statutory duties. These currently include producing an authoritative Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment, and approving plans for the Better Care Fund and the Improved Better Care Fund. The Board already has decision-making powers with respect to these.
- Decision making will also take place through the collective delegated authority of the individual members.
- The HWB will establish a reference group with wide membership including the voluntary sector and patient group representatives. The membership will be flexible depending on current topics of concern. The reference group will discuss these key issues and may propose topics for HWB 'deep-dive' exercises. The HWB will aim to approve two of these per year and agree how they will be taken forward.

Vision:
"To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire"

2. Sub-groups
The HWB will delegate the operational delivery of its strategy to the following sub-committees:

a. The Children's Trust Board
b. The Health Improvement Partnership Board
c. The Adults with Support and Care Needs Joint Management Group
d. The Better Care Fund Joint Management Group
e. The Integrated System Delivery Board

3. Membership of the HWB
- Leader of the County Council – chair
- Clinical Chair of Oxfordshire Clinical Commissioning Group - vice-chair
- 2 District and City Council representatives as per the current arrangements
- Cabinet Members of the County Council
- Accountable Officer Oxfordshire Clinical Commissioning Group
- C/E Oxford University Hospitals NHS Foundation Trust
- C/E Oxford Health NHS Foundation Trust
- C/E Oxfordshire County Council
- A Healthwatch representative
- The Director for Children's services
- The Director for Adult Social Care
- The Director of Public Health
- An NHS England representative
- 1 Clinical General Practitioner provider representative from Oxfordshire's General Practice Federations.

4. **Meetings** will be held quarterly, in public. The future meetings of the HWB are:

November 15th 2018
March 21st 2019
June 13th 2019
September 26th 2019
December 5th 2019
March 19th 2020

The Partnership's key achievements in the last year

1.   Delivering the Joint Health and Wellbeing Strategy

The Health and Wellbeing Board continued to oversee progress across the 11 priorities set out in the Joint Health and Wellbeing Strategy. These priorities were:

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

Joint Management Groups (Better Care Fund JMG and Adults with support and care needs JMG)
Priority 5: Working together to improve quality and value for money in the Health and Social Care System
Priority 6: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential
Priority 7: Support older people to live independently with dignity whilst reducing the need for care and support

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

Details of the work to deliver on these priorities is set out in this report under the headings of the Children's Trust, Health Improvement Board and 2 Joint Management Groups.

2.   Other work completed in the last year

- Preparation for the CQC visit in November 2017 and reflection, action planning and monitoring progress following that visit.
- Establishment of the Integrated System Delivery Board, a further sub-group of the HWB. This Board is chaired by the Chief Executive of the Clinical Commissioning Group (CCG) and is charged with developing the Integrated System approach for Oxfordshire.
- Approved and published an annual report on the Joint Strategic Needs Assessment, with an appendix detailing some inequalities data for the

county.
- Approved and published the statutory Pharmaceutical Needs Assessment for Oxfordshire (three-yearly)
- Received and signed up to recommendations from the Director of Public Health Annual Report.
- Overseen implementation of recommendations from the Oxfordshire Health Inequalities Commission and monitored progress.
- Received the annual reports from the Safeguarding Adults Board and the Safeguarding Children Board.
- Discussed progress on the "Digital Roadmap" for improving access to information for patients and professionals across the health and social care system.

The aims for the Partnership in the year ahead

The Health and Wellbeing Partnership will cover the following work in the year ahead

1. Discuss and approve a new Joint Health and Wellbeing Strategy for Oxfordshire, based on the vision already agreed.
2. Delegate responsibility for devising a suite of strategies, formulating action plans and monitoring progress to the sub-groups of the Board.
3. Set up the Reference Group and set out a programme of work in which a wide range of stakeholders can be involved.
4. Continue to perform its statutory functions in publishing a widely accessible Joint Strategic Needs Assessment

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

The newly formed Board faces the challenge of working well together on a new and fast paced agenda in Oxfordshire. Considerable progress has already been made in enabling the Board members to work together by holding a facilitated workshop in July and this will be further developed in another workshop in early October.

Board Name	Health Improvement Board
Date of completion	12 September 2018
Chairman	Councillor Andrew McHugh (Cherwell DC) The previous Chairman was Councillor Anna Badcock of South Oxfordshire DC
OCC Lead Member	Cabinet Member for Public Health – now Cllr Lawrie Stratford. Previously Cllr Hilary Hibbert-Biles
OCC Lead Officer	Strategic Director for People
Last Meeting Date	13 September 2018
Next Meeting Date	22 November 2018
Website Address	https://www2.oxfordshire.gov.uk/cms/content/health-improvement-board
Governance Arrangements	
The Health Improvement Board (HIB) is a sub-committee of the Health and Wellbeing Board (HWB). It meets in public 4 times a year and also holds workshops not in public to which a wider group of stakeholders are invited.	
The current focus for the Partnership	

The Health Improvement Board (HIB) has maintained a focus on delivering the 4 priorities set out in the Joint Health and Wellbeing Strategy which are delegated to it. These are:
 	
 Health Improvement
 Priority 8: Preventing early death and improving quality of life in later years
 Priority 9: Preventing chronic disease through tackling obesity
 Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness
 Priority 11: Preventing infectious disease through immunisation
 	
 The Board members have reviewed the performance framework linked to these priorities at every meeting and have explored some topics in greater depth when there have been concerns about progress. This has included requesting "report cards" on smoking cessation, bowel cancer screening and immunisations.
 	
 There is some work underway to reassess the priorities of the Board. This fits in with the revision of the Joint HWB Strategy and the need for a Prevention Framework for Oxfordshire. At its meeting in May 2018 the HIB agreed the principles for taking forward work on preventing ill-health and reducing the need for treatment. A review of the Joint Strategic Needs Assessment and priorities for each member organisation has taken place over the summer of 2018 and the Board will finalise its priorities for work at the meeting in September 2018.
 	
 The proposal for priority areas of work is set out as follows and may be adopted, subject to agreement at the September meeting:
 	
 1. **Keeping Yourself Healthy (Prevent)**
 • Reduce Physical Inactivity / Promote Physical Activity
     ○ Promote activity in schools to make it a lifetime habit
     ○ Promote active travel for all ages	

- o Provide excellent leisure services including access to green spaces and the countryside
- Enable people to eat healthily
  - o Starting with breastfeeding
  - o Sugar Smart
  - o Access to healthy food for all
- Reduce smoking prevalence
  - o In community groups with higher smoking rates
  - o In pregnancy
- Promote Mental Wellbeing
  - o 5 ways to Wellbeing / CLANGERS (Connect, Learn, be Active, Notice, Give, Eat healthily, Relax, Sleep)
  - o Adopt the principles of the Mental Wellbeing Prevention Concordat
- Tackle wider determinants of health
  - o Housing and homelessness
  - o Air Quality
- Immunisation
  - o Routine childhood immunisations
  - o Seasonal immunisations, such as influenza
  - o Immunisations for vulnerable groups such as Pregnant women (including whooping cough) or 'at risk' groups, such as pneumococcal

2. **Reducing the impact of ill health (Reduce)**
- Prevent chronic disease though tackling obesity
  - o Weight management initiatives
  - o Diabetes prevention
- Screening for early awareness of risk
  - o NHS Health Checks
  - o Cancer screening programmes (e.g. Bowel, cervical, breast screening)
- Alcohol advice and treatment
  - o Identification and brief advice on harmful drinking
  - o Alcohol liaison in hospitals
  - o Alcohol treatment services
- Community Safety impact on health outcomes
  - o Domestic abuse

3. **Shaping Healthy Places and Communities**
- Healthy Environment and Housing Development
  - o Learn from the Healthy New Towns and influence policy
  - o Ensure our roads and housing developments enable safe walking and cycling
  - o Ensure spatial planning facilitates social interaction for all generations – giving opportunities for people to meet who might not do so otherwise
- Social Prescribing
  - o Referral from Primary Care to non-medical schemes e.g. for physical activity, social networks, support groups
- Making Every Contact Count
  - o In NHS settings
  - o In front line services run by local authorities e.g. libraries, Fire and

Rescue, leisure centres
- o In local communities and through the voluntary sector
- Campaigns and initiatives to inform the public
  - o Through workplaces including the Workplace Wellbeing Network
  - o The media, including social media, or community initiatives using local assets

The Partnership's key achievements in the last year

The HIB performance report shows good progress has been made on the following topics:

- NHS Health Checks – there has been excellent coverage across the population of people aged 40-74 in being invited for Health Checks and over half of them have been checked.
- A high proportion of those attempting to quit smoking have succeeded and there are fewer than ever pregnant women who smoke during their pregnancy.
- Oxfordshire now outperforms many other parts of the country in helping people recover from misuse of drugs or alcohol.
- The number of children at the beginning and end of primary school who are overweight or obese is lower than the national averages and is increasing more slowly, though the Board is aware that there are some parts of the County where the proportion is higher.

