Health Improvement Board
Priorities – a discussion paper

Context and Purpose of this Paper

At the meeting of the Health Improvement Board in May 2018 it was agreed that a framework for prevention work should be drawn up, incorporating high level priorities for the Board to deliver in order to improve the health of the population and reduce health inequalities.

The next steps that were agreed were:

- Review the population health information from the latest Joint Strategic Needs Assessment to understand the health of the entire population. Then identify and prioritise health needs (through a process of population segmentation and risk stratification)
- Understand the prevention agenda set out by other parts of the HWB structure - making sure this all links up through the Joint HWB Strategy, and supports the prioritised health needs of population.
- Define the outcomes required for the priority segments of the population and the indicators which will be used to measure progress
- Decide which areas of the HIB's current partnership work need to be continued, renewed or revised.
- Consider 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.
- Include the agreed priorities for the HIB in the new Joint Health and Wellbeing Strategy and report progress to each meeting of the Health and Wellbeing Board.

This paper

1. Sets out a summary of the review of population health need that has been completed
2. Proposes 3 priority areas of work for the Health Improvement Board with some overarching objectives.
3. Proposes that the work is delivered by a range of working groups (many already well established) and suggests some principles for how they work.
4. Suggests some outcome indicators that could be used to monitor progress and report to the Health and Wellbeing Board.

Recommendations:

1. The members of the Health Improvement Board are asked to discuss the content of this paper and reach final agreement on
   - The proposed priority areas of work
   - The arrangements for working groups

2. The Board members are also asked to consider the suggested indicators for monitoring progress and agree that targets for 2018-19 should be set by the November meeting.

1. Review of Population health needs and inequalities issues

At the last meeting it was agreed that the overall aim of our work is to increase life expectancy and disability-free life expectancy and narrow the gap between best and worst. It was agreed that this could be demonstrated by increasing self-reported wellbeing, reducing premature and preventable deaths, reducing prevalence of long term conditions and reducing the number of people with complex co-existing long term conditions.

It was agreed that is was necessary to review the latest information available for Oxfordshire to help decision making on which prevention activities should be prioritised. In order to do this a systematic Population Health Management approach was used, including

- Reviewing the health of the whole population as reported in the JSNA
- analysing needs in detail, using the aims agreed at the last HIB meeting - to improve life expectancy and reduce health inequalities
- segmenting the population according to need and stratifying risk for the various segments of the population that had been identified.
- defining the target outcomes for this population
- identifying services/initiatives unique to each population group/locality, based on evidence of good practice.

This review was broken down into these areas of investigation:

1. Leading causes of death in people aged 65-79
2. Top causes of disease in people aged 15-49
3. Top causes of disease in people aged 50-59
4. Risk factors causing these diseases
5. Health inequalities issues

The findings are summarised in the tables below and were sourced from the Office of National Statistics NOMIS dataset and the Global Burden of Disease website https://vizhub.healthdata.org/gbd-compare/

a. Leading Causes of death in people aged 65-79 (2016 Oxfordshire)

	Top causes of death 65-79 years (Source: ONS NOMIS)	**Risk Factors** (see Annex 1 for chart showing how these factors contribute to cause of death)
Men	1. Ischaemic heart disease 2. Lung Cancer 3. Chronic lower respiratory disease 4. Prostate Cancer 5. Colorectal cancer	Behavioural risk factors • Dietary risks • Tobacco smoke • Low physical activity • Alcohol and drug use Metabolic Risk Factors • High blood pressure • High Body Mass Index • High cholesterol level • High fasting blood glucose • Low glomerular filtration rate (kidney function) Environmental factors • Air pollution
Women	1. Chronic lower respiratory disease 2. Lung cancer 3. Dementia and Alzheimer's 4. Breast Cancer **5.** Stroke	

b. Top causes of disease in people aged 15-49 (South East England)
(Source: Global Burden of Disease https://vizhub.healthdata.org/gbd-compare/)

