

To: Council

Date: 7 December 2015

Report of: Assistant Chief Executive

Title of Report: The Oxfordshire Health Improvement Board

Summary and Recommendations

Purpose of report: To inform members of the work of the Oxfordshire Health Improvement Board and to respond to questions about the work of the Partnership.

Report approved by:

Executive lead member: Cllr Ed Turner

Policy Framework: The Corporate Plan: Reducing Health Inequalities

Recommendation:

Council is asked to comment on and note the contents of the report.

The Health and Wellbeing Board

1. The Health and Wellbeing Board is a partnership between local government, the NHS and the people of Oxfordshire. It includes local GPs, councillors, Healthwatch Oxfordshire and senior local government officers.
2. The Board has been set up to ensure that we work together to improve everyone's health and wellbeing, especially those who have health problems or are in difficult circumstances.
3. The Board provides strategic leadership for health and wellbeing across the county and aims to ensure that plans in place and action is taken to realise those plans.
4. The Board is made up of a number of partnership boards and joint management groups. The Health Improvement Board, The Children's Trust and the Older Peoples Joint Management Group report directly to the Health and Wellbeing Board regarding the priorities it is responsible for.

The role of the Oxfordshire Health Improvement Board

1. The Health Improvement Board is a partnership between local government, the NHS and the people of Oxfordshire. It includes local GPs, councillors, Healthwatch Oxfordshire, and senior local government officers. Information on Board Membership is available in Annex 1.
2. Councillor Ed Turner, Deputy Leader of Oxford City Council, is the Chair of the Health Improvement Board, and as such is also represented on the Health and Wellbeing Board.
3. The Board's objectives are to:
 - Achieve effective use of resources
 - Deliver the priorities and objectives arising from the Oxfordshire Joint Health and Wellbeing Needs Assessment
 - Meet the performance measures agreed by the Oxfordshire Health and Wellbeing Board as set out in the Joint Health and Wellbeing

The priorities of the Health Improvement Board 2015-16

4. The priorities of the Board are as follows:
 - Preventing early death and improving quality of life in later years.
 - Preventing chronic disease through tackling obesity
 - Tackling the broader determinants of health through better housing.
 - Preventing infectious disease through immunisation.
5. The Board will be delivering these priorities by:
 - Bringing a coordinated and coherent approach to influencing a broad range of determinants of health to bring about health improvement
 - Working together to recommend priority areas to improve health in order to make a real and measurable difference to outcomes
 - Recommending actions and responsibilities to make that improvement a reality.
 - Holding each other to account for making the agreed change and for reporting progress.
6. Council received a previous report on the Board in June 2014. This report therefore focusses on key developments since that report was presented.
7. The bullet points below sets out what the focus of activities has been over the past 18 months and how these are to be progressed in the future:
 - a) The Public Health Campaign report, looking at how the members of the Board can support public health campaigns. As a result the City Council has agreed to support these

campaigns on our website, through the Council newsletters and through the local community partnerships and health groups.

- b) The Supported Housing Budget. There has been a reduction by the County Council in the Supported Housing Budget. This has resulted in the need to redesign the provision of housing support services. A number of workshops were held with district, county council officers and other interested agencies, to consider how best this may be achieved. A strategy and commissioning process was agreed and new contacts are in the process of being agreed.
- c) The Young People's Supported Housing Pathway. It has been agreed that the Board will oversee the delivery of this service. This service is seeing a substantial increase in demand and has difficulty in identifying enough suitable accommodations for vulnerable young people. This will be an on-going priority for the Board.
- d) A Healthy Weight Strategy and Action Plan has been agreed which is currently in the process of review. The City Council has undertaken a thorough review of the services that it provides to promote healthy weight and a paper was provided to the Health Improvement Board setting this out. A workshop session was held to review existing services and to identify gaps. A strategy and Action Plan is in the process of being drafted and this is likely to include actions for the City Council to undertake.
- e) The Health Improvement Board has received several reports from the City Council Welfare Reform Team on the impact of welfare reforms and the implications for local residents and services. This was undertaken to raise awareness about the potential impact of the welfare reforms and to promote the services provided by the Welfare Reform Team.

Measuring progress

- 8. The Health Improvement Board outcomes for 2015-16 are set out in Annex 2. These are regularly reviewed at the Board meetings. When targets are not being met, or are at risk of not being met, Report Cards are produced which consider the reasons for this and the actions being taken to address the issues. Report cards so far have been received on:
 - GP Health Screening checks
 - Bowel Screening
 - Smoking cessation
 - Treatment of opiate and non-opiate users
- 9. There are action plans in place to address the risks and progress is reviewed at every Board meeting.

