

Health Improvement Board review of priorities May 2018

Discussion Paper

1. Why review our priorities?

The Health Improvement Board is responsible for delivering 4 priorities of the Joint Health and Wellbeing Strategy (JHWBS). Other priorities are delivered by the Children's Trust and the Joint Management Groups for Better Care and for Adults of Working Age. The priorities for the Health Improvement Board (HIB) are:

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

Priority 9: Preventing chronic disease through tackling obesity

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

Priority 11: Preventing infectious disease through immunisation

Each of these priority areas is broken down into particular aims and has a set of outcomes measures that are monitored at every meeting through the Performance Framework. These outcome measures are also monitored at every meeting of the Health and Wellbeing Board.

The current priorities of the Health Improvement Board and the outcome measures for 2017-18 are listed in Annex A

The Joint Health and Wellbeing Strategy is updated every year and the Health Improvement Board has always reviewed its priorities as part of that update. To do this the Board members consider the needs set out in the Joint Strategic Needs Assessment and the performance in delivering their priorities in the past year.

There is currently a major review of governance, membership and function of the Health and Wellbeing Board underway. A paper setting out the feedback from engagement activity related to the review was discussed at the HWB in March. This feedback included *"The sub-groups called the Children's Trust and Health Improvement Board were generally seen to be functioning well over a wide range of topics."* This leads to the assumption that the Health Improvement Board (HIB) should continue to develop its work as the review will not propose extensive change for this group. The HWB will consider proposals for change at a special meeting on May 10th 2018 where this assumption may be confirmed.

However, even though the HWB review may not propose change for the HIB, it does provide an opportunity for a fresh look at priorities and ambition to be included in the Joint Health and Wellbeing Strategy. This paper aims to start the discussion.

2. Strategic drivers

Since the JHWBS was first drafted there have been significant changes to the strategic landscape. Now seems a good opportunity to consider some of the drivers for our partner organisations. For example:

- The Five Year Forward View for the NHS includes an imperative to include prevention in NHS plans: **“If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness”** – Five Year Forward View
- A recent inspection by CQC of the Health and Social Care System concluded that a review of primary prevention activity would be beneficial in Oxfordshire.
- There is a clear role and remit for all local authorities in the health and wellbeing of local communities. Councils may not necessarily recognise this as “prevention” but they make a major contribution across the wider determinants of health such as housing, homelessness, leisure, economic development, air quality etc.
- There have been changes within organisations and representation on the HIB during the lifetime of the current JHWBS which means a renewal of aims and vision will be beneficial and engage the newer membership.
- High level objectives and outcomes set out in the JHWBS will set direction across the health and social care system, local government and wider afield. It will also provide a framework for partners in the voluntary and community sector and business to recognise their part. It will also give a clear focus for funding and commissioning decisions.
- Other elements of the JHWBS are also being reviewed. The Children’s Trust have recently revised the Children’s Plan and are working on an Implementation Plan for 2018-19. An Older People’s Strategy is being co-produced by partners and members of the public and will also set out priorities.

3. What should the HIB focus on?

As stated above, the current JHWBS is a combination of priorities from the Children’s Trust, Older People Strategy and Health Improvement Board. The following ideas have arisen from early discussions:

- It is proposed that the Children’s Trust, the Older People Strategy and the HIB should all include work to promote health and wellbeing and prevent ill health. This is not exclusively the work of the HIB.
- The work of the different partnerships should complement each other.
- The HIB membership includes all local authorities as well as the CCG and is therefore well placed to address some of the wider determinants of health.
- The HIB should continue to build on current work, especially where the job is not finished.
- The Joint Strategic Needs Assessment can be used to prioritise areas of work for health improvement in the population.
- Some Health Inequalities Commission recommendations, which address variation in outcomes across the population, still need to be delivered.

4. Aim and components of prevention plan

Proposed aim:

To agree a framework for preventing ill health, improving health, addressing inequalities and promoting wellbeing which is agreed by all partners.