	Top causes of disease aged 15-49 yrs	**Biggest risk factors causing disease in ages 15-49**
Men	1. Mental disorders 2. Musculo-skeletal 3. Other non-communicable diseases 4. Neuro 5. Chronic Respiratory	1. Alcohol and drug use 2. Occupational risks 3. High Body Mass Index 4. Tobacco 5. Dietary risks 6. High fasting plasma glucose
Women	1. Mental disorders 2. Musculo-skeletal 3. Other non-communicable diseases 4. Neuro 5. Diabetes, urogenital, blood & endocrine disease	1. Alcohol and drug use 2. High Body Mass Index 3. Occupational risks 4. Tobacco 5. Sexual abuse and violence 6. High fasting plasma glucose

c. Top causes of disease in people aged 50-69 (South East England)

(Source: Global Burden of Disease https://vizhub.healthdata.org/gbd-compare/)

	Top causes of disease aged 50-69	Biggest risk factors causing disease in ages 50-69
Men	1. Musculo-skeletal 2. Other non-communicable diseases 3. Mental disorders 4. CVD 5. Diabetes, urogenital, blood & endocrine disease	1. High Body Mass Index 2. High fasting plasma glucose 3. Tobacco 4. Dietary risks 5. High blood pressure 6. Alcohol and drug use
Women	1. Musculo-skeletal 2. Mental disorders 3. Other non-communicable diseases 4. Neuro 5. Diabetes, urogenital, blood & endocrine disease	1. High Body Mass Index 2. High fasting blood glucose 3. Tobacco 4. Dietary risks 5. High blood pressure 6. Occupational risks

Note: This analysis does not include risk factors and diseases affecting younger people. Important (additional) prevention factors at younger ages include

- mental wellbeing
- effective immunisation and screening programmes
- prevention of communicable diseases such as sexually transmitted infections.

d. Inequalities issues

There are variations in death and disease rates across Oxfordshire which are too numerous to list here but which need to be taken into consideration in action planning and delivery. In general these can be summarised as

- Life expectancy for men is lower than for women, with a gap of over 3 years on average. This means that premature and preventable death rates are higher in men – more detail can be found for each cause of death using the PH Surveillance Dashboard (http://insight.oxfordshire.gov.uk/cms/public-health-surveillance-dashboard).
- Life expectancy is lower and disease rates are higher in areas of multiple deprivation – more detail is available on specific diseases in the Basket of Inequalities Indicators (https://insight.oxfordshire.gov.uk/cms/annex-inequalities-indicators-jsna-2018)
- Some diseases are likely to affect some Black and Minority Ethnic groups more than others. National figures are available through PHE Health Equity Audit report (https://www.gov.uk/government/publications/health-inequalities-reducing-ethnic-inequalities) and local Health Equity Audit is encouraged to give local insight.
- Inequality of access to services results in poorer outcomes from some e.g. because of distance to services, language barriers, other factors.

e. Conclusion

From this review of local information on causes of premature death and the burden of disease it can be concluded that the Health Improvement Board has already been delivering a range of work which addresses most of the issues listed above.

By systematically reviewing the health of the entire population, additional health needs in local "at risk cohorts" have been identified, which could improve with the following targeted interventions:
:

- Improving Mental wellbeing
- Alcohol harm reduction
- Diabetes prevention

Work on these areas should be discussed with a view to broadening the scope of the Board even further.

In addition the Board may wish to discuss how they can reduce variations in health outcomes by bringing a holistic approach to communities, building on the work of the Healthy New Towns and incorporating new approaches to Social Prescribing in order to deliver these priorities.

2. Proposed Priorities for the Health Improvement Board

a. Aims and Objectives

It is suggested that the Health Improvement Board acknowledge and adopt the overarching vision and objectives of the Health and Wellbeing Board which are:

Health and Wellbeing Board Shared Vision: "To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire"

Objectives (from the draft Joint Health and Wellbeing Strategy)

a. Living well and staying independent for longer
Prevention measures will allow us to live longer lives (**prevent** illness), live well for longer (**reduce** need for treatment) and keep us independent for longer (**delay** need for care).

b. Addressing inequalities including

- Inequalities in outcome - by targeting the people who have worse outcomes
- Inequalities of access - by ensuring people know about the right services and can use them.

Health Improvement Board Aim:
It is proposed that the Health Improvement Board also adopt an overall aim alongside the HWB objectives. The Board members are asked to discuss this suggestion:

Aim: "*Health Improvement Board partners will work together to ensure that living, working and environmental conditions enable good health for everyone*."