Areas of concern include:
- The growing number of people sleeping rough and the additional pressure on the system to prevent homelessness
- Some childhood immunisation rates are dipping
- The measure of physical inactivity among adults shows that nearly one in five adults do not meet the measure of 30 minutes of moderate intensity activity in a week.

The aims for the Partnership in the year ahead

The HIB will establish work on a wider range of priority issues and continue to monitor progress.

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

Member organisations of the HIB are well placed to address the factors which keep us healthy – from providing services that promote healthy lifestyles, commissioning services to reduce the impact of long term conditions and ensuring wider determinants of health, like housing, planning and economic development, are health improving. There may be some difficulties in finding enough capacity to work on a wider range of topics. This is a challenge recognised by the partners and will need a pragmatic approach.

Board Name	Children's Trust
Date of completion	11 September 2018
Chairman	Cllr Steve Harrod, Cabinet Member for Children and Families
OCC Lead Member	Cllr Steve Harrod, Cabinet Member for Children and Families
OCC Lead Officer	Strategic Safeguarding Partnerships Manager
Last Meeting Date	19 September 2018
Next Meeting Date	12 December 2018
Website Address	https://www.oxfordshire.gov.uk/residents/social-and-health-care/health-and-wellbeing-board/childrens-trust

Governance Arrangements

The Children's Trust is a sub-group of, and reports to, the Health and Wellbeing Board.

We use the Children's Trust performance dataset to monitor progress against the Children and Young People's Plan. The dataset is reported to the Children's Trust Board at their quarterly meetings and actions will be identified from the information supplied in that report.

The current focus for the Partnership

The Children's Trust Board primary objectives are to ensure that effective multi agency working is in place at a strategic level across children's services. We want to ensure that the voice of children, young people and their families contribute to these arrangements and to decision making.

Over the past 12 months the Trust has developed a new Children and Young People's Plan 2018 – 2021. The new Plan sets the focus for the work of the Children's Trust over the next 3 years, including our Vision, areas of focus and priorities. Included is an implementation plan agreed by the members of the Trust setting out the specific actions they commit to take over the year ahead.

Our responsibility as a Trust is to play our part in ensuring the actions included in the plan are delivered, performance is monitored and solutions are found.

The Partnership's key achievements in the last year

During 2018 the Children's Trust approved a new Children and Young People's Plan 2018 – 2021.

The Plan has been developed through discussion with our partners including asking children and young people what is important to them. We were pleased and encouraged by the strong engagement from our partners in the public sector, voluntary sector and children and young people through the Children in Care Council and Voice of Oxfordshire's Youth.

We have developed a more streamlined document, including a poster capturing the main elements of the Plan, that can be easily identified and displayed.

The new Plan sets the focus for the work of the Children's Trust over the next 3

years. Included is an implementation plan agreed by the members of the Trust setting out the specific actions the membership will take over the year ahead.

In addition to the development of the new Children and Young People's Plan the Trust's achievements this year include:
- Oversight of the SEND reforms and SEND action plan following the Ofsted Inspection in September 2017;
- Oversight of Early Intervention/Early Help workstreams including establishment of the LCSS;
- Approval of the development of Community Impact Zones in Banbury and Oxford;
- Supporting Public Health with an event on 'Self-Harm' which was very well attended and received;
- Agreeing the CAMHS Transformation Plan Refresh;
- Establishing a working group to consider risks and concerns raised by the VCS in the OSCB Impact Assessment:
- Highlighting the work being carried out by the local authority in terms of 'Social Media and Children'
- Dissemination of resources and training available for a wide range of topics of importance to members;
- Appointment of 7 VOXY members to the board and addition of a standing agenda item for feedback from the group;
- Establishing a robust 'forward planning system' to clarify governance.

The aims for the Partnership in the year ahead

The Children and Young People's Plan 2018 – 2021 sets of the Vision for the Trust: 'Oxfordshire, a great place to grow up and have the opportunity to become everything you want to be'.

The Trust has four areas of focus to achieve that Vision: Be Successful; Be Healthy; Be Safe; and Be Supported.

The Trust has agreed to set three priorities for their work over the first year of the Plan, to make a difference to the lives of children and young people in Oxfordshire.

The priorities are:

1. Children missing out on education
2. Social and emotional mental health and wellbeing
3. Protect children from domestic abuse

The implementation plan details the actions that the Trust membership will take over the next year to achieve these priorities.

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

It is crucial in times of limited budgets and increasing demands on services that the Children's Trust continues to enable and encourage partnership working.

We know that Oxfordshire is already a great place to grow up however that is not the case for all. Along with early consultation with private and public sector partners, the Joint Strategic Needs Assessment was analysed to highlight areas of concern and identify the priorities for this year. This piece of work will be completed annually to drive the priorities of the Trust.

The key challenges are the priority areas above and the actions included in the implementation plan will be the driver to address these areas of challenge.

Board Name	Joint Management Group – Adults with Care & Support Needs
Date of completion	12 September 2018
Chairman	David Chapman, Oxfordshire Clinical Commissioning Group
OCC Lead Member	n/a
OCC Lead Officer	Director for Adult Services
Last Meeting Date	20 September 2018
Next Meeting Date	27 November 2018
Website Address	n/a

Governance Arrangements

The JMG meets bi-monthly, with at least one meeting annually held in public and is chaired by the Clinical Lead from Oxfordshire Clinical Commissioning Group. The JMG reports to the Health and Wellbeing Board, and is supported by the Pooled Budget Officers Group that meets monthly.

Decision making in relation to the pooled budgets rests with the Joint Management Group unless delegated appropriately. The JMG is responsible for ensuring that spending is contained within the resources available; where financial pressures arise in year, the JMG must look at options to contain total spending within the resources available.

The current focus for the Partnership

The Joint Management Group is responsible for managing and overseeing progress against key outcomes for adults of working age within the Oxfordshire Health and Wellbeing Strategy.

See below for the list of outcomes we are trying to achieve. We are working to achieve these outcomes within the funds available. The average spend per person for people with learning disabilities has increased significantly over the last two years due to the increasing needs of individuals. The JMG is working to reduce the resulting budget pressure, while continuing to support vulnerable adults, by commissioning services differently where possible.

The Partnership's key achievements in the last year

1. Reduction in the number of people with learning disability and/or autism receiving treatment in specialist inpatient health settings
2. Re-design of the autism pathway (following principles of co-production) and commissioning of a new specialist autism service
3. Better working together on identifying and addressing cross system issues – such as doing good quality Care Treatment Reviews (we have had independent reviewers commending our joint-working to NHSE) and implementing more robust assurance processes.

The aims for the Partnership in the year ahead

Adults living with a physical disability, learning disability, severe mental illness or another long term condition consistently tell us that they want to be independent and to have choice and control so they are able to live "ordinary lives" as fully participating members of the wider community. We are working to achieve Priority 6

of the Health & Wellbeing Strategy, to support the increasing number of adults with long term conditions to meet their full potential in line with national strategy:

Priority 6: Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential.

From that the outcomes we aiming to effect are:

- An increase in the number of people with mild to moderate mental illness accessing psychological therapies, with a focus on people with long-term physical health conditions
- Reduction in number of people with severe mental illness accessing Emergency Departments in acute hospital for treatment for their mental illness
- Reduction in use of Section 136 of the Mental Health Act 1983 so that fewer people are detained in police cells when they are unwell
- Reduction in number of suicides
- An increase in the number of people with severe mental illness in employment
- An increase in the number of people with severe mental illness in settled accommodation
- An Increase in the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by 2019
- A reduction in the number of admissions to specialist learning disability in-patient beds
- A reduction in the number of people with learning disability and/or autism placed/living out of county
- The proportion of people who use services who feel safe

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

- The increasing needs of people with learning disabilities which are resulting in increased costs
- Ensuring that health and social care work together as effectively as possible to support individuals

Board Name	Better Care Fund Joint Management Group (JMG)
Date of completion	October 2018
Chairman	Cllr Lawrie Stratford
OCC Lead Member	n/a
OCC Lead Officer	Director for Adult Services
Last Meeting Date	27 September 2018
Next Meeting Date	22 November 2018
Website Address	n/a

Governance Arrangements

The Better Care Fund JMG is chaired by Cllr Stratford and made up of representatives from Oxfordshire Clinical Commissioning Group and Oxfordshire County Council. The JMG reports to the Health and Wellbeing Board.