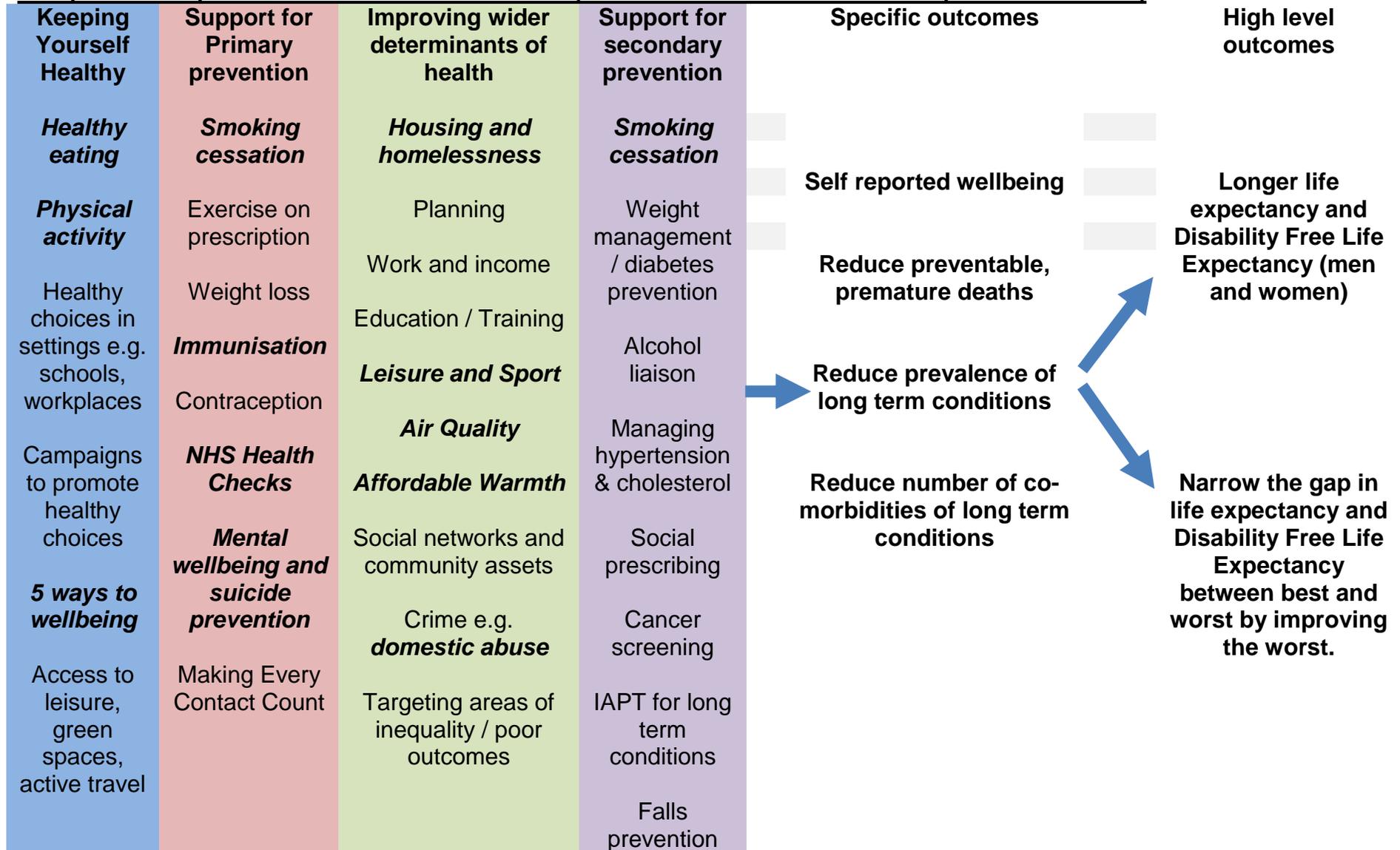
- The framework should be a set of aims and objectives, not a collection of action plans
- This should include ambitious high-level outcomes for the population.
- All partners should be able to identify how the work of their organisation contributes to the overall outcomes.
- It will be clear how partners can work together to improve population health outcomes