Objectives:

- Living well and staying independent for longer (Prevent illness, Reduce need for treatment)
- Addressing Inequalities of outcome and access
- Work to contribute to financial sustainability in the long term for public services by reducing demand

b. Priorities

It is proposed that the Health Improvement Board has 3 priorities

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
  - Provide excellent leisure services including access to green spaces and the countryside

- Enable people to eat healthily
  - Starting with breastfeeding
  - Sugar Smart
  - Access to healthy food for all

- Reduce smoking prevalence
  - In community groups with higher smoking rates
  - In pregnancy

- Promote Mental Wellbeing
  - 5 ways to Wellbeing / CLANGERS (Connect, Learn, be Active, Notice, Give, Eat healthily, Relax, Sleep)
  - Adopt the principles of the Mental Wellbeing Prevention Concordat

- Tackle wider determinants of health
  - Housing and homelessness
  - Air Quality

- Immunisation
  - Routine childhood immunisations
  - Seasonal immunisations, such as influenza
  - 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
  - Weight management initiatives
  - Diabetes prevention

- Screening for early awareness of risk
    - NHS Health Checks
    - Cancer screening programmes (e.g. Bowel, cervical, breast screening)

- Alcohol advice and treatment
    - Identification and brief advice on harmful drinking
    - Alcohol liaison in hospitals
    - Alcohol treatment services

- Community Safety impact on health outcomes
    - Domestic abuse

3. Shaping Healthy Places and Communities

- Healthy Environment and Housing Development
    - Learn from the Healthy New Towns and influence policy
    - Ensure our roads and housing developments enable safe walking and cycling
    - Ensure spatial planning facilitates social interaction for all generations – giving opportunities for people to meet who might not do so otherwise

- Social Prescribing
    - Referral from Primary Care to non-medical schemes e.g. for physical activity, social networks, support groups

- Making Every Contact Count
    - In NHS settings
    - In front line services run by local authorities e.g. libraries, Fire and Rescue, leisure centres
    - In local communities and through the voluntary sector

- Campaigns and initiatives to inform the public
    - Through workplaces including the Workplace Wellbeing Network
    - The media, including social media, or community initiatives using local assets

3. How will the Health Improvement Board deliver this work?

The Health Improvement Board has already established several working groups who have been effective at taking work forward over the last 5 years. These are listed in Annex 2 (with details of membership where appropriate).

It is proposed that these groups will be able to take forward most of the priorities proposed above, but where necessary new groups may have to be formed. Partners on the HIB will be encouraged to take leadership of these groups and to make sure all the right people are involved. To help with this a draft set of principles is proposed for discussion (below). These can be applied to existing groups and borne in mind in setting up any new ones:

Principles for working groups

- Develop working groups that involve a range of relevant individuals and organisations who are equipped and active in delivering the agenda.
- Gain a clear understanding of population health needs and inequalities issues from the latest Joint Strategic Needs Assessment, and identify “at risk cohorts” whose outcomes could be improved.
- Define the outcomes to be achieved for the population segments.
- Devise and deliver targeted interventions to meet the outcomes agreed for segments of the population identified.
- Apply knowledge of effective and cost-effective interventions to be sure we are leading initiatives that are affordable and will have a positive impact.
- Ensure the proposed priorities reflect (or can be incorporated into) each partner’s own organisational priorities.
- Report regularly to the Health Improvement Board on progress, performance and tackling inequalities.

4. How will the Health Improvement Board measure the impact of this work?

For the last 5 years the Health Improvement Board has been receiving performance reports at every meeting and it is suggested that this should continue. A new performance framework will need to be drawn up to ensure progress on all areas of work can be monitored.

These measures should enable the Board to monitor overall progress and particular issues for identified segments of the population, including inequalities of outcome or access.

Initial suggestions for inclusion in the performance framework are listed in Annex 3, but until the final set of priorities is agreed this list remains incomplete. It is suggested that this work is finalised before the next meeting in November, with baselines set so that progress can be measured in subsequent meetings.