The JMG meets bi-monthly, with at least one meeting annually held in public The JMG reports to the Health and Wellbeing Board, and is supported by the Pooled Budget Officers Group that meets monthly.

Decision making in relation to the pooled budgets rests with the Joint Management Group unless delegated appropriately. The JMG is responsible for ensuring that spending is contained within the resources available; where financial pressures arise in year, the JMG must look at options to contain total spending within the resources available.

The current focus for the Partnership

The Joint Management Group is responsible for managing and overseeing progress the Better Care Fund which is a national programme spanning both the NHS and local government which seeks to join up health and social care. Government has allocated money from the Better Care Fund to local systems to encourage integration between local government and Clinical Commissioning Groups resulting in improved integration between services.

The JMG monitors strategy, governance, finance, performance and risk regarding the management of the Better Care Fund. This is structured around three key elements – care homes, community resilience and hospital avoidance, prevention and carer support.

The Partnership's key achievements in the last year

- Reduction in number of people delayed when ready to leave hospital.
- Improved performance of the reablement pathway.
- Above the national average of good and outstanding providers.

The aims for the Partnership in the year ahead

We aim to provide good quality and safe services in Oxfordshire. This is line with Health & Wellbeing priorities 5 and 7:

Priority 5:   Working together to improve quality and value for money in the Health and Social Care System

- Reduce the number of avoidable emergency admissions for acute

conditions that should not usually require hospital admission for people of all ages from care homes
- Increase the percentage of people waiting a total time of less than 4 hours in Accident & Emergency (target of 95%)
- Reduction in the average length of "days delay" for people discharged from hospital to care homes
- Reduction in number of people placed out of county into care homes
- Reduction in the number of incidents relating to medication errors, falls and pressure ulcers
- Increase the number of providers described as outstanding or good, by the Care Quality Commission
- The proportion of people who use services who feel safe

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

- Increase the proportion of older people with an on-going care package supported to live at home
- Reduce the number of older people placed in a care home
- Reduction in the number of permanent admissions to care homes per 100,000 of population
- Increase the percentage of people who receive reablement who then need no ongoing support (defined as no Council-funded long term service excluding low level preventative service).
- Increase in the number of people still at home 90 days post reablement
- Reduction in the beds days lost to delays in Oxfordshire
- Reduction in the average length of days delay for people discharged from hospital to HART
- Reduction in the average overall length of stay in stepdown pathways
- Increase the number of carers receiving a social care assessment
- 100% of patients with dementia who live are known to the Dementia Support Service

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

- The increasing numbers and needs of older people which are resulting in increased costs
- Ensuring that health and social care work together as effectively as possible to support individuals

Oxfordshire Safeguarding Children Board

Date of completion	1 September 2018
Chairman	Richard Simpson (independent chairman)
OCC Lead Member	Councillor Harrod
OCC Lead Officer	Strategic Safeguarding Partnerships Manager
Last Meeting Date	26 September 2018
Next Meeting Date	4 December 2018
Website Address	www.oscb.org.uk (OSCB Annual report is on this site)
Governance Arrangements	

The Oxfordshire Safeguarding Children Board (OCSB) is led by an independent chair and includes representation from all six local authorities in Oxfordshire, as well as the National Probation service, the Community Rehabilitation Company, Police, Oxfordshire Clinical Commissioning Group, Oxford University Hospitals NHS Trust, Oxford Health NHS Foundation Trust, CAFCASS (Children and Family Court Advisory and Support Service), schools and Further Education colleges, the military, the voluntary sector and lay members.

The Board meets 4 times per year and is supported by an Executive Group that meets 4 times per year. The board has two joint meetings with the Safeguarding Adults board per year.

There are three area groups to ensure good communication lines to frontline practitioners. There are a further six themed subgroups.

The current focus for the Partnership

The OSCB remit is to co-ordinate and ensure the effectiveness of what is done by each agency on the Board for the purposes of safeguarding and promoting the welfare of children in Oxfordshire. This is done in two ways.

(1) Co-ordination of local work by:
- Developing robust policies and procedures.
- Participating in the planning of services for children in Oxfordshire.
- Communicating the need to safeguard and promote the welfare of children and explaining how this can be done.

(2) To ensure the effectiveness of that work:
- Monitoring what is done by partner agencies to safeguard and promote the welfare of children.
- Undertaking Serious Case Reviews and other multi-agency case reviews and sharing learning opportunities.
- Collecting and analysing information about child deaths.

Publishing an annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Oxfordshire.

The Partnership's key achievements in the last year

Partnership work: The board's partners have worked well together and individually to safeguard children. This has included the successful conviction of a predatory offender through the actions of a taxi driver, who had undertaken local safeguarding training; the successful prosecution of a perpetrator of historical abuse through the use of multi-agency guidance for responding to non-recent abuse (example from Oxford Health NHS Foundation Trust); identified improved attendance at Core Groups and timely responses to requests for information from the Multi Agency Safeguarding hub (example from Community Rehabilitation Company); increased recording of children's information when attending domestic abuse incident by Thames Valley Police; increased involvement of the hospital's young people's group (Yippee) in decision making meetings; new material and video to promote the work on neglect (Children's Social Care); self-assessment in 'Excellence when working with boys on CSE (child sexual exploitation) (Kingfisher) as well as the development of a new exploitation group to address broader issues of child exploitation (all OSCB partners).

The OSCB has worked with the Oxfordshire Safeguarding Adults Board on improving transitions for young people; raise the quality of domestic abuse services and training provision as well as improving safeguarding connections with housing providers.

The OSCB has worked with voluntary and community sector (VCS) partners to ensure VCS representation on all key groups and to develop a plan for action in 2018/19. VCS partners have joined the training pool; they have worked with the OSCB to develop a template Safeguarding policy for local partners and a Self-assessment. OSCB board members have had regular input in to Children, Young People's Forum.

Serious Case Reviews have been analysed to arrive at the ten most common learning points for the children's workforce which are outlined in the annual report. See Appendix A.

Training: In 2017/18 the OSCB delivered over 150 free safeguarding training and learning events plus online learning. The training reached over 9000 members of the Oxfordshire workforce:
- ✓ 2040 multi-agency practitioners trained core safeguarding
- ✓ 417 multi-agency practitioners trained on early help assessments
- ✓ 451 multi-agency practitioners trained on mental health, child sexual exploitation, working with men and boys, drugs and alcohol and sexual abuse
- ✓ 38 multi-agency practitioners trained on female genital mutilation
- ✓ 697 early years multi-agency practitioners trained on safeguarding
- ✓ 3854 multi-agency practitioners trained on abuse and neglect; safeguarding and think family

Learning and improvement: The OSCB delivered termly newsletters to over 4000 members of the workforce and e-bulletins to educational settings across the county. Learning and improvement events for approximately 150 delegates each time have covered:

- ➢ Ten learning points from Oxfordshire case reviews
- ➢ Fathers and male care givers
- ➢ Working with neglect

Safeguarding procedures: work has taken place on updating the online manual. The new version is easy to access and navigate.

Scrutinising the effectiveness of services: The OSCB reviewed the work that is done to support vulnerable groups and held lead officers to account with respect to:
- Domestic abuse
- Working with neglect
- Disabled Children

The aims for the Partnership in the year ahead

The annual report directs the OSCB towards the following aims for 2018/19:

1. Improve the effectiveness of the board; collaboration with Oxfordshire Safeguarding Adults Board (OSAB) and engagement with local communities including the voluntary and community sector
2. Improve practice in tackling neglect and safeguarding adolescents at risk of exploitation
3. Ensure continuous improvement and assess risk and capacity across the partnership

The annual report presents the following messages for multi-agency work going forward:

- ensure that the early help process is improved and that partners in the safeguarding system understand early help, their role in it and the thresholds for statutory services

- ensure that partners know how to see and name neglect and use multi-agency chronologies when working with children

- improve multi-agency responses to safeguarding vulnerable adolescents from different forms of criminal exploitation and peer on peer abuse in particular those children with special educational needs

- maintain an emphasis on risks identified through 'safeguarding in education': attendance, exclusions, part-time timetables, elective home education, attainment and achievement of pupils with special educational needs and disabilities

- improve connections with safeguarding leads in housing

- ensure that the workforce is competent, confident and capable and able to deal with:

  o parental issues such as substance misuse, mental health problems and domestic abuse are addressed as part of this problem.

o   adolescent issues of substance misuse, mental health, healthy relationships as well as online well-being.

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

Quality assurance work highlights the following challenges presenting in safeguarding work. The abovementioned aims and messages for multi-agency work will help address them.

