

**To:** Council  
**Date:** 3 October 2018  
**Report of:** Assistant Chief Executive  
**Title of Report:** Oxfordshire Health Improvement Board Partnership Report

<b>Summary and recommendations</b>	
<b>Purpose of report:</b>	To provide the annual report on the work of the Oxfordshire Health Improvement Board 2016/17 and priorities for 2018/19
<b>Key decision:</b>	No
<b>Executive Board Member with responsibility:</b>	Cllr Louise Upton, Healthy Oxford
<b>Corporate Priority:</b>	Strong and Active Communities
<b>Policy Framework:</b>	No
<b>Recommendation(s): That Council resolves to:</b>	
1. Note the receipt of the report	

<b>Appendices</b>	
Appendix 1	Governance structure chart
Appendix 2	Performance report Health Improvement Board 2017/18

## 1 Introduction

- 1.1 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.
- 1.2 It is one of five subgroups of the HWB. The governance structure can be viewed at Appendix 1.
- 1.3 The previous Chairman was Councillor Anna Badcock of South Oxfordshire 2017/18. The new Chairman for 2018/19 is Councillor Andrew McHugh (Cherwell DC).

- 1.4 Councillor Louise Upton (Oxford City Council) is the new vice chair and as such also sits on the HWB.
- 1.5 The Health Improvement Board aim is
  - To add life to years and years to life, to help people live in better health for longer. There are large inequalities in health across Oxfordshire and the HIB will focus on the factors underpinning wellbeing and how to level up differences in the health of different groups in the county.
- 1.6 This is delivered through
  - Effective partnership-working across Oxfordshire to meet peoples' health and social care needs.

## **2 Work of Health Improvement Board 2016/17**

- 2.1 During 2016/17 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:
  - **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
- 2.2 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.
- 2.3 The performance report against each of these 4 priorities can be viewed at Appendix 2.

## **3 Key items to note**

- 3.1 The board agreed to take on a governance role in relation to the commissioning of domestic abuse services. It has since received updates from the Domestic Abuse Strategy Group reporting good progress with joint commissioning of services. It will continue to discuss this twice a year, welcoming a representative from Thames Valley Police for this item. This governance will improve oversight and performance of the service, better coordination and communication among partners.
- 3.2 The work in the Barton and Bicester Healthy New Towns was noted as being valuable to partners in district councils. Board members and senior officers participated in a learning event to share best practice across all Oxfordshire authorities and health service partners in April 2018 by Bicester Healthy New Town. The programme is now moving into year three and will focus its efforts on gathering performance, outcome and impact information to share good practice across the country.
- 3.3 The Fuel Poverty workshop held in June 2017 provided an opportunity to share good practice from local initiatives led through the Affordable Warmth Network (AWN), which includes the District Councils, Public Health, the CCG, and National

Energy Foundation. The AWN used this workshop to shape their plans for the next year which were approved by the HIB in September.

- 3.4 Exercise on Prescription schemes in the county was considered by the Board and it was agreed that Oxfordshire Sport and Physical Activity (OxSPA) should lead coordination of this work with partners to promote take up of the scheme. The Board also considered plans for the partnership and members were encouraged to consider how their organisations can support OxSPA in the future. The transformation of OXSPA to Active Oxfordshire was presented to Board at the September meeting. Active Oxfordshire will have a strong focus on health inequalities targeting services at the least active members of our communities rather than providing more sport for those already active. This will support the health inequalities priority of the HIB.
- 3.5 The Board received annual reports on the work of the Public Health Protection Forum and on Air Quality Management. This is the first time this topic has appeared on the agenda for HIB. It allowed an opportunity to educate board members on the current issues for Oxfordshire and the plans to tackle the issues.
- 3.6 The HIB considered issues arising from a report on suicide prevention and another about loneliness in Oxfordshire. In response to the needs identified in these discussions, the Board gathered a wide range of partners and stakeholders for a workshop on Mental Wellbeing. The Board has considered and agreed plans for a countywide framework on promoting wellbeing based on the outcomes of this.
- 3.7 The City Council has kept the Board informed of our initiatives on homelessness and rough sleeping, including the Trailblazer project and the City Conversation on Rough Sleeping.
- 3.8 The Officer group have reviewed the joint commission and a report is expected at HIB for consideration in November, with recommendations to extend the arrangements for future years

#### **4 The future focus**

- 4.1 There has been an extensive piece of work over the summer led by Public Health with support and coordination from Oxford City Council's Policy and Partnership Manager to engage all districts in the process of reassessing the priorities of the Board and ensuring that these are reflected in the work programme moving forward.
- 4.2 This has informed 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.
- 4.3 A review of the Joint Strategic Needs Assessment and priorities for each member organisation resulted in, a discussion paper presented to HIB in September. The priorities were discussed and finalised at this meeting. They are as follows:

##### **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 through 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
  - Delivering messages engaging people to make simple changes to improve their health.

- 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
- 5** The HIB will challenge all its member organisations to include these initiatives and monitor how they are doing.