Recommendations:

3. The members of the Health Improvement Board are asked to discuss the content of this paper and reach final agreement on
   - The proposed priority areas of work
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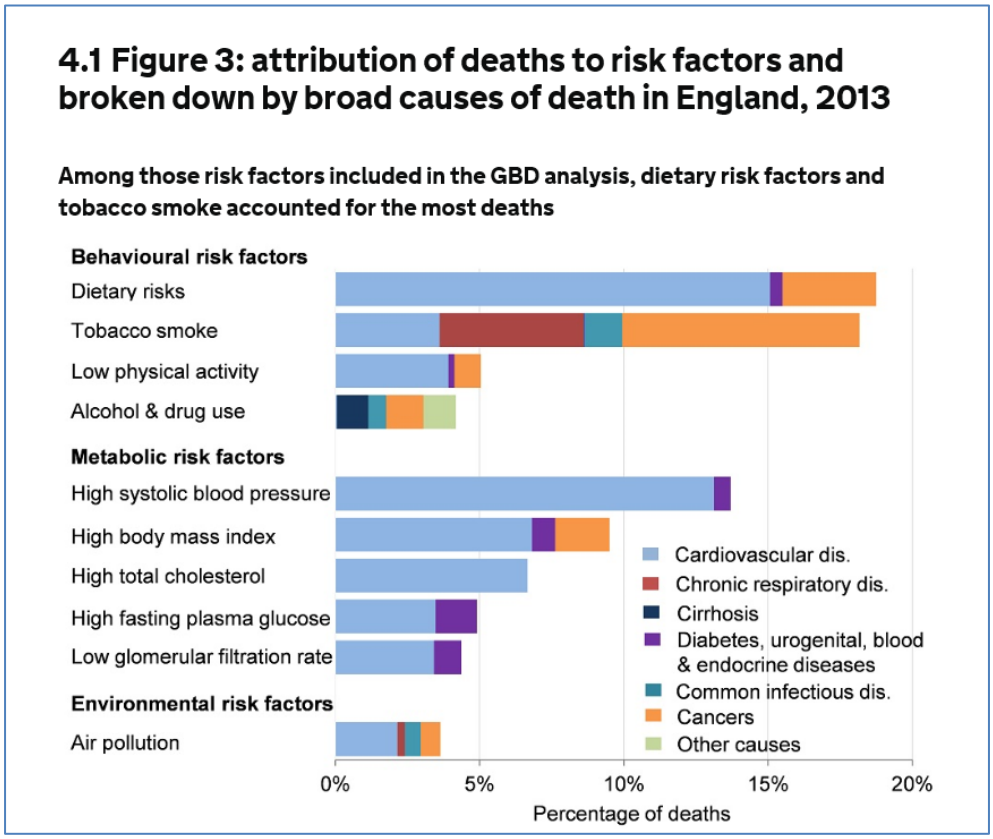
4. The Board members are also asked to consider the suggested indicators for monitoring progress and agree that targets for 2018-19 should be set by the November meeting.

Jackie Wilderspin, Public Health, August 2018

Annex 1 Risk factors and how they contribute to causes of death.
Source: Global Burden of Disease https://vizhub.healthdata.org/gbd-compare/



Annex 2. Health Improvement Board Working Groups

1. Public Health, Health Protection Forum

Purpose: Enable the Director of Public health to ensure that all organisations working within Oxfordshire coordinate their activities and provide high quality services to protect the population. This includes screening, immunisations, air quality, communicable disease control.

Membership

- Director of Public Health, Oxfordshire County Council (Chair)
- Oxfordshire County Council Portfolio Holder for Public Health
- Consultant in Public Health/Public Health Medicine with responsibility for Public Health Protection/emergency planning – Oxfordshire (Deputy Chair)
- Director, Public Health England – Thames Valley (or nominated deputy)
- District representation of Environmental Health colleagues
- Associate Director Medicines Management, Quality and Innovation, Oxfordshire Clinical Commissioning Group
- Head of Public Health Commissioning, NHS England Thames Valley
- Consultant in Public Health Screening and Immunisation, NHS England Thames Valley
- Consultant in Health Protection/CCDC with responsibility for Health Protection in Oxfordshire – Public Health England
- Specialist advisors invited as necessary

2. Healthy Weight

Purpose: delivery of the Healthy Weight Action plan had 4 main themes

- Healthy eating
- Schools
- Environmental planning for enabling active travel
- Workplace wellbeing.