The figure below sets out some early thinking on the various components of a “prevention plan”. Features of this figure include:

- **Keeping Yourself Healthy.** Examples of the contribution that people can make to their own health (in the left hand column of the diagram) – to show that not all components of health improvement need to be commissioned or provided. We all have responsibility for our own health.
- **Primary prevention** services help to keep people well. Many are commissioned by Public Health in the County Council but others rely on several organisations and the public working together - such as the framework for mental wellbeing and the Healthy Weight Action Plan, both of which are being discussed at this meeting too.
- **Wider determinants of health** are often under the influence of local or central government and are an important component of health improvement and reducing inequalities.
- **Secondary prevention** aims to help people live with health conditions, improve their health and, if possible, prevent further poor health. Many relevant services are within the remit of the NHS, but discussion will show where partnership work can enhance delivery and ensure people benefit fully from these services.
- **Some specific and high-level outcomes** are proposed in this draft - namely Life Expectancy and Disability Free Life Expectancy. All partners can be engaged in making their own contribution to preventing early death, preventing disease or disability and improving health and wellbeing. The elements of primary prevention, secondary prevention and addressing wider determinants of health are all needed to do this. The JSNA and robust evidence of effective interventions need to be used to decide which areas of work to focus on for the population of Oxfordshire.
- **Monitoring progress.** Other indicators should be used to monitor outcomes of specific work which will be more responsive to initiatives. These need to be identified soon. The Joint Strategic Needs Assessment will highlight health issues in the population and provide baseline data so that improvement can be monitored.
- ***Bold italics*** on the table below show the topics already addressed through the HIB

Diagrams setting out definitions of the different aspects of prevention and of “wider determinants of health” are included in Annex B

Components of prevention and overall outcomes (draft for discussion at Health Improvement Board)



5. Next steps

There needs to be discussion on this approach before more detail can be put into this work. This will start at the HIB meeting but may need to continue after the meeting. It is suggested that next steps might include

- Gaining a clear understanding of population health needs and inequalities issues from the latest Joint Strategic Needs Assessment.
- Getting a good overview of each partner's own organisational priorities and how this fits in. Also of how new JHWBS priorities could influence individual organisations plans and by when.
- Applying knowledge of effective and cost-effective interventions to be sure we are leading initiatives that are affordable and will have a positive impact.
- Deciding which areas of the HIB's current partnership work need to be continued, maybe with renewed ambition and with more partners engaged.
- Considering whether any new areas of work should be developed in order to meet the agreed aims and, if so, whether these are the remit of the HIB.
- Deciding which outcome indicators will be used to measure progress.
- Understanding the prevention agenda set out by other parts of the HWB structure – especially the Children's Trust and the formative Integrated Care Delivery Board. Making sure this all links up through the Joint HWB Strategy.
- Final agreement on priorities for the HIB to be included in the JHWBS.

6. Questions for discussion

Members of the HIB are asked to comment on this approach. In particular

- a. Do you agree with the proposed aim?
- b. Is the definition of prevention helpful and do you recognise your contribution in the overview?
- c. Are the high-level outcomes useful for all partners? If not, what would be better?
- d. Do you agree with the proposed next steps?

Jackie Wilderspin, April 2018

Joint Health and Wellbeing Strategy 2017-18 - Priorities for Health Improvement

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

Rationale

This priority aims to add years to life and life to years – something we all aspire to. The biggest killers are heart disease, stroke and cancers. Some of the contributing factors to these diseases are beyond the influence of the individual or of health services but we can encourage healthier lifestyles and prevent disease through early detection and screening to improve outcomes. The role of Social Prescribing can also be explored as a prevention strategy.

