

**DIRECTOR OF
PUBLIC HEALTH
FOR OXFORDSHIRE
ANNUAL REPORT
2005-2007**

SIX-MONTH REVIEW

SUMMARY

The Director of Public Health for Oxfordshire's first independent Annual Report on the health of the population was published as a working draft in March 2007 and was consulted on widely. A copy of the report can be found on:

www.oxfordshirepct.nhs.uk/about-us/how-the-pct-works/trust-board/board-papers/2007/March/documents/DPHAnnualReport.pdf or
www.oxfordshire.gov.uk/content/public/Resources/hlpdownloads/CC/CC190607-11-dph.doc

This report summarises consultation and progress made and proposes further action. Consultation undertaken is summarised in Annex 1 and responses are summarised in Annex 2.

Overall, in summary:

1. **Four key challenges** for the public health of Oxfordshire were proposed as priorities for action. These have been widely accepted. The four challenges are:
 - i) an ageing population; tackling the demographic time bomb
 - ii) breaking the cycle of deprivation in children and families
 - iii) preventing obesity, a major cause of chronic disease
 - iv) fighting infectious disease
2. Additional challenges were proposed in the consultation process for consideration. The outstanding one was the mental health of people in Oxfordshire. This will feature as a main chapter in the next DPH Annual Report.
3. Good work has begun on all four priority challenges. These are all big areas to tackle, requiring concerted action by a wide number of organisations. This work takes does take time, **however:**

Good intentions are cheap and easy and good intentions will not suffice. We now need sustained and concerted action to ensure that in all these areas we get as close as we can to:

- i) shared priorities across organisations in Oxfordshire
- ii) shared outcomes across all organisations in Oxfordshire to point us all in the same direction
- iii) aligned or shared resources and budgets to thrust this priority work forward
- iv) clear action plan shared by organisations
- v) sharing common frameworks for working across Oxfordshire which give enough flexibility to do different things in the different Districts and localities

Dr Jonathan McWilliam
Director of Public Health for Oxfordshire

October 2007

THE DPH ANNUAL REPORT: 6-MONTH REVIEW

Chapter 1 – An Aging Population: the demographic time bomb

This chapter focused on the challenges that Oxfordshire will see in its population over the next 20 years and the need to take action. Doing nothing is not an option.

What we said we should do

The main recommendations for this chapter were that a health and wellbeing partnership should be formed to coordinate this work across the county.

What you thought about that

There was strong agreement that this was a real priority for Oxfordshire. You asked us to change the title to “demographic challenge” rather than “demographic time bomb”. Demographic challenge is more accurate and respectful, while “time bomb” seems to capture the sense of urgency required. The debate continues. There was also a request to ensure that there was a clear definition of what is meant by older people.

Where we are now

There has been some progress on most of the recommendations.

- The Health and Well-Being Partnership Board was formed and met in September 2007.
- The PCT Strategy and draft Sustainable Community Strategy have included this subject as a priority.
- Oxfordshire County Council have confirmed that they will make specific provision for demographic growth in budgets and Oxfordshire PCT has plans to follow suit in its 2008/9 operational plan.
- An assessment of older people’s needs is underway, this will ensure that gaps in services are clearly identified. This should be complete by March 2008.
- A review of demographic change is being conducted by the Joint Health Overview and Scrutiny Committee.
- The terms of reference of the Health and Well-Being Partnership Board includes the remit “To monitor health improvement work across the county including the implementation of recommendations from the Annual Report of the Director of Public Health for Oxfordshire. “

What we should do next

By the end of March 2008 we should:

- Agree outcome measures for older people across Oxfordshire so we can measure whether or not our actions are successful
- Show clear evidence of a change in the services we commission for older people, shifting towards long-term prevention
- Be able to demonstrate that investment in Oxfordshire County Council and the Primary Care Trust is in place to meet demographic growth

Chapter 2 – Breaking the cycle of Deprivation of Children and families

This chapter focused on looking at how we can achieve more for our families and children so that we can lift them out of deprivation

What we said we should do

The main recommendations relate to making this topic a priority across Oxfordshire and agreeing a basket of indicators that will allow inequalities to be measured in localities across the county year by year. It was also recommended that three or four geographical areas where need is greatest should be identified as a priority for action.