Challenges in the system:

- Overall pressures across the sector in the context of reduced budgets and increased activity and demand
- Threshold awareness by the workforce in general and, in particular, at the level of early help
- Safeguarding front-door effectiveness and the need for better co-ordination of the routes for referral and assessment between early help and the multi-agency safeguarding hub
- Complexity of cases not only within the children's safeguarding arena but also in relation to adults in those children's lives
- The need for stable, appropriate and secure housing
- Supporting vulnerable adolescents to develop protective behaviours
- Young people exploited in crime-related activity: response and provision
- Placement Sufficiency for children in care and children with acute mental health problems
- Young people's domestic abuse pathway: knowledge and application
- Links between safeguarding risk and safeguarding in education.
- Young people's mental health and self-harm: increasing risks and long waiting times for CAMHs (child and adolescent mental health services)

Oxfordshire Safeguarding Adults Board

Date of completion	14 September 2018
Chairman	Pamela Marsden, Independent Chair
OCC Lead Member	Cllr Lawrie Stratford
OCC Lead Officer	Kate Terroni
Last Meeting Date	26 September 2018
Next Meeting Date	19 December 2018
Website Address	www.osab.co.uk
Governance Arrangements	

The board includes members from all statutory agencies, including: Oxfordshire County Council, Thames Valley Police, NHS Oxfordshire, Oxford Health NHS Foundation Trust and the Oxford University Hospitals NHS Trust.

The Board has working relationships with other Boards and partnerships across the County detailed in the Joint Working Protocol covering the Health & Wellbeing Board, the Oxfordshire Safeguarding Children Board and the Community Safety Partnerships (district and county level).

Within OCC, the Annual Report goes to:
- Performance Scrutiny
- Cabinet
- Health & Wellbeing Board
- Annual Briefing for all Councillors

The current focus for the Partnership

The purpose of the Oxfordshire Safeguarding Adults Board is to create a framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety. Safeguarding Adult Boards became statutory bodies on 1st April 2015 following the implementation of the Care Act 2014.

Aims:
- Ensure that all incidents of suspected harm, abuse or neglect are reported and responded to proportionately, and in doing so:
- Enable people to maintain the maximum possible level of independence, choice and control
- Promote the wellbeing, security and safety of vulnerable people consistent with their rights, capacity and personal responsibility, and prevent abuse occurring wherever possible
- Ensure that people feel able to complain without fear of retribution
- Ensure that all professionals who have responsibilities relating to safeguarding adults have the skills and knowledge to carry out this function
- Ensure that safeguarding adults is integral to the development and delivery of services in Oxfordshire.

There are six sub groups which report to the Safeguarding Adults Board:

2018.

Performance, Information & Quality Assurance Group (PIQA) - To ensure the Board is fully aware of the current safeguarding issues and is working effectively, the PIQA group have developed and improved its dataset throughout the year, resulting in a performance dashboard that partners agree shows the breadth of safeguarding work underway across partner agencies throughout Oxfordshire.

Policy & Procedures Group - The group has increased its membership from care providers, both at the group and at its temporary working groups that complete specific tasks. This has led to policy and procedures being much more user-friendly from the perspective of care providers and other professionals. The best example of this is the review of the thresholds document, which was significantly rewritten as a result of the feedback from frontline professionals. The thresholds document is being used by the Care Quality Commission (CQC) as an example of good practice throughout the region.

Joint working with the Children's Board – the two Boards meet together biannually to discuss issues that affect both groups. The priorities for 2017-18 were transitions, housing and domestic abuse. Progress has been made across all three areas and the Board has agreed to continue to monitor these areas for 2018-19.

See http://www.osab.co.uk/wp-content/uploads/OSAB-Annual-Report-17-18-PUBLISHED-VERSION.pdf for full details.

The aims for the Partnership in the year ahead

A business planning meeting of the OSAB in May 2018 agreed the following interim strategic priorities, which will be finalised after consultation with service users, carers, community groups and other stakeholders. The priorities detailed below are based on feedback from Board Members on those matters which are of most concern to the range of agencies working within Oxfordshire. They also include feedback from front line practitioners.

Service User and Community Engagement
1. Establish an Engagement & Communications Group to:
    a. Oversee a series of meetings with services users, carers, community groups and other stakeholders.
    b. Investigate the development of a Phone App and a shared multi-agency safeguarding website
    c. Produce flyers/posters/promotional material/briefings to share with existing communication networks.
    d. Raise awareness of safeguarding issues amongst the general public.
    e. Co-ordinate a community awareness week.

Early Help Strategies & Initiatives
1. Refine the annual self-assessment to understand more about the challenges around Prevention & Early Intervention
2. Monitor the enquiries made to the safeguarding consultation services operating across all partner organisations to establish the themes and range of issues.

Improving Multi-agency Working
1. Develop further multi-agency awareness of Mental Capacity Act best practice, including the issues raised by the concept of Executive Capacity.
2. Review current Making Safeguarding Personal (MSP) training sessions. Consider models of delivery in order to maximise practitioners knowledge and confidence.

Monitoring Key Issues
1. Continue to monitor the thematic priorities identified by Board Members that remain at the forefront of safeguarding work:
    a. Prevention and early intervention work
    b. Mental health service provision
    c. Domestic abuse
    d. Alcohol and drug abuse
    e. Exploitation
    f. Housing

Specific work is already underway to address these key issues. The governance of them falls to other strategic groups to manage so our role is to scrutinise and challenge these arrangements to ensure that safeguarding is kept at the forefront of any new developments. Public Health are already reviewing pathways for children to access Children and Young People Services, especially for drug and alcohol abuse, as some who are eligible are not accessing this support. Further development of the 'Think Family' approach to address inter-related safeguarding issues, including domestic abuse and exploitation, is also welcomed. Prevention has become a focus for the Health Improvement Board and Housing is now a joint priority for both safeguarding boards.

See   http://www.osab.co.uk/wp-content/uploads/OSAB-Annual-Report-17-18-PUBLISHED-VERSION.pdf for full details.

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

The Children's and Adults' Boards undertook an Impact Assessment whereby we asked partners what they foresaw as the key challenges.

The resulting report recommendations formed the basis of our priorities for the year going forward (see above).

See   http://www.osab.co.uk/wp-content/uploads/OSAB-Annual-Report-17-18-PUBLISHED-VERSION.pdf for full details.

Thames Valley Emergency Services Collaboration

Date of completion	29 August 2018
Chairman	Chief Fire Officer Trevor Ferguson (Royal Berkshire Fire and Rescue)
OCC Lead Member	Councillor Judith Heathcoat
OCC Lead Officer	Chief Fire Officer Simon Furlong
Last Meeting Date	28 August 2018
Next Meeting Date	22 November 2018
Website Address	n/a
Governance Arrangements	
The Emergency Services Thames Valley Collaboration is overseen by the Thames Valley Executive Board working to an agreed Terms of Reference. These principles highlight the intention of all partners to demonstrate compliance with the duty to collaborate under the Policing and Crime Act 2017. Fire and Rescue Collaboration across the Thames Valley is governed by a Memorandum of Understanding (MOU) created in 2015.	
The current focus for the Partnership	
The partnership is currently focused on several areas across all the emergency services. The main areas of joint focus for the partnership are working together with procurement, estates (linking to One Public Estate), specialist operational capabilities and demand and risk. There also six projects being implemented across the three Fire and Rescue Services.	
The Partnership's key achievements in the last year	
Following the introduction of the Policing and Crime Act in 2017, the partnership has developed the required formal governance to ensure that all collaborative arrangements are being considered. This had led to the creation of a framework which includes meetings of Directors, Executives and Elected Members and a shared programme management approach. The framework in now fully embedded across the partnership.	

This process has led to the production of a Thames Valley Emergency Services Collaboration Report. This will be finalised shortly and details all the collaborative work to date as well as outlining current projects. This has led to a shared public collaboration register capturing all projects including areas which have been considered but not taken forward as they do not meet the required tests of improved efficiency, effectiveness or public safety under the Policing and Crime Act.

Training

September has seen the graduation of the new wholetime firefighters from a collaborative development course between Oxfordshire and Royal Berkshire facilitated by the Fire Service College. By both services working together there was cost saving to Oxfordshire of £27,000.

Procurement

Other key success's this year have included joint procurement including fire engines,

equipment and high reach appliances. Collaboration on the procurement of the high reach appliance has saved an estimated £50,000. We have also saved a further £50,000 through the collaborative purchase of front line operational equipment made possible partly by the standardisation of our fire engines. One example is battery operated road traffic collision rescue equipment which is not only more effective, but safer for our firefighters.

Estates

There are also several estate projects that are being taken forward including the design of the new Community Safety hub in Carterton and a leasing agreement for the Police to be based at Chipping Norton Fire Station.