## **6 City Council health related priorities and projects**

- 6.1** The City Council's focus is on tackling health inequalities, improving outcomes for people in our most deprived communities
- 6.2** Following publication of the Oxfordshire Health Inequalities Commission report in 2017, Oxford City Council committed £100k, subsequently match funded by Oxfordshire Clinical Commissioning Group, which will to be used to tackle health inequalities in Oxford City.
- 6.3** The subsequent projects that were developed with this £200k funding have now been launched to support residents in the targeted deprived localities to access support to improve or maintain their physical and mental wellbeing. The objectives are:
- To provide health promotion / prevention information in community settings. For example Bone and Balance classes for the elderly to strengthen bones and prevent fractures through falls.
  - To identify patients with specific disease conditions in the city's most deprived areas and target them with prevention measures.
  - To work with Oxford City Council tenants, focussing specifically on people with mental health issues. We will fund an embedded mental health worker within our Tenancy Sustainment team
  - To actively participate in, promote and support knowledge exchange between City Council services and all local GP's. We will share information about the City Council's services and pathways, and how to access them, and aim to further strengthen relationships with GPs. An initial event took place in September which included participants across agencies including nearly all of the Oxford City-based GP practices. This resulted in sharing knowledge, experiences and challenges, and developing new ideas on how we work more effectively together to support residents with very complex social and emotional needs to ensure they get the most appropriate and effective service. Ideas will be collated from this event and consideration given to piloting a few of them.
- 6.4** The work of the City Council and CCG group developing these projects has also resulted in an appetite to increase the focus on tackling health inequalities across all areas of service delivery – from leisure centre activities to clean air, and to support social prescribing by GPs.

6.5 The City Council is engaged in a number of ongoing health-specific projects including Barton Healthy New Town, Sugar Smart and the £200k jointly funded health inequalities and innovation projects with the CCG. The Supporting Local Communities portfolio holder is also seeking to secure significant additional external funding to support community-led children's centres across priority areas of the city, with the focus on health as well as education benefits.

## **7 Promote Mental Wellbeing**

7.1 As members of the HIB we have committed to supporting the work in relation to mental wellbeing.

7.2 We have committed resource to participate in a new sub group of HIB to look at the following:

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

7.3 This work offers opportunity for all of the city council's internal work programmes to strategically align for higher impact. It also offers the mental health challenge panel an avenue to influence and support this work stream.

## **8 Older People**

8.1 The Governments' [Green Paper on Adult Social Care](#) is due this autumn and is likely to have implications for how Oxfordshire responds to the needs of older people. This will in turn affect how Oxford City Council delivers its services.

Oxfordshire has an existing Older People's Joint Commissioning Strategy which ran from 2013-16. This strategy was developed in conjunction with Oxfordshire's residents and reflected their priorities and needs. A [paper](#) was put to the Health & Wellbeing Board (HWB) in March this year proposing to review the strategy, and it is expected to remain based on the priorities of the previous strategy. A resource to undertake this work has now been identified and stakeholder mapping has taken place. Oxford City Council have been invited to participate in a model of co-production with the first meeting to happen shortly. Oxford City's portfolio holder for stronger communities and older persons champion will actively contribute and influence the direction of travel.

## **9 Policy development**

9.1 The Policy and Partnerships team will lead and support an Equalities review across Oxford City Council. This will be sponsored by Cllr Christine Simm and Cllr Nigel Chapman with additional input from Cllr Shaista Aziz.

9.2 The objectives set for the strategy review are to:

- Provide an audit appraisal of the City Council's equalities performance in engaging with the range of communities living and working in Oxford and in the delivery of its services.
- Highlight good practice, identify service gaps and make recommendations.
- Consider our strategic vision on equalities and its alignment with existing work streams.

- Prepare the City Council for future external assessment against the LGA Equalities Framework.
- 9.3 Both CEB and Scrutiny have expressed strong interest in City Council involvement in health and engagement with the County and the CCG (see Scrutiny recommendations to Council 24/04). Both have proposed a “Health in All Policies” approach
- 9.4 The Policy and Partnership Team (with input from service areas) have undertaken an analysis of the health related activity and interaction taking place across the council and as a result, have increased resources in the team to coordinate this activity and take forward health-related projects. We are planning a review of the Councils’ health-related activity to develop the Health in All Policies approach and to ensure focus on key priority interventions to maximise successful outcomes.
- 9.5 The City Council also seeks to influence wider decision-making on health through Members’ and the Policy & Partnerships team’s involvement with the Health & Wellbeing Board, Health Improvement Board, Health Inequalities Commission, Children’s Trust, Stronger Communities Partnership and Mental Health Panel – and through responding to wider consultations.

## **10 Financial implications**

- 10.1 No financial implications for this report.

## **11 Legal issues**

- 11.1 No legal implications identified within this report

## **12 Conclusion**

- 12.1 As a result of our engagement, the new set of priorities for the Health Improvement Board can be seen to reflect our corporate priorities and Healthy Oxford portfolio aspirations for the health of the residents of the city.
- 12.2 Barton Healthy New Town is now seen as a flagship for learning and offers a great opportunity for us to bed in the successful models and outcomes across our service areas.
- 12.3 It should be recognised that the City Council is not the body with statutory responsibilities and budgets in the area of health and we therefore lack many of the levers for change. We are increasingly experiencing requests from other partners for funding contributions to deal with shortfalls arising from reductions in funding from the County Council and others. Our key role should therefore be in influencing through partnership and ensuring our services are aligned with those of other agencies around shared objectives. We need to focus on key priority interventions to maximise successful outcomes.
- 12.4 Oxford City Council continues to hold representation on the Health and Wellbeing Board and the Health Improvement Board and is in a position to contribute, influence and challenge.

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