What you thought about that

This topic has been widely accepted as a priority area for work across Oxfordshire. You thought the emphasis on locality indicators would target our more urban areas and that a balanced approach was needed to include rural deprivation as well. You also wanted to see a greater emphasis placed on reducing alcohol and drug problems. Some felt that there was a major gap relating to services for Young People and Young Adults.

There was concern that substantial funding was already targeted at some areas – places such as Rose Hill or Barton – but that the totality of funding is unknown and is uncoordinated.

There was also concern that some places in the County show perennially high levels of deprivation despite a wide range of high quality initiatives in those areas. This may be because projects do make a difference to people's lives and then they move to more affluent areas and others move in who are less affluent. This may account for some of the persistent deprivation we see in some localities. The challenge for Oxfordshire is to create a lasting and sustainable sense of community in these areas so that prosperity and wellbeing gradually improve.

There is an absence of hard evidence to support or refute the views in the previous two paragraphs and this is urgently needed so that action can be taken.

Where we are now

There has been progress on most recommendations:

- The Sustainable Communities Strategy, PCT strategy and OCC priority setting strategy are all emphasising this topic as a priority
- The Children and Young People's Partnership Board (CAYPB) has agreed a set of outcome measures for measuring deprivation in localities
- Targeted funding to break the cycle of deprivation features in PCT plans for 2008/9
- Work has begun to commission specific children's services to break this cycle..
- A useful six-point plan to break the cycle of deprivation has been proposed as follows:

- i) Improved school attainment where it is poorest
- ii) Guaranteed standards for a good start in life.
- iii) Diverting young people from antisocial behaviour, focusing on the worst affected areas
- iv) Working on issues in black and minority ethnic communities to improve real choice
- v) Improving value for money through better use of targeted joint resources in our most deprived communities:
- vi) Reducing teenage pregnancy focussing on the worst affected areas

What we should do next

- We should keep up this progress as an absolute priority, continuing to measure outcomes, target resources and shift investment until we see some real improvement in outcome measures.
- Future Director of Public Health annual reports will measure progress in this area relentlessly.
- An analysis should be carried out by the Oxfordshire Partnership to:
 - Quantify project funding in areas of deprivation and assess how well this is coordinated
 - Identify the extent to which mobility of the population helps to keep some areas of the county in persistently high levels of deprivation

Chapter 3 – Preventing Obesity: A major cause of Chronic Disease

What we said we should do

The review suggested that an Obesity, Exercise and Healthy Eating strategy should be developed and adopted across Oxfordshire as a main plank of county strategies by September 2007. This would be achieved by working in partnership between the District Councils, the County Council and the PCT.

What you thought about that

This topic was supported as a priority across Oxfordshire.

Where we are now

- A draft strategy has been produced and will be discussed by a wide range of organisations and groups across Oxfordshire.
- Practice Based Commissioning consortia have shown a keen interest in this work and some of them are actively planning new services.
- Collaboration with District Councils has been strong
- The PCT is planning to target funding at this area in 2008/9.
- A Countywide Exercise on Referral Scheme for Oxfordshire with is due to be launched in the New Year
- A joint bid with Sport England is being put together with the 5 Districts to improve services commissioned from health and leisure providers.

What we should do next

This is a long-term issue.

- We need to keep up focus and momentum in this area
- Commissioning specific services to improve nutrition and increase uptake of exercise will be crucial
- It is very important that we join up the commissioning by the NHS and District Councils as closely as possible
- We need to measure and monitor local obesity levels closely and take action as necessary.
- We need to increase support from Practice Based Commissioning

Chapter 4 – Fighting Infectious Diseases

What we said we should do

We need accurate and shared surveillance of disease trends over time so that efforts can be targeted on the most significant threats. We need to begin to work more collaboratively across all organisations to fight infectious diseases, especially between the PCT and NHS Trusts. We need to focus on the diseases causing problems in Oxfordshire, such as Health Care Associated Infection, TB and HIV.

What you thought about that

Infectious diseases were confirmed as a priority for work across Oxfordshire.