New Ways of Working

We have also trialled a revised emergency response to patients collapsed behind closed doors by transferring the response from the Police to Fire crews. This has seen a better response to patients, a reduction in time that emergency services are involved on scene and a reduction in the physical damage of effecting entry.

Fire Collaboration Projects

Six Collaborative projects between the Fire and Rescue Services are currently being managed within the programme with agreed Project Implementation Documents.

These are:
  I.   Operational Alignment of Emergency Response
  II.   Joint Fire Protection Function
  III. Fire Cover Risk Modelling
  IV.   Strategic Manager Duty Rota (Level 4)
  V.   Workforce Reform; Apprenticeships
  VI.   Workforce Reform; Recruitment & Selection

The aims for the Partnership in the year ahead

The partnership will focus on the delivery of the current projects, development of the working groups and the continuous review of all collaborative opportunities.

The next year will see the significant progress against all the projects with the most notable outcomes expected to be;
  • Continued delivery of new Collaborative Fire Engines across the three services and the new high reach platforms in Oxfordshire, Royal Berkshire and Staffordshire.
  • Completion of the physical improvements at Chipping Norton Fire Station which will allow co-location of Police and Fire.
  • Implementation of further joint working in Fire Protection ensuring consistency to business across the Thames Valley and sharing of technical expertise across services.
  • Thames Valley single approach to the roll out of National Operational Guidance for Fire and Rescue services leading to seamless working across county borders. This will simplifying our attendance at incidents across borders and reduce the unnecessary additional mobilisations under the

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

Resourcing

Collaborative projects will always require additional work for implementation and this is largely completed by people in existing roles. Effective programme management is making sure additional resources are identified in the planning stage and provided as required.

Strategic Drivers

All the collaborative stakeholders have different strategic drivers which are susceptible to change. The collaboration governance structure makes sure changes in commitment are discussed early and projects adjusted as required.

Safer Oxfordshire Partnership

Date of completion	September 2018
Chairman	Councillor Kieron Mallon
OCC Lead Member	Councillor Kieron Mallon
OCC Lead Officer	Chief Fire Officer Simon Furlong
Last Meeting Date	19 September 2018
Next Meeting Date	TBA February 2019
Website Address	https://www.oxfordshire.gov.uk/cms/content/safer-oxfordshire-partnership

Governance Arrangements

The Safer Oxfordshire Partnership consists of an elected member-led Oversight Committee which provides support and challenge to an officer-led Coordination Group. The partnership delivers the statutory community safety requirements at the county level. The Oversight Committee meets twice a year, and the Coordination Group meets six times a year. Organisations represented on Safer Oxfordshire include the county and district councils, health, police, the national probation service, the community rehabilitation company, the prison service and the voluntary sector.

The partnership works closely with the four city/ district level Community Safety Partnerships (CSPs), as well as alongside the other countywide partnerships including the Safeguarding Boards, Health & Wellbeing Board and the Children's Trust.

The partnership attends the Oxfordshire County Council Performance Scrutiny, when requested.

The terms of reference for both the Oversight Committee and the Coordination Group can be found on the partnership webpage.

The partnership supports an officer-led Partnership Working Group which includes representatives from the Safeguarding Boards, the Childrens Trust, the Health and Wellbeing Board and the district level CSPs to ensure there is clear accountability for cross-cutting issues that impact on the work of each of these groups. Further details below.

The current focus for the Partnership

The partnership publishes its annual Community Safety Agreement which sets out the countywide community safety priorities.

Partnership activities are prioritised to support delivery of the Police and Crime Commissioner's (PCC) Thames Valley Police and Crime Plan 2017 - 2021. The partnership receives funding from the PCC each year, this is the only funding received by the partnership. This year the partnership received the same funding as the previous year of £694k.

Our strategic priorities for 2018/19 are similar to previous years but with a stronger emphasis on tackling violent crime and exploitation by serious organised crime gangs – these priorities are listed under the aims of the partnership for the year

ahead (see below).

The Partnership's key achievements in the last year

Last year, the partnership allocated £694k of funding from the Police and Crime Commissioner (PCC) to support the strategic objectives set out in the PCC's Police and Crime Plan.

The following highlights some of the activities that were delivered using this funding:

- **Domestic Violence** – support and training for up to 1000 Domestic Abuse Champions operating across the Oxfordshire. The Domestic Abuse Champions Network spans across all areas of the county geographically and across a diverse range of agencies, including schools, colleges and a range of health settings.

- **Community Safety Partnerships (CSPs)** - delivered a broad range of youth diversionary projects to reduce Anti-Social Behaviour (ASB). They also delivered activities to prevent Child Sexual Exploitation (CSE), such as Hotel Watch which provides training for front line staff in the hotel industry to spot the signs of possible CSE and report it. In addition, CSPs have raised awareness of Female Genital Mutilation (FGM) and worked with partners and community groups to support victims of this practice. They have also raised awareness of and provided interventions to support victims of domestic abuse, reduce re-offending, support vulnerable people (e.g. Safe Places scheme), support safer town centres – further details can be found in the local CSP Community safety plans which are published on CSP websites.

- **Public Health** -the grant received by the Drugs and Alcohol service commissioners in Public Health last year was spent in 2 areas of work – Reducing Reoffending and Reducing Alcohol Related Harm. This work is continuing in 2018-19 thanks to further grant funding. Drugs treatment services in Oxfordshire are provided by Turning Point, commissioned and contract managed by Public Health at the County Council. As part of this contract treatment is provided for offenders on Drugs Rehabilitation Requirements (DRRs) and Alcohol Treatment Orders (ATOs) as part of their sentence. These clients undergo treatment for their addictions, with regular drugs tests, and also have opportunities to gain work experience, qualifications and other support to sustain their recovery. One of the settings for this work is the Refresh Café on Cowley Road in Oxford. PCC funding is used to employ 2 workers for that venue, working with a range of clients, many of whom are on court orders.

- **Youth Justice Service (YJS)** - Reducing the number of first time entrants (FTE's) to the youth justice system to 250 in 2017-18, the numbers are indicating a steady reduction in FTE's, and are well below the national average of 304. YJS has embedded a robust screening process for exploitation, and every case supervised by the YJS is screened in line with National Standards. This work has enabled the service to better understand the trends, risks, vulnerabilities of children that are either at risk or high-risk of exploitation. This data is shared with partners and will help to shape a countywide strategy. The YJS has also played an integral role in revising the

OSCB Child Sexual Exploitation Screening tool to incorporate wider drugs exploitation concerns, and in shaping a draft local definition of Child Drug Exploitation (CDE) in the absence of a national one.

The aims for the Partnership in the year ahead

The partnership has set out its priorities for 2018/19 which are similar to last year's but they have a particularly strong emphasis on tackling violent crime and exploitation by serious organised crime gangs. The 2018/19 priorities are as follows:
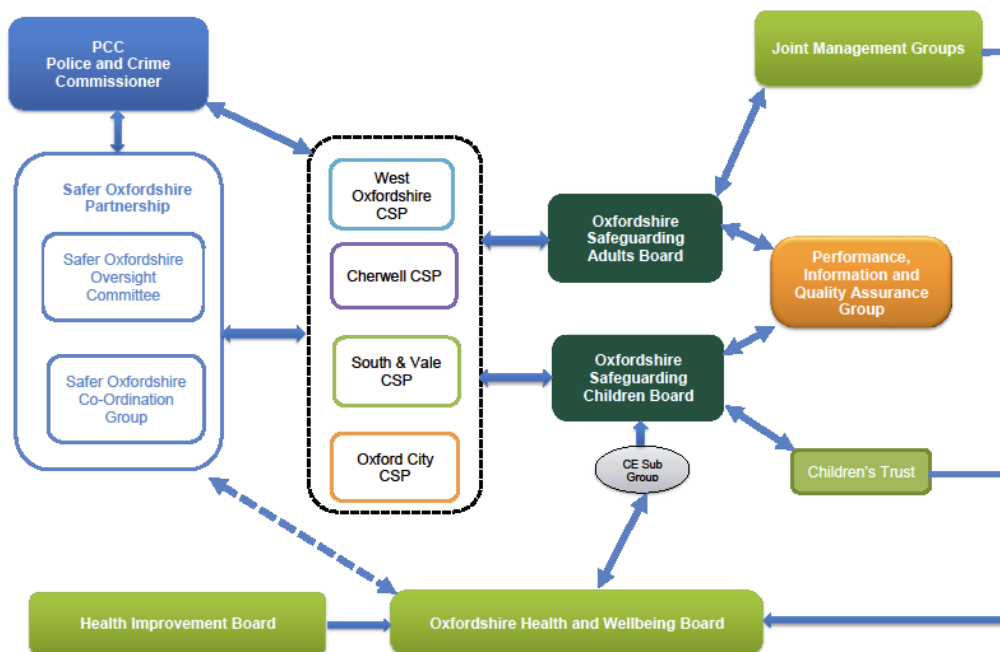
- To provide support for people living on the street and their vulnerability's through mental health
- To support the development of a strategic group for Organised Crime Groups (OCG's) and county lines
- To protect vulnerable people through reducing the risk of abuse and human exploitation
- To reduce violence
- To reduce ASB
- To reduce the harm caused by alcohol and drugs misuse
- To reduce the level of reoffending, especially by young people
- To support a countywide approach to tackling serious organised crime
- To reduce the risk of radicalisation and hate crime
- To reduce the number of incidents of rural crime
- To adopt and implement a Crowded Spaces Policy

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

- Crime levels in Thames Valley have increased during the last 12 months with increases occurring across almost all crime types. This is a picture that has been seen nationally, with increases in Thames Valley generally lower than or similar to those observed in England and Wales.