Financial implications

10. There are no immediate financial implications related to Oxford City Council's Involvement within the Health Improvement Board. All current involvement and services are currently provided within existing City Council budgets.
11. In the County Council Budget proposals 2016/17 there is a proposal to further reduce the Supported Housing Budget and potentially to withdraw this fund altogether. The Board has discussed these issues and highlighted concerns about the impact of withdrawal of funding in terms of increases homelessness and failure to deal with health and social care issues that will not be picked up by statutory duties, to house accommodate this vulnerable group. A workshop has been arranged to bring together district councils, the County Council and Oxfordshire Clinical Commissioning Group to consider the implications and options for continuation of support.
12. Oxfordshire County Council Budget proposals 2016/17 also includes a number of substantial reductions to budgets which may impact upon the ability to deliver services which deliver the Health Improvement Board priorities and targets. Of particular concern is the potential impact of this on children and young people, the elderly and housing services, particularly on the most vulnerable groups in the City. Working collectively to understand the impact, inform the County Council decisions to consider alternative options for those services will be a key area of focus for the Board over the coming months.

Legal Implications

13. There are no legal implications arising from this report.

Name and contact details of author:-

Name: Val Johnson

Job title: Policy and Partnership Team Manager

Service Area: Policy Communications and Culture

Tel: 01865 0 252209 **e-mail:** vjohnson@oxford.gov.uk

List of background papers:

Further information can be found on the web site link below.

<https://www.oxfordshire.gov.uk/cms/content/health-improvement-board>

Annex 1: health Improvement Board Membership

Councillor Ed Turner (Chairman),
Oxford City Council
Councillor Anna Badcock (Vice-
Chairman), South Oxfordshire District
Council
Councillor John Donaldson, Cherwell
District Council
Councillor James Mills, West
Oxfordshire District Council
Jackie Wilderspin, Public Health
Specialist
Dr Jonathan McWilliam, Director of
Public Health
Laura Epton and Emma Henrion,
Healthwatch Ambassador (job

Appendix 2

Health Improvement Board outcomes for 2015-16

Outcome measure for 2015-16
Priority 8: Preventing early death and improving quality of life in later years
8.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years). Responsible Organisation: NHS England
8.2 Of people aged 40-74 who are eligible for health checks once every 5 years, at least 15% are invited to attend during the year. No CCG locality should record less than 15% and all should aspire to 20%. Responsible Organisation: Oxfordshire County Council
8.3 At least 66% of those invited for NHS Health Checks will attend (ages 40-74) and no CCG locality should record less than 55% with all aspiring to 66%.(baseline 53% 2014-15) Responsible Organisation: Oxfordshire County Council
8.4 At least 3650 people will quit smoking for at least 4 weeks (achievement in 2014-15 to be reported). Responsible Organisation: Oxfordshire County Council
8.5 The number of women smoking in pregnancy should decrease to below 8% recorded at time of delivery (baseline 2014-15 8.1%). Responsible Organisation: Oxfordshire Clinical Commissioning Group
8.6 The 2015-16 target for opiate users should be at least 7.6% successfully leaving treatment (baseline 7.8%) Responsible Organisation: Oxfordshire County Council
8.7 The 2014-15 target for non-opiate users should be set at 39% successfully

leaving treatment (baseline 37.8%). **Responsible Organisation: Oxfordshire County Council**

Priority 9: Preventing chronic disease through tackling obesity

9.1 Ensure that the obesity level in Year 6 children is held at no more than 16% (in 2014 this was 16.9%) No district population should record more than 19%

Data provided by Oxfordshire County Council

9.2 Reduce by 1% the proportion of people who are NOT physically active for at least 30 minutes a week (Baseline for Oxfordshire 23% against 28.9% nationally, 2014-15 Active People Survey). **Responsible Organisation: District Councils through Oxfordshire Sports Partnership**

9.3 63% of babies are breastfed at 6-8 weeks of age (currently 59.7%) and no individual health visitor locality should have a rate of less than 50% **Responsible Organisation: NHS England and Oxfordshire Clinical Commissioning Group**

Priority 10 – no benchmarks

Priority 11: Preventing infectious disease through immunisation

11.1 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 95.2%) and no CCG locality should perform below 94% **Responsible Organisation: NHS England**

11.2 At least 95% children receive dose 2 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 92.5%) and no CCG locality should perform below 94% **Responsible Organisation: NHS England**

11.3 – At least 60% of people aged under 65 in “risk groups” receive flu vaccination (baseline from 2014-15 to be confirmed) **Responsible Organisation: NHS England**

11.4 At least 90% of young women to receive both doses of HPV vaccination. **Responsible Organisation: NHS England**

**Oxfordshire Health and Wellbeing Board
Performance Report**