Where we are now

- Joint work on Health Care Associated Infections like MRSA and C. Difficile has been considerably strengthened
- TB services have been reviewed and improvements proposed
- The county sexual health & HIV strategy is currently being revised and updated
- We have begun to screen young people for infection with Chlamydia, a major cause of infertility in later life

What we should do next

We should:

- Maintain work on infections such as MRSA and C Difficile as a priority
- Agree a surveillance system for infection in Oxfordshire with the Health Protection Agency by the end of March 2008
- Monitor disease levels closely and take speedy action as needed

ANNEX 1

Consultation on Draft DPH Annual Report

Since the report was released in March 2007, many people have had an opportunity to comment, the report has been presented to the following groups or meetings

- Oxfordshire Partnership
- Children and Younger People's Partnership board
- Oxfordshire Joint Health Overview & Scrutiny Committee
- Meetings with the District & City Councils
- PCT Board
- PCT Clinical Executive
- OCC Management Team
- OCC Cabinet and Full Board Meeting
- Public Health Group
- Discussions with senior officers in all Five District Councils within Oxfordshire
- Public Service Board

The report has been circulated widely with many organisations and individuals receiving a copy. There was significant media coverage at the time of the reports release and substantial media coverage both within the local press and on radio thereafter.

ANNEX 2

Organisation Group	Comment	Answers
Children & Young People's Board	Alcohol and Drugs need to be higher priority	Agreed
Children & Young People's Board	Would like to see rural deprivation considered within the Childrens Chapter	Agreed. We should target deprivation wherever it is found.
Joint Health Overview & Scrutiny Committee: Public Health sub-group	The report needs to give indication of the broad costs to the NHS/County Council of the shifting to preventative /intermediate care	This is work for the Health and Wellbeing Partnership Board
Joint Health Overview & Scrutiny Committee: Public Health sub-group	The DPH should indicate clearly where the gaps / problems envisaged in the delivery of the plan	The main purpose of the report is to identify gaps in the public health and recommend action to be adopted by a wide range of bodies. Detailed plans will frequently appear elsewhere.
Joint Health Overview & Scrutiny Committee: Public Health sub-group	Clarification of definition of old age	We define older people as those over 65.
Joint Health Overview & Scrutiny Committee: Public Health sub-group	Repercussions of not putting the measures proposed in place	This is done where possible but can be difficult to quantify.
Joint Health Overview & Scrutiny Committee: Public Health sub-group	Explanation to the public of why the plans should be carried out and the benefits of doing so. The current document should be an executive summary which is changed to be reader friendly	These points are noted.
Joint Health Overview & Scrutiny Committee: Public Health sub-group	Did not like the use of Demographic time bomb, demographic challenge was suggested as an alternative	This point of view is understood. See main body of text.
Joint Health Overview & Scrutiny Committee: Public Health sub-group	Groups responsible for delivering each recommendation should be clearly identified	This work is on going with the development of delivery plans
Joint Health Overview & Scrutiny Committee: Public Health sub-group	Recommendation 10 page 11 should be altered to read Scrutiny Committees should be encouraged to monitor progress against these recommendations throughout 2007/08 and beyond.	Accepted
Joint Health Overview & Scrutiny Committee: Public Health sub-group	A major gap that did not appear in the report was the Young People and Young Adults in Oxford	We feel that this is part of the breaking the cycle of deprivation work which will be undertaken

Organisation Group	Comment	Answers
Joint Health Overview & Scrutiny Committee: Public Health sub-group	The PHG looked forward to seeing the implementation plan	Developed
Oral Health Team Oxfordshire PCT	Concerned and disappointed that oral health was not mentioned in the Public Health Annual Report	We recognise that this report does not cover everything but would expect this work to be part of the work aimed at breaking the cycle of deprivation.
Clinical Executive Oxfordshire PCT	Timescales look very ambitious throughout	The timescales are ambitious but it should be remembered this is a joint document with different organisations leading on different strands
Clinical Executive Oxfordshire PCT	Too many actions, needs prioritising	The actions are inter related and depend on each other to ensure effective delivery. It is vital to be ambitious in these areas.
Clinical Executive Oxfordshire PCT	Potentially risk of non-delivery as there is a large emphasis on processes and rather less on outcomes	We are developing outcome measures now that we have broad agreement that these are the priorities we should aspire too
Clinical Executive Oxfordshire PCT	Can we focus the 08/09 investment plan in the way that is suggested, or would it be more realistic to move some of these targets into 09/10?	No, we need to focus on 2008/9
Clinical Executive Oxfordshire PCT	It's a dense document, which may prove difficult to track in terms of accountability for individual actions	We will break the work down into four work streams making it easier to track
General comments from a range of organisations	Mental Health should be considered as a priority topic	Accepted. We should monitor the progress of the new Mental Health Strategy group carefully and see if this remains a gap.