New working arrangements will be put in place following an agreement at the HIB meeting in May 2018 on Whole Systems approach to taking this work forward. Oxfordshire will be part of a national exercise to pioneer this new approach and working arrangements will reflect national guidance.

3. Physical Activity steering group – may be reconvened following new launch of Active Oxfordshire (formerly OxSPA).

Purpose: to reduce the proportion of people who are physically inactive

4. Domestic Abuse Strategy Group

Purpose: to deliver the vision that “Everyone in Oxfordshire lives a life free from the harmful impacts of domestic abuse”. This strategy group works alongside an Operational Group and also manages a pooled budget for joint commissioning of domestic abuse services (money from district councils and county council).

Membership:

- Oxfordshire County Council – adults, children, safeguarding, Public Health.
- Oxford City Council
- Cherwell DC
- West Oxfordshire DC
- South and Vale DCs
- Local Criminal Justice Board
- Thames Valley Police
- Oxford University Hospitals Trust
- Oxfordshire Clinical Commissioning Group
- Office of the Police and Crime Commissioner

5. Affordable Warmth Network

Purpose: to reduce fuel poverty by improving energy efficiency of homes, especially where people are vulnerable or in poor health, enabling switching to cheaper fuel or providing advice to help people maximise their income for keeping their homes warm.

Membership: The Affordable Warmth Network (AWN) partnership comprises the County, City and District councils, who all contribute to the network's annual running costs of £39,740 including VAT as well as non-paying partners including Age UK, Citizens Advice and the Oxford Diocese

6. Housing Support Advisory Group and Joint Management Group

Purpose: To work together and coordinate local work on preventing homelessness and supporting vulnerable tenants. Monitoring outcomes and sharing best practice. The Joint Management Group oversees joint commissioning of housing related support services through a pooled budget (money from District councils, County Council and CCG)

Membership: All District Councils, County Council Joint Commissioning and Public Health, CCG

7. Tobacco Control Alliance

A recently formed group which aims to bring partners together to address a range of issues including health inequalities arising from higher smoking rates in some population groups.

Membership of the Alliance includes but is not exclusive to

- Director of Public Health, Oxfordshire County Council (Chair)
- Oxfordshire County Council Portfolio Holder for Public Health
- Deputy Director of Public Health England Centre- Thames Valley (or nominated representative)
- Commissioning team for stop smoking services OCC
- Commissioning lead 0-19 years OCC
- OCC trading standards

- OCC Fire & Rescue Service
- Oxfordshire Clinical Commissioning Group
- Oxfordshire Stop Smoking Services
- Oxfordshire School Health Nurse and College Health Nurse Services
- Oxfordshire Health Visitor Service
- Oxfordshire District Council Environmental Health teams
- Oxford Health NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Thames Valley Police
- HMRC
- Oxfordshire Healthwatch

Other groups

- **Barton Healthy New Town**
- **Bicester Healthy New Town**
- **Workplace Wellbeing network**

Annex 3 How will the HIB measure the impact of its work?

Proposed new priority area	Current performance measures that could be taken forward	Current performance	Current inequalities from JSNA	Note / recommendation
Prevent • Physical inactivity • Healthy eating • Smoking prevalence • Mental wellbeing • Housing and homelessness • Air quality	8.4 Smoking quitters per 100,000 population	2337 per 100,000 (target >2315)	Higher prevalence in routine and manual workers (24.5%) compared to whole population (11.9% in 2016)	The data is available by District Council area but can only be reported annually. Recommend this indicator is used and a new target is set for 2018-19
	8.5 smoking in pregnancy	7.4% (target – remain below 8%)		
	9.3 Breastfeeding at 6-8 weeks	61.9% (surveillance only)	*Locality data has been unavailable*	Locality data will be reported again so variation could be reported in future
	9.2 Percentage of the population who are inactive (less than 30 mins / week moderate intensity activity)	18.6% (Target – reduce by 0.5% from baseline of 17%)	District level data available	Recommend that Active Oxfordshire is consulted on this and targets match their organisational plan.
	10.1 Households in temporary accommodation	180 (Target >161)	Households in temp accomm significantly higher in the City	Recommend that Housing Support Advisory Group advise on this indicator
	10.3 Prevention of homelessness	80% (Target 80%)	Number of Households accepted as priority need significantly higher in City	Recommend that Housing Support Advisory Group advise on this indicator
	10.2 people receiving housing related support	84%		Recommend that Housing Support Advisory Group