- The recent HMICFRS Crime Data Integrity inspection of Thames Valley established that while Thames Valley Police identified domestic incidents and looked after the victims appropriately, offences were not always correctly identified as a crime. Whilst this does not change the total number of domestic incidents, it does impact on the number shown as a crime. Processes have been put in place to ensure that these are correctly recorded as crimes and this is starting to show in the levels recorded.

- Nationally there has been a large increase (24%) in sexual offences (including rape), above the 9% seen in the Thames Valley. There are a number of factors that will be affecting this increase; continuing publicity about historical offending (whether this be celebrity figures - including overseas, sports coaches, historic institutional offences) making people more aware that they may have been victims and giving them the courage to report them, as well as new forms of offending (i.e. – online grooming etc.).

- Hate Crime levels in Thames Valley have increased for a number of reasons. In 2017/18 there were a number of terrorist attacks across England and

Wales. This may have resulted in rises in hate crime. In addition, officers and staff have received additional training to help them correctly understand and identify hate crime. Due to low numbers recorded under some of the individual strands of hate crime, small increases in numbers can result in large percentage changes.

- The level of knife crime in Thames Valley is similar to the level seen in England and Wales

- Given the focus on protecting those who are most vulnerable to becoming a victim of crime, it is important to have strong engagement with other countywide partnerships, such as the Safeguarding Boards, the Health & Wellbeing Board and the Children's Trust. Keeping our communities safer through safeguarding is everybody's business and lies at the heart of successful community safety partnership working. Our commitment to wider engagement beyond community safety is reflected in the diagram below which shows our relationship with the core statutory organisations supported by the County Council.

Oxfordshire Stronger Communities Alliance

Date of completion	September 2018
Chairman	Rt Revd Bishop Colin Fletcher & Cllr Mark Gray
OCC Lead Member	Councillor Mark Gray
OCC Lead Officer	Assistant Chief Executive
Last Meeting Date	18 June 2018
Next Meeting Date	January 2019
Website Address	https://www.oxfordshire.gov.uk/cms/content/oxfordshire-stronger-communities-alliance *(Public meetings - minutes are online)*

Governance Arrangements

The Oxfordshire Stronger Communities Alliance (OSCA) brings together partners from public sector, voluntary sector support providers, faith groups, representatives of local councils, the NHS, military and police.

The aims of the partnership are to build a:

- Sustainable voluntary, community and faith sector
- Stronger and empowered community

OSCA Partnership meetings are held three times a year with the dates published on the website.

The current focus for the Partnership

The current focus for the partnership has been:

- To continue to work in partnership across the infrastructure organisations avoiding duplication and sharing resources to manage capacity ie Charity Triage.
- To maintain the momentum of the new county wide Volunteering Strategy and put actions into practice.
- The partnership continues to maintain a watching brief on the children's centre and the day services review.
- The partnership is also now regularly receiving updates from other networks and partnerships that support a sustainable sector.

The Partnership's key achievements in the last year

OSCA has continued to build capacity amongst the voluntary and community sector organisations it represents. It has been supporting more smaller organisations that are experiencing financial difficulties and lack appropriate governance to withstand changes in the sector. The triage system has been working well although there are still issues with organisations acknowledging they are in difficulties until it is too late.

The sector is finding it increasingly difficult to access funding and some are using reserves whilst they seek a sustainable solution, however when this is not possible it is leaving them perilously close to the edge with some tipping over.

The Children & Young Peoples Forum is proving popular and continues to grow,

bringing a wider awareness to the sector of disseminating good practice and understanding each sectors requirements and service provision. In addition to this there are new forums organised by the food banks and Cherwell have organised two events with the infrastructure organisations to support the sector in their area.

The county wide Volunteering Strategy group continue to meet to look at ways of raising the profile of volunteering and to improve the opportunities. The new system seems to be working well and has a much friendlier interface between volunteers, volunteer brokerages and opportunities. Find out more here: OxonVolunteers.

The partnership had been following the changes in relation to supported transport and where possible identifying community solutions and supporting community transport schemes and volunteer drivers. The partnership has been hearing about some of the more successful schemes and the challenges faced by those that are struggling.

The partnership has also been keeping a watching brief on devolution in Oxfordshire and what this might mean for communities.

The aims for the Partnership in the year ahead

The focus for OSCA for the forthcoming year is:

- Raising the profile of volunteers and increasing the numbers
- Building resilience in communities
- Challenges in retaining Infrastructure support and being responsive to the changes in the sector.
- Community Transport.

There was a desire to see more work focussed on Homelessness, however with the work now being led by Jane Cranston, the partnership have not set this as an aim but remain interested in the outcomes.

The infrastructure organisations are seeking more innovative, integrated ways in which to collaborate to avoid duplication and maximise opportunities.

The OSCA members continue to secure the maximum funding available for the county and will continue its strong links with the Oxfordshire Local Enterprise Partnership (LEP), Oxfordshire Community Foundation and other funders.

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

Many of the OSCA members were involved in the LGA Peer Review and this will continue to be on the agenda going forward.

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

- Funding streams for the VCS are continually being reduced at a time when there is an increasing demand for their services. OSCA will address this challenge by

promoting access to new funding streams and closer partnership working.

- As the public sector shrinks and the voluntary and community sector increases this places additional demands on the infrastructure organisations' capacity. The partnership will need to prioritise areas either geographically or thematically so as to not spread resources too thin and not achieve outcomes.

- The partnership continues to not meet the expectations of all partners round the table due to the varied nature of the sector they represent. A thematic deep dive approach such as community transport will provide a more targeted stakeholder grouping.

Oxfordshire Growth Board

Date of completion	11 September 2018
Chairman	Councillor Jane Murphy – Leader SODC
OCC Lead Member	Councillor Ian Hudspeth
OCC Lead Officer	Strategic Director for Communities
Last Meeting Date	25 September 2018
Next Meeting Date	27 November 2018
Website Address	www.oxfordshiregrowthboard.org
Governance Arrangements	

The Growth Board is a Statutory Joint Committee with a core membership (with voting rights) comprising Leaders from each of the Oxfordshire local authorities. The Board also includes non-voting members such as the Oxfordshire Local Enterprise Partnership and the Skills Board. It is supported by a scrutiny advisory panel of members drawn from across the councils and three advisory sub groups whose function is to oversee the delivery of the Oxfordshire housing and growth deal- see below. At officer level the Board is supported by a programme manager and an executive of senior officers from the six member local authorities, the Homes & Communities Agency (HCA), the Environment Agency and other partners.

Growth Board meetings and chairmanship are help every two months. The meetings are administered and hosted on an annual rota basis and currently South Oxfordshire DC is the chairing authority.

The current focus for the Partnership

The Growth Board provides leadership for partnership working and collaboration on spatial planning, economic development, housing, transport, and general infrastructure across Oxfordshire.

The purpose of the Oxfordshire Growth Board to provide governance over planning and infrastructure in Oxfordshire and associated investment funding streams (for example the Oxfordshire Housing and Growth Deal, City Deal and the Local Growth Funds).

The programme of projects it oversees is currently dominated by the Housing and Growth Deal which includes the Oxfordshire Joint Spatial Plan, major transport infrastructure upgrades and a programme of additional affordable housing.

The Partnership's key achievements in the last year

The major achievement of the past year has been the agreement with Government of the Oxfordshire Housing and Growth Deal, the first of its type in the country and a trailblazer for similar Deals that Government are developing elsewhere.

On 22 November 2017 it was announced in the budget that Oxfordshire and Government would collaborate in the Oxfordshire Housing and Growth Deal (the Deal). As part of the Deal Oxfordshire, through the delivery agent of the Oxfordshire Growth Board would receive up to £215m of new funding in order to support Oxfordshire's ambition to plan for and support the delivery of 100,000 homes by 2031. Of this total, £150m of this funding focuses on infrastructure delivery that when

completed will help us to accelerate the delivery of these planned homes, whilst a further £60m is ring fenced to deliver a programme of up to 1320 additional affordable housing units by March 2021.