A gap in life expectancy still remains within Oxfordshire, with women likely to live longer than men, though the gap between women and men is narrowing as life expectancy for women seems to be reaching a plateau while that for men is still increasing. People living in more deprived areas are likely to die sooner and be ill or disabled for longer before death. These health inequalities remain and need to be addressed by targeting those areas and communities with the worst outcomes.

Topics to be discussed and developed in 2017-18

1. Health and Wellbeing of Older Adults, including participation in physical activity and access to social networks / preventing loneliness.
2. Promoting Mental wellbeing.

Outcomes for 2017-18

8.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years). **Responsible Organisation: NHS England**

8.2 At least 95% of the eligible population 40-74 will have been invited for a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 80% (Baseline at Q3 2016/17 Oxon was 77.1%, England at Q3 is 69.7%, South East is 65.3%) **Responsible Organisation: Oxfordshire County Council**

8.3 At least 45% of the eligible population 40-74 will have received a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 40%. (Baseline at Q3 2016/17 Oxon was 37.6%, England at Q3 is 33.8%, South East is 29.4%) **Responsible Organisation: Oxfordshire County Council**

8.4 Rate of successful quitters per 100,000 smokers aged 18+ should exceed the baseline set in 2017-18 (Baseline: 2016/17 Oxon baseline was 2315 quitters per 100,000 adult smokers. **Responsible Organisation: Oxfordshire County Council**)

8.5 The number of women smoking in pregnancy should remain below 8% recorded at time of delivery (baseline 2015-16 was 7.9%). **Responsible Organisation: Oxfordshire Clinical Commissioning Group**

Indicators to be kept under surveillance in 2017-18

8.6 Oxfordshire performance for the proportion of opiate users who successfully complete treatment **Responsible Organisation: Oxfordshire County Council**

8.7 Oxfordshire performance for the proportion of non-opiate users who successfully complete treatment **Responsible Organisation: Oxfordshire County Council**

Priority 9: Preventing chronic disease through tackling obesity

After smoking, obesity is the biggest underlying cause of ill health (obesity is defined by a BMI of over 30). It can lead to high blood pressure, heart disease, stroke, diabetes, cancer and early death. It also increases immobility and makes any other disability more severe than it would otherwise be. There is a national trend for rising obesity rates across the population and although Oxfordshire fares better than the national picture, this remains a local priority and needs a long term perspective.

Topics to be discussed and developed in 2017-18

1. Addressing inequalities issues in preventing chronic disease by tackling obesity and improving participation in physical activity.

Outcomes for 2017-18

9.1 Ensure that the obesity level in Year 6 children is held at below 16% (in 2016 this was 16.0%) No district population should record more than 19% **Data provided by Oxfordshire County Council**

9.2 Reduce by 0.5% the percentage of adults classified as "inactive" (Oxfordshire baseline Nov 2016 of 17%). **Responsible Organisation: District Councils supported by Oxfordshire Sport and Physical Activity**

Indicators to be kept under surveillance in 2017-18

9. 63% of babies that are breastfed at 6-8 weeks of age **Responsible Organisation: NHS England and Oxfordshire Clinical Commissioning Group**

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

There are several ways in which housing issues impact on health, including the following:

- 'Fuel poverty' affects people of all ages and in all types of housing. Having a poorly heated home shows itself in greater incidence of respiratory disease, allergies, asthma and risk of hypothermia. Excess winter deaths are directly related to poor energy efficiency in houses
- Homeless people die earlier and suffer worse health than people with a stable home. The threat and experience of homelessness also has an impact on mental wellbeing.
- Safe, secure housing contributes to improving health outcomes. Some vulnerable people need support to maintain their tenancies and live ordinary lives as fully participating members of the wider community. This is an essential ingredient for preventing ill health and homelessness.