	departing services to take up independent living,	(Target 80%)		advise on this indicator
	10.5 young people in supported housing having positive outcomes	55.2% (Target – 70%)		Recommend that Housing Support Advisory Group advise on this indicator
	10.4 Rough sleeping	117 (Target to not exceed 79)	Higher numbers in the City	Recommend that Housing Support Advisory Group advise on this indicator
	10.6 Uptake of Affordable Warmth initiatives	No target	40 wards have significantly higher rates of fuel poverty than Oxon average (2014)	Recommend that Affordable Warmth Network advise on a practical outcome measure
Reduce • Obesity • Diabetes prevention • NHS Health Checks • Hypertension • High cholesterol • Cancer screening • Alcohol • Domestic abuse	8.1 Bowel screening uptake	**56%** **(Target 60%)**	Rates of bowel cancer deaths were above average in Oxfordshire in 2016 for both males and females	Note – Bowel Screening uptake is reported quarterly but there is a delay. Cervical and Breast Screening is reported annually but only at county level PH Protection Forum to advise
	8.3 NHS Health Checks uptake	**49.8%** **(Target at least 45%)**	CCG locality data available	Note: Some changes to reporting have recently changed how these figures are reported. Recommend continue with this indicator and set new target for 2018-19

	9.1 Overweight or obese children in Year 6	**16.8%** **(Target hold at 16%)**	9 wards have significantly higher rates than Oxfordshire. Four are signif higher than England – Littlemore, Rose Hill, Banbury Ruscote, and Blackbird Leys	Recommend continue with this indicator and consider new target for 2018-19
	11.1 / 11.2 Uptake of MMR doses 1 and 2	**Dose 1 - 93.4%** **Dose 2 – 90.3%** **(Target – 95% for each dose)**	NHSE has been targeting outreach to unimmunised families. Locality reports may no longer be available – this is being checked	Consider whether to add other immunisation rates to this report or ask PH Protection Forum to give exception reports to HIB on a wider range of immunisations.
	11.3 Uptake of flu immunisations (under 65 at risk groups)	**52.4%** **(Target 55%)**	Not known if smaller area figures are available.	

Additional indicators that could be used - for discussion

Proposed new priority area	Additional indicators that could be used	Can Inequalities issues be highlighted?	Note
Prevent • Physical inactivity • Healthy eating • Smoking prevalence • Mental wellbeing • Housing and homelessness • Air quality	**Healthy eating** • Percentage who eat 5 or more fruit and veg per day (PHOF) **Mental wellbeing** • Self reported wellbeing – happiness score (PHOF) **Air quality** • Proportion of the population living within AQMAs (PHOF)	• District level reports but this is survey data so not robust • County level report only • County level report only	Not recommended Recommended and working group to be asked for advice when convened PH Protection Forum to be asked to advise
Reduce • Obesity • Diabetes prevention • NHS Health Checks • Hypertension • High cholesterol • Cancer screening • Alcohol • Domestic abuse	**Adult obesity** • Percentage of adults (aged 18+) classified as overweight or obese (PHOF 2.12) **Diabetes prevention** • Estimated diabetes diagnosis rate (PHOF 2.17) • QOF measures of GP-recorded diagnoses; PHOF is expected (estimated) prevalence measured every 2 years • QOF data? No longer in QOF – retired indicator – unsure where we can get these data from	• District level report, but this is survey data so not robust • District level reports, but estimated data • QOF data should be available at practice level, but comparison may not reflect local need	To be discussed CCG to advise CCG to advise

	Alcohol • Admission episodes for alcohol related conditions (Male and female) Alcohol profile • Admission episodes for alcohol specific conditions aged under 18 (Male, female) Alcohol profile **Domestic abuse** • *tbc*	County and District level data 3 year combined data as very low numbers	PH to advise Domestic Abuse Strategy Group to advise
Place Shaping • Healthy environment • Social prescribing • Making Every Contact Count • Campaigns	**Healthy environment** **Social prescribing** **Making Every Contact Count** **Campaigns**	**To be advised**	