

Council

Public Health and Healthcare Services in Cherwell

19 July 2010

Report of Strategic Director Environment & Community

PURPOSE OF REPORT

This agenda item is intended to permit all Members to consider and debate the relevant health issues of Cherwell residents and the provision of healthcare services in the District.

Sonia Mills, Chief Executive of Oxfordshire Primary Care Trust (PCT) and Dr Jonathan McWilliam, Director of Public Health, Oxfordshire will be invited to address Council, following which Members will be able to ask questions.

This report is public

Recommendations

The meeting is recommended:

- (1) To receive the fourth Annual Report of the Director of Public Health and consider the recommendations.
- (2) To include in its annual service and financial planning process consideration of the Council's response to the key health issues for the Cherwell District.
- (3) To continue to support the PCT in its healthcare service improvement activities in Cherwell, particularly in relation to the Horton General Hospital and Bicester Community Hospital.

Executive Summary

Introduction

- 1.1 The health of the people of the Cherwell District is vital to the wellbeing of the District. Good health is closely related to a wide range of factors such as employment, quality of neighbourhoods, education etc. These factors are, in turn, linked to issues of housing, skills and employment and all contribute to the general prosperity of the District.
- 1.2 The Oxfordshire PCT is the major commissioner of local health care services and the lead body for the prevention of ill health. However, given the wide range of factors which affect good health, the role and services of the District

Council have a major part to play.

Proposals

- 1.3 The PCT and the Director of Public Health for Oxfordshire will present on these matters, highlighting current issues and activities and providing a proposed direction for the future.

Conclusion

- 1.4 Improved health of local people can only be achieved through common purpose and the collective effort of many organisations. The presentations from the PCT and the Director of Public Health will reaffirm their commitment in this respect and provide the strategic framework for local action.

Background Information

- 2.1 One of the Council's strategic priorities is a Safe and Healthy Cherwell. To achieve this, much of what the Council undertakes is in partnership with the local health agencies. Its own activities, as outlined later in this report, and its partnership working with the PCT are consistent with the Council's policy framework.

Oxfordshire PCT

- 2.2 Sonia Mills, Chief Executive of the Oxfordshire PCT will present her organisation's position and challenges in relation to their finances, the Horton General Hospital, Bicester Hospital and other county and local healthcare issues and developments.

Director of Public Health for Oxfordshire Fourth Annual Report

- 2.3 Dr Jonathan McWilliam will present his fourth Annual Report. His recommendations are made for all organisations in Oxfordshire and for the public and these are listed in Annex 1. The full 54 page report can be found on the Oxfordshire PCT website via <http://www.oxfordshirepct.nhs.uk/about-us/publications/documents/DPHARIVMay2010.pdf>.
- 2.4 The aims of the annual report are:
- (a) To report on progress made in the last year and set out challenges for the next year;
 - (b) To galvanise action on five main threats to the future health, wellbeing and prosperity of Oxfordshire.
 - (c) To add an emphasis on two strongly emerging threats, namely those posed by dementia and alcohol abuse.
- 2.5 The five main long-term threats are:
- Breaking the cycle of deprivation;
 - An Ageing population – the 'demographic time bomb';
 - Mental health and wellbeing: avoiding a Cinderella service;
 - The rising tide of obesity;
 - Fighting killer infections.

Cherwell District Council's Health Improvement Activities and Partnership Work

- 2.6 The policy framework which shapes the range of service actions the Council undertakes is set out in the Public Health Strategy for Oxfordshire and the Cherwell-specific Action Plan. This approach provides an excellent basis for the Council's partnership working and targeted annual actions.
- 2.7 Most of the Council's health promotion and improvement work is undertaken in partnership which include: Oxfordshire County Council departments: Social Community Services, Fire & Rescue, Trading Standards, Age UK Oxfordshire and other voluntary organisations; Parish Councils; Town Councils and the Cherwell Community Sports Network. The Council also hosts two externally funded Health Trainers and their co-ordinator. The 2010/11 annual programmes and resources employed include:
- Eat Well in Cherwell healthy food award for food businesses
 - Junior Citizen
 - Safety Equipment Loan Scheme
 - Electric Blanket Testing
 - Practical cookery for Asian women and young mothers
 - Weight Management and Smoking Cessation classes
 - Co-ordination of Health Walks in North Oxfordshire
 - Delivery of accredited Food Hygiene courses
 - GP Referrals Scheme
 - Interagency Referrals for Prevention Scheme
 - The Health Bus, which is jointly owned by CDC and the PCT and used for health promotion initiatives and as a clinic.
- 2.8 The Council also offers significant services to older people largely around encouraging independent living and having healthy later years i.e. ageing successfully. These again fall into the following service categories across the Council:
- recreation activity programmes
 - supporting over 230 older people groups
 - providing information and advice
 - addressing housing need through a specific Older People's Housing Strategy
 - a major Disabled Facilities Grants programme along with other home adaptation services
 - health promotion and healthy lifestyles initiatives
 - volunteering support
 - local transport scheme
- 2.9 The final most significant area of health improvement activity is to address some of the key areas of health inequalities in the District. Despite the general picture of good and above average health, the gap between the worst and best areas of the District in terms of life expectancy is widening. This means that a focus must be given to improving the worst areas to reduce this gap. These areas are in certain parts of Banbury and are the subject of the long-term, multi-agency Brighter Futures in Banbury Programme. This programme covers many aspects of wider social, economic and

environmental issues, all of which affect general health and life expectancy.