Topics to be discussed and developed in 2017-18

1. Domestic abuse – strategic approach to joint commissioning.

Outcomes for 2017-18

10.1 The number of households in temporary accommodation on 31 March 2018 should be no greater than the level reported in March 2017 (baseline 161 households in Oxfordshire in 2016-17). **Responsible Organisation: District Councils**

10.2 At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.3% in 2016-17). **Responsible Organisation: Oxfordshire County Council**

10.3 At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless (baseline 80% in 2016-17). **Responsible Organisation: District Councils**

10.4 Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2016-17 (baseline 79) **Responsible Organisation: District Councils**

10.5 Measure on young people's housing related support to be confirmed at the HIB in July 2016. Proposed measure is "at least 70% of young people leaving supported housing services will have positive outcomes in 16-17, aspiring to 95%". (baseline 70.7% 2016-17) **Responsible Organisation: Oxfordshire County Council Children, Education and Families Directorate.**

Indicators to be kept under surveillance in 2017-18

10.6 At least 1430 residents are helped per year over the next 4 years where building based measures account for 25% of those interventions by the final year. **Responsible Organisation: Affordable Warmth Network.**

Priority 11: Preventing infectious disease through immunisation

Immunisation is the most cost-effective medical public health intervention. Levels of immunisation for childhood diseases in Oxfordshire remain good, but it is imperative that this is maintained. Constant vigilance is needed to make sure that individual children have access to immunisation. This means working closely with GPs, community nurses and individual families.

Outcomes for 2017 -18

11.1 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 94.6%) and no CCG locality should perform below 94% **Responsible Organisation: NHS England**

11.2 At least 95% children receive dose 2 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 93.1%) and no CCG locality should perform below 94% **Responsible Organisation: NHS England**

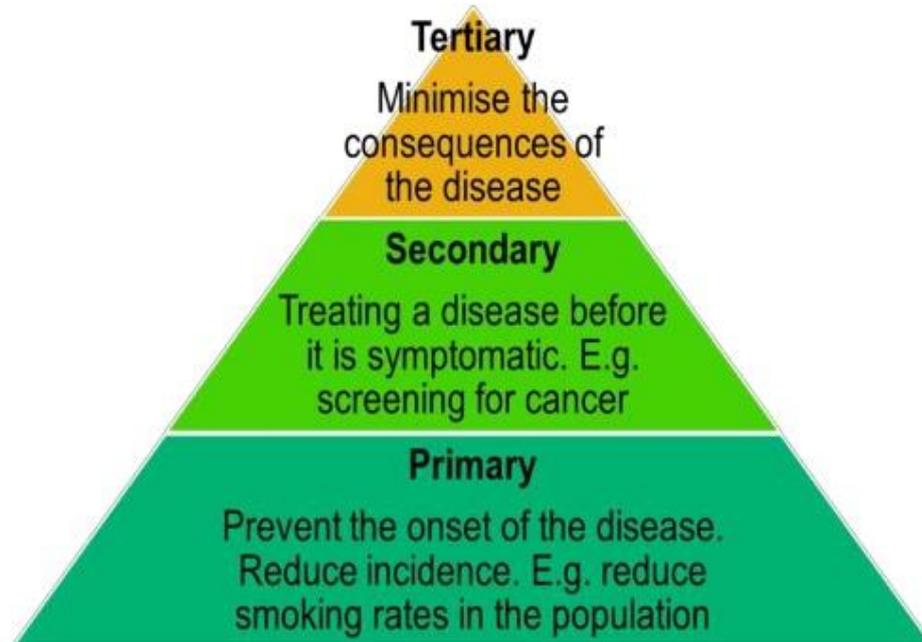
11.3 At least 55% of people aged under 65 in "risk groups" receive flu vaccination (baseline from 2015-16 45.9%) **Responsible Organisation: NHS England**

Indicators to be kept under surveillance in 2017-18

11.4 At least 90% of young women to receive both doses of HPV vaccination. (Baseline in 2015-16 tbc) **Responsible Organisation: NHS England**

Annex B Definitions

Prevention



Wider Determinants of Health