Oxfordshire and the Government have made specific commitments in the Deal as follows;
Oxfordshire commits to:
- Plan for and support the delivery of 100,000 new homes between 2011 - 2031 - backed up with a credible plan for delivery outlining interim milestones and targets and agreed with Homes England and Government.
- Deliver at least 1322 additional affordable homes by March 2021
- The submission and adoption, subject to the examination process, of a Joint Statutory Spatial Plan (JSSP) covering all five districts, by 2021, and submission of the current suite of Oxfordshire Local Plans
- Work with Government to explore further opportunities to drive innovation in partnership, design and construction
- Work to secure additional public and private funding to plan for and support delivery of 100,000 homes by 2031
- Consider the introduction of a Strategic Infrastructure Tariff.

This year the key milestones we have met to date are:

- Agreement of a detailed delivery plan, showing the additional affordable homes we will deliver and the number of homes secured through infrastructure investment

- A review of the governance arrangements and Terms of Reference for the Growth Board to reflect its expanded role, including the establishment of a Scrutiny panel and three Advisory Sub Groups to oversee the key elements of the Deal.

- The Principle of Joint Statutory Spatial Plan agreed together with a Draft Oxfordshire–wide Statement of Common Ground and the establishment of a Joint JSSP Project Board.

By the end of September 2018, we need to have established a programme for years 2-5 of the Homes from Infrastructure Programme and years 2-3 of the Affordable Housing Programme.

The aims for the Partnership in the year ahead

The year ahead will be a busy time for the partnership. It will continue to oversee the completion of the commitments in the Housing and Growth Deal including the year 2 programme for Homes from Infrastructure and Affordable Housing and the second year of the JSSP project. The Deal also commits us to a review of the Oxfordshire Infrastructure Strategy (OxIS).

In addition, the Board will be exploring how its agenda should be expanded to encompass its ambition to be the champion of good growth in Oxfordshire by building on work already in pace to explore the counties environmental assets and how they can best be managed and the challenges to our energy structures that the

growth agenda faces
The key challenges for the Partnership and how these will be addressed going forward.
- To deliver the year two commitments of the Oxfordshire Housing and Growth Deal   - To oversee the completion of a refresh of the Oxfordshire Infrastructure Strategy

Oxfordshire Local Enterprise Partnership Ltd

Date of completion	19 September 2018
Chairman	Jeremy Long
OCC Lead Member	Councillor Hudspeth
OCC Lead Officer	Strategic Director for Communities
Last Meeting Date	25 September 2018
Next Meeting Date	11 December 2018
Website Address	www.oxfordshirelep.com
Governance Arrangements	

The strategic leadership and direction of the Oxfordshire Local Enterprise Partnership (OxLEP) is provided by its Board of Directors. All Board Directors are registered as directors of the company 'OxLEP Ltd' with Companies House.

In addition, its Section 151 Officer from the accountable body (Oxfordshire County Council) and the Department for Business, Energy and Industrial Strategy (BEIS) Area Lead for Oxfordshire both have the right to attend and speak at Board meetings, but not vote.

OxLEP's Board meets at least quarterly, with additional meetings as required.

The current focus for the Partnership

As one of 37 local enterprise partnerships in England, it is OxLEP's role to champion Oxfordshire's economic potential, driving a dynamic, sustainable and growing economy.

LEPs act as business-led partnerships between local authorities and businesses with the aim of playing a central role in determining local economic priorities and undertaking activities to drive economic growth and the creation of jobs.

OxLEP – working with partners – has made considerable progress in strengthening the county's economy by establishing robust and effective relationships between businesses, academia and the public sector.

Highlight achievements include:

- Together with our partners, around £600 million-worth of central government and European funds has been secured for the Oxfordshire economy

- OxLEP has supported the creation of around 43,000 new jobs between 2012 and 2016 – representing close to 50% of a 2031 target of 85,600 new jobs

- OxLEP has secured £142.5m for Oxfordshire through the Local Growth Fund 1, 2 and 3 – funded projects include; the Oxfordshire Flood Risk Management Scheme and Oxpens development programme in Oxford city centre

- OxLEP has secured £55.5m for Oxfordshire through the City Deal Fund – funded projects include; the Harwell Innovation Hub, Culham Advanced Manufacturing Hub and Begbroke Innovation Accelerator

The Partnership's key achievements in the last year

In terms of OxLEP's direct achievements during the 2017/18 financial year, the following activity has taken place:

Start-up and growth businesses:
- £2m European Regional Development Fund (ERDF)-funded ELEVATE programme launched
- 51 start-up and growth workshops held
- 400 individuals/businesses attended workshops
- 1600 hours of face-to-face support provided
- £200K ELEVATE start-up and growth grants launched
- Three competitive grant competitions – totalling a value in excess of £85,000 – being of offered to 20 businesses
- 212 businesses have received one-to-one support equating to 636 hours of direct face-to-face support

Inward investment:
- 93 foreign direct investment 'projects' secured in Oxfordshire, a rise of 181% on 2016/2017's figures
- 1,315 new jobs for the county as a result of this, and the safeguarding of 403 in the process
- 66% of investments in Oxfordshire were new investments
- 9% of all English foreign direct investment took place in Oxfordshire
- Five 'multi-region' foreign direct investment projects secured by OxLEP

Apprenticeships:
- 41 employers introduced to apprenticeships
- 24 new young apprenticeship ambassadors recruited
- 28 apprenticeship workshops delivered in schools
- 16 drop-in events held to raise awareness of apprenticeships
- 12 employer events attended, promoting the benefits of apprenticeships

Work experience and careers:
- 4,986 work experience allocated placements
- 1,567 attendees and 54 exhibitors engaged at Careers Fest 2018
- 40 secondary schools engaged during academic year
- 131 school careers events, apprenticeship assemblies and workshops
- Five Community Employment Plans in place (including Westgate Oxford)

The aims for the Partnership in the year ahead

Working with partners, our key 'headline' aims for the next year will include:

Oxfordshire Local Industrial Strategy (LIS):
- Our ambition for Oxfordshire's LIS is to position the county as one of the top-three innovation ecosystems globally, building on the region's world-

leading science and technology clusters

- To provide a framework for delivery and investment for 'UK PLC' and will avoid 'more of the same', nurturing radical and transformational ideas

Oxford-Cambridge Corridor:
- Working with neighbouring LEPs, local authorities, academia and private sector businesses, to pioneer emerging transformative technologies and sectors, as part of the wider 'Oxford-Cambridge Corridor'

Science and Innovation Audit:
- Build on the global potential emphasised in the 2017 Oxfordshire Transformative Technologies Alliance's Science and Innovation Audit (SIA).

- Through the four emerging transformative technologies – identified in the SIA of digital health, space-led data applications, autonomous vehicles and technologies underpinning quantum computing – to support Oxfordshire to become a 'global leader' and fully-utilise up to £180billion (six per cent of the global economy in these technologies)

Oxfordshire Housing and Growth Deal:
- Working with the Oxfordshire Growth Board, to utilise the £215million Oxfordshire Growth Deal helping to boost productivity, invest in infrastructure to support the delivery of up to 100,000 new homes across the county by 2031 and allow Oxfordshire to utilise world-class science and innovation assets, as well as making full-use of our two government-backed enterprise zones.

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

As well as challenges relating to aims for the year ahead, additional challenges also include creating and delivering strategies in relation to government reports:

LEP Review – 'Strengthening Local Enterprise Partnership':
- Ensuring that OxLEP is in a strong position to remain independent and are private sector-led organisations
- Ensuring OxLEP is in a position to further underpin national and local collaboration
- Develop and deliver a Local Industrial Strategy that has a focus on enhancing productivity

Mary Ney Review – 'Review of Local Enterprise Partnership Governance and Transparency':
- Ensuring OxLEP fully implements requirements for appropriate governance and transparency

Oxfordshire Environment Partnership

Date of completion	7 September 2018
Chairman	Councillor Pickford, Cherwell District Council
OCC Lead Member	Councillor Yvonne Constance
OCC Lead Officer	Environment and Heritage Manager/Waste Strategy Manager
Last Meeting Date	13 July 2018
Next Meeting Date	2 November 2018
Website Address	N/A
Governance Arrangements	

Oxfordshire Environment Partnership (OEP) is a meeting of Cabinet members and officers of the six local authorities, with other groups with responsibility for the environment, to share best practice and ideas and discuss policy.

Membership comprises 1 elected member representative from the County Council, the City Council and each of the District Councils.