- 2.10 Members will be aware of the strong support the Council is providing the PCT in delivering the Better Healthcare Programme for Banbury and Surrounding Areas. This is essentially about the future service make up of the Horton General Hospital. Most of this support is provided through the Chief Executive and Strategic Director in the form of hosting and membership of the Programme Board and the Community Partnership Forum.
- 2.11 It is very pleasing to note that the recent decisions by the PCT and the Oxford Radcliffe Hospitals Trust have agreed a consultant delivering obstetric and paediatric operating model and the £2.4m extra cost of this has been split £1.5m/£0.9m respectively between the two Trusts. Subject to successful implementation over the next 9/12 months, this will secure the future of the Horton.
- 2.12 In 2008, the Revenues and Benefits service vacated the Town Centre offices in Banbury which meant the Council were seeking a tenant. This was also at a time when the PCT were seeking appropriately located premises for their new GP led Health Centre. As a consequence, the Council supported the PCT with the reuse of its premises for this new function with a design and build contract procurement, project management, on site construction, procuring equipment and providing facility management to include security, cleaning and maintenance. The new service is commenced in September 2009.
- 2.13 The Council's Strategic Director Environment and Community sits on the Bicester Community Hospital Project Group as a means of supporting the PCT in the re-provision of Bicester Hospital. Councillor David Hughes also sits on the Community Forum which represents local people and stakeholders.
- 2.14 Recently, the PCT decided that the procurement plan needs to be altered. The plan is now to restart the procurement process and make it clearer and more straightforward. In particular the PCT is streamlining the process so that it only involves one integrated solution with health and social care services provided from one place.
- 2.15 The Council plays a full and active part in the Oxfordshire Health and Well Being Partnership. This is attended by the Portfolio Holder for Environment, Recreation and Health accompanied by the Strategic Director Environment and Community. In addition, the Council's Health Strategy and Improvement Officer play a very active part in the officer group supporting and delivering the many Cherwell health initiatives in partnership with many others. This is important as it is through this partnership that the strategic and priority issues outlined above by the Director of Public Health and the PCT are addressed plus any resource issues determined.

Implications

Financial: There are no direct financial consequences arising from this report. Additional county-wide funding is being secured for the targeted health inequalities work in Banbury with the expectation that the Council will direct its

current activity and resources to supplement

Comments checked by Joanne Kaye, Service Accountant, 01295 221545

Legal:

There are no specific legal implications arising from this report.

Comments checked by Liz Howlett, Head of Legal & Democratic Services, 01295 221686

Risk Management:

There are no direct risks associated with the content of the report. Failure to address over the long term issue of the declining health issues in the District is likely to worsen the current health inequalities gap.

Comments checked by Rosemary Watts, Risk Management & Insurance Manager, 01295 221566

Wards Affected

All wards

Document Information

Appendix No	Title
Annex 1	<i>Recommendations of the Director of Public Health's Fourth 2010/11 Annual Report</i>
Background Papers	
<i>Director of Public Health's Fourth Annual Report 2010/11</i>	
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Annex 1

Director of Public Health for Oxfordshire Fourth Annual Report 2010/11 Recommendations

Older People and the Demographic Time Bomb

Recommendation 1

By December 2010 the Ageing Successfully strategy should be completed with agreed overall direction and clear outcome measures, process measures and action plans, through the PCT Director of Service Redesign and County Council Director for Social and Community Services.

These outcomes measures and process measures should be monitored vigorously by the Health and Wellbeing Partnership Board.

The Oxfordshire Health Overview and Scrutiny Committee should also consider scrutinising progress made as part of its annual plan.

Recommendation 2

By December 2010 Oxfordshire PCT, through its Director of Public Health, should have identified 20% more carers in primary care.

Recommendation 3

Work on Dementia in Oxfordshire should be formalised in a joint strategy, led by Oxfordshire PCT and Oxfordshire County Council through their Directors for Service Redesign and Director of Social and Community Services. It should include on the identification of people with dementia and support of carers for people with dementia. It should contain clear outcome measures, process measures and a clear timescale for implementation. This strategy should be completed by March 2011 and should be monitored vigorously by the Health and Wellbeing Partnership Board.

The Oxfordshire Health Overview and Scrutiny Committee should also consider scrutinising progress made as part of its annual plan.