The Chairmanship of the partnership rotates every two years, and is currently held by West Oxfordshire District Council.

The current focus for the Partnership

The Partnership's terms of reference are to help coordinate shared action on Oxfordshire 2030 pledges relating to waste, energy, climate change and biodiversity including the monitoring of commitments and actions outlined via:
- Climate Local Commitments
- The Joint Municipal Waste Management Strategy

The Partnership's key achievements in the last year
Waste Management

ANAEROBIC DIGESTION AND BIOGAS AWARD
Agrivert presented an award to the OEP in March 2018 for their work and achievements on food waste outlined in the 2017 report.

JOINT MUNICIPAL WASTE MANAGEMENT STRATEGY
Waste authorities in two tier local government areas are legally required to have a Joint Municipal Waste Management Strategy in place, bringing together the waste disposal and waste collection authorities, and this must be regularly reviewed.

In 2007 the Oxfordshire Waste Partnership, the forerunner of the Oxfordshire Environment Partnership, agreed the first Joint Municipal Waste Management Strategy (JMWMS), and was reviewed again in 2012. These strategies have been successful in moving Oxfordshire from a recycling rate of 33% to 60% in 2016. A refresh of the strategy has been a key focus for OEP in 2018.

A public Strategy Review Consultation gained 2200 responses, a very high response rate, which helped to inform the strategy. Key points that came out of the consultation with residents:

- Don't like the concept of a restriction on residual waste
- Embrace the concept of recycling, although can find it frustrating
- Confusion about what can be recycled
- Interested about where the waste goes.

The strategy is still in final draft stages and in the process of being signed off. The draft 2018 revision includes recycling and composting targets of:
- 65% by 31 March 2025
- 70% by 31 March 2030

Waste analysis shows that it should be possible to reach an 80% recycling rate if residents placed all their food waste and recyclable materials into the correct bin and that this would save around £3 million/year. However, in 2017/18, our countywide recycling and composting rate was 58%, and Oxfordshire still has amongst the highest recycling rates in the country. The targets were chosen to be stretching and ambitious.

The Waste Prevention Strategy will form part of the Joint Municipal Waste Management Strategy, with an overarching aim to "stop waste growth per person per year by encouraging people to think about the products that they buy and how materials can be reused, recycled and composted". The accompanying document will set out how we can prevent and reduce waste in the first place, working with residents. For every tonne of waste prevented, it is estimated that OCC (as the disposal authority) saves around £80, for every tonne of waste recycled, OCC saves around £50, so waste prevention services represent good value for taxpayers. The strategy will set out our priority areas and how we will support the Joint Strategy aim.

WASTE MANAGEMENT GUIDE
A Waste Management Guide for Planners has been developed by officers which is available for each district to use if helpful to address issues such as bin storage and bin collection in new developments.

WASTE PERFORMANCE
Waste performance across Oxfordshire has generally been very good and has been the best performance in the Country. In recent years we have had challenges with a 59.5% recycling rate in 2017, but the projected performance is likely to be 56.5% in 2018. A range of measures were suggested to help raise rates, and an agreement was made to consider improving communication measures.

JOINT WASTE COMMUNICATIONS
At the March OEP meeting it was agreed in principal that each partner authority would contribute to a joint budget which would be used to increase recycling rates across the county. Communications Officers and Recycling Officers from each partner authority have discussed how to best utilise these funds for maximum impact. A countywide campaign was felt to be the best way to change behaviours and result in long term recycling rate increases. The two material streams which are considered the most important to target are plastics and food waste. The budgets and focus for the campaign are in the process of being signed off via Cabinets as required.

WASTE AT REDBRIDGE HOLLOW

Waste has now been cleared and site being secured. Playground equipment has been ordered and should be installed soon. Residents have been cooperative but anecdotally there has been more fly tipping in the local area. There is an increase in fly tipping nationally so this may be the subject of a future report to OEP.

COMMUNITY ACTION GROUPS

Kerry Lock from Oxfordshire's Community Action Groups presented a report on the work of the core team and the work being undertaken by some of the 65 community groups operating across the county. Appendix 1 provides an infographic from the 17/18 annual CAGS report summarising some of the work.

Energy, climate change and low carbon

COUNTY-WIDE ENERGY STRATEGY

OEP in 2017 supported the idea of county-wide energy strategy; a grant was secured for £40,000 from BEIS to deliver a strategy through OXLEP in 2017/18. Two workshops were held in 2018 with a broad range of participants from the public, private, academic and third sectors and the work has been overseen by a steering group comprising OXLEP, local authorities and other key players. The strategy will be signed off by the OXLEP Board on 25 September and endorsed by the Growth Board in Oct.

LOW CARBON HOMES ENERGY WORKSHOP

Councillors felt strongly that Local Plan policies should be consistent with our low carbon ambitions. Officers provided assurance that Local Plan policies were ambitious, but there is a national policy and planning gap around low carbon homes that means it is difficult to implement the policies. A workshop is being set up with planners and energy officers and OEP members to help understand the issues and what OEP can do support low carbon homes.

GREENHOUSE GAS REPORTING

Officers reported that emissions of greenhouse gases from the estates and activities of the six Oxfordshire Local Authorities fell by 10% during 2015/16 and 2016/17, and are now 43% below 2010/11 levels, the baseline for this measure. This means that emissions have fallen by an average of 7% per year, exceeding the local target of an average reduction of 3% per year.

DIMES PROJECT

OEP heard about the DIMES (Distributed Integrated Multi-Use Energy System) project in Bicester. Fuel Cell Systems Limited is leading the project alongside partners from the University of Oxford, Oxfordshire County Council, Cherwell District Council and Metropolitan Infrastructure Limited. This is a unique project for the UK looking at how a high-tech Fuel Cell system could heat, electrically power and provide hydrogen transport fuel for new developments. The study has received £60,000 form Innovate UK and aims to show that the technology, potentially the first of its kind at this size in the UK, is a viable and clean energy source. The project is being based on a real development, Himley Village, a P3Eco development of 1700 dwellings with some small retail units.

ONE PLANET LIVING
This exciting sustainability initiative is being run by Bioregional with support from Oxfordshire County Council, Oxford City Council, and via OEP. Bioregional has developed a simple framework which helps to translate the international sustainable development goals for use in organisations or by individuals. It has been used by local authorities, large retailers such as B&Q, and for planning new developments such as Bicester Eco Town and BedZed. With grant funding from the KR Foundation, Bioregional have run training workshops for those interested in developing their own One Planet Living strategies, and will be running workshops in November to develop a One Planet Living Action Plan for Oxfordshire.

Natural Environment

OEP received a paper on Oxfordshire's AONBs, and the current proposals to seek National Park Status for the Cotswolds AONB and the Chilterns AONB. Oxfordshire has three separate Areas of Outstanding Natural Beauty, covering in total 25% of the county, highlighting Oxfordshire's special landscapes and places. The AONBs are The Cotswolds, The Chilterns and The North Wessex Downs. The DEFRA 25 year plan, published in January 2018, sets out proposals for reviewing AONB boundaries, and potentially creating new national parks. The Cotswolds Board and the Chilterns Board are currently exploring whether they could become national parks. This would involve submitting a request for consideration by the Secretary of State. It is a long process and would require considerable local consultation and input by local authorities.

The aims for the Partnership in the year ahead

- Continue to support share best practice, and support action and initiatives within all authorities.
- Finalise the Joint Municipal Waste Management Strategy, waste prevention strategy and develop an action plan.
- Agree and implement joint communications to residents to help improve recycling rates.
- Continue to support and monitor the latest Greenhouse Gas reporting figures from all authorities.
- Support implementation of the county wide energy strategy where appropriate and review carbon reduction targets.

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

The partnership remains without dedicated officer support, which continues to present resource challenges for the hosting authority.

Appendix 1: Community Action Groups Annual Report 17/18 Infographic

The Community Action Group Oxfordshire Project

Annual Report 2017–18

The CAG Network is made up of...

65 groups

taking action on climate change

housing

energy

transport

waste food

biodiversity

skill sharing

Groups take action in various ways

recycling/reuse

growing

3,199
events & activities across Oxfordshire

104,890
attendees

31,971
volunteer hours

Events included swap shops, bike workshops, food surplus cafes, thermal imaging programmes, film screenings, talks... and much more

CC12

This community-led climate action led to...

129 tonnes
of waste diverted from local waste disposal

31,596
energy savings (KwH)

60 tonnes
Carbon emissions avoided

£126,251
of consumer cost savings

£5,746
local authority cost saving

£988,532
network fundraising and income generated from groups

£414,672
value of volunteer time

£1,529,455 is the total financial output of 2017/18

= 17:1 return on investment

The core CAG funding from Oxfordshire County Council is £92,000