Breaking the Cycle of Deprivation (County)

Recommendation 1

Oxfordshire County Council, Oxfordshire PCT and Local Authorities should continue to drive forward plans to further integrate children's services planning and commissioning across the county under the Children and Young People's Trust through the Directors for Children, Young People and Families and the PCT Director of Service Redesign so that clear process and outcome measures for commissioning plans are agreed by March 2011.

Recommendation 2

The Oxfordshire Children and Young People's Trust should ensure that all community services and community resources for children living in localities with high levels of social deprivation (including schools) are better coordinated so as to target those who need the services the most, with the aim of bringing

the areas with the lowest outcome measures up to the county average. This work should show demonstrable progress by March 2011.

Recommendation 3

The Children and Young People's Trust should review initiatives aimed at preventing and treating obesity in children across Oxfordshire and should consider re-directing resources towards primary prevention of obesity by March 2011.

Recommendation 4

The Oxfordshire Children's Trust Board should receive regular progress reports from the '6 Chiefs' work which overlaps with the Children's Trust programme of work called 'Narrowing the Gap', with a view to integrating work into Children and Young People's Trust planning by March 2011.

Breaking the Cycle of Deprivation in the Most Deprived Wards of Banbury and Oxford

Recommendation 1

By March 2011, the six chiefs should ensure that this project has work plans in place which concentrate on:

- Joining up existing core services
- Identifying simple and definable service improvements that can be measured, focused primarily on getting a better start in life
- Beginning to evaluate this work

Recommendation 2

By October 2010, the six chiefs should have agreed a clear 'basket' of measures which will tell them accurately whether or not this work is on track to break the cycle of deprivation in the long term.

Recommendation 3

By December 2010 The Oxfordshire Partnership should have received a specific progress report on this work and should seek evidence of progress in line with the three points in recommendation 1 above.

Recommendation 4

By December 2010 Oxfordshire Partnership and/or Public Services Board should have considered whether this work could be part of a "Total Place" initiative (or a similar approach under the new Government) focussing on increasing the number of people in education, training or employment (and thus reducing NEETS). This work should seek to coordinate the effort and spending of public sector organisations to achieve more while being more efficient. The focus could be either on specific wards or on specific families who have particularly high needs.

Mental health in adults: avoiding a Cinderella service

Recommendation 1

The PCT Director of Service Redesign should continue to drive progress forward until improvements to outcomes are achieved. Further demonstrable progress should be in evidence by March 2011.

Recommendation 2

The Director of Service Redesign and the Director for Social and Community Services should ensure that a commissioning strategy for older people's mental health is produced by March 2011 and this should form a part of the Ageing Successfully strategy. This should include a section on the care of people with dementia.

The Rising Tide of Obesity

Recommendation 1

The County strategy for prevention of obesity should be reviewed and refreshed by March 2011 through the Director of Public Health. The new strategy should be a true partnership effort and should have an emphasis on the prevention of obesity rather than its treatment. It should include a focus on the important role of GPs. Work with children and adults should be seamless. Those at increased risk should be targeted.

Fighting Killer Diseases

Recommendation 1

The Director of Public Health and the local Health Protection Agency must work closely to maintain surveillance of communicable diseases during 2010/11 and take appropriate steps to control these diseases and any new emerging killer diseases.

Recommendation 2

Oxfordshire PCT should continue to be ready and prepared to make investment in infection control services and health protection, through 2010/11.

Recommendation 3

The Director of Public Health should report on killer infections and infectious diseases in the DPH annual report in April 2011.

Alcohol: What's your poison?

Recommendation

The revision of the Alcohol Strategy in the next year will give a great opportunity for a further step-change. We need a strong strategy which should include the following key elements by March 2011.

1. Powerful and far reaching information about the potentially toxic effects of alcohol to health, community safety and family life that make it a personal issue for all of us.
2. Further reductions in alcohol related crime and disorder in our towns and City with targeted approaches and a firm resolve to enforce action against premises and people causing problems. This is a lead area for Nightsafe partnerships around the county who should continue to develop their role.
3. Joined up and effective advice and treatment services are needed, including in primary care. The NHS and Drug and Alcohol Action Team should work together to commission prevention and treatment services proportionate to the size of the issue.

4. Involvement of young people is essential in devising and rolling out campaigns and activities to tackle the youth drinking culture. This will need to be part of the planning carried out by the Children's Trust
5. Enforcement of the law to prevent sales of alcohol to under 18s (or people buying it for them). Trading Standards and the Police Licensing Officers can work together to ensure consistent coverage on this issue across the country.
6. A comprehensive set of process and outcome measures should be set, monitored and reported regularly so that the impact of this step change can be seen. This responsibility should fall to the Alcohol Strategy Group who should make sure their results are reported to the Health and Wellbeing Partnership and the Children's Trust as well as to the Community Safety Partnership.
7. The Health Overview and Scrutiny Committee should consider scrutinising progress made as part of their work plan for 2011/12.