Oxfordshire's Joint Health & Wellbeing Strategy

2012 - 2016

Final Version July 2012

Oxfordshire Clinical Commissioning Group

NHS

OXFORDSHIRE COUNTY COUNCIL

Oxfordshire LINk

CONTENTS

1. Foreword by Chairman and Vice-Chairman of Oxfordshire's Health and Wellbeing Board

We are delighted to launch our first Health and Wellbeing Strategy for Oxfordshire. We believe this strategy is a significant step forward for the health and wellbeing of the County.

We are used to positive partnership working between Local Government and the NHS in Oxfordshire and we are also used to working hand in hand with the public. This document finds us all speaking with one voice on behalf of the new Health and Wellbeing Board in an attempt to tackle the most pressing health problems our County faces today.

Health and Wellbeing in Oxfordshire is good overall, but we are determined to make it better still by working together for the long term.

Our understanding of the issues facing Oxfordshire has been strengthened by an in depth consultation on this strategy with the public and our many partners.

It is important that we can measure the changes to services we intend to make and the improvements in health outcomes we hope to achieve. We have therefore included targets throughout the document. Many of these measures are ambitious and we intend to achieve them all or use any near-misses to focus our attention on these areas further.

We will now go ahead and make the detailed plans needed to make this strategy a reality.

We look forward to continuing to work with the public and our partners to make sure this remains a joint venture.

Cllr Ian Hudspeth, **Chairman of the Board**
Leader of Oxfordshire County Council

Dr Stephen Richards, Vice Chairman of the Board
Chief Executive of the Oxfordshire Clinical Commissioning Group

2. Introduction

A Health and Wellbeing Board has been set up in Oxfordshire to make a measurable difference to the health and wellbeing of its people. Oxfordshire has a rich history of partnership working which strives to improve the health of Oxfordshire's people and the care they are offered. This new Board is, therefore, very much the next logical step for Oxfordshire to take, and through it we also fulfil a key requirement of the Government's new Health and Social Care Act.

The Health and Wellbeing Board is the principal structure in Oxfordshire responsible for improving the health and wellbeing of the people of the County through partnership working.

The Board is a partnership between Local Government, the NHS and the people of Oxfordshire. Members include local GPs, Councillors, the Local Involvement Network and senior officers from Local Government.

Early tasks for the Board have been to look at the biggest challenges facing the wellbeing of Oxfordshire's people and to set out the Board's initial ideas in this strategy for improving the situation.

This strategy will be the main focus of the Health and Wellbeing Board's work. We expect this to be a 'living document'. As priorities change, our focus for action will need to change with it. We want to make sure that our planning stays 'alive' and in touch with the changing needs of Oxfordshire's people.

3. Vision

The vision of the Health and Wellbeing Board is outlined below. This sets out our aspiration in broad terms. It is fleshed out in the priorities which follow and the action plans that are now in progress.

By 2016 in Oxfordshire:

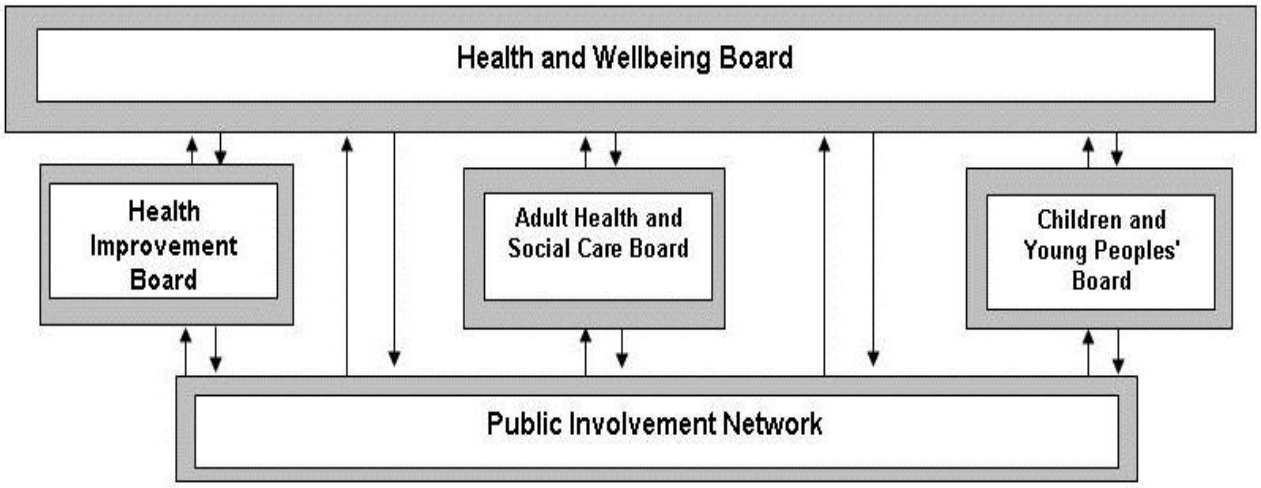
- more children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential;
- more adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health and social care services;
- everyone will be given the opportunity to voice their opinions and experiences to ensure that services meet their individual needs;
- the best possible services will be provided within the resources we have, giving excellent value for the public.

The priorities set out in this document put flesh on these themes. The priorities are intended to run to 2016 while the measures and targets set out within each priority are for the financial year 2012/13.

4. The structure of the Health and Wellbeing Board

4.1 What does the Health and Wellbeing Board look like?

The Health and Wellbeing Board has three Partnership Boards reporting to it and a Public Involvement Network;



The purpose and responsibilities of each of the Partnership Boards and the Network are outlined below:

Adult Health and Social Care Board	**Children and Young People's Board**	**Health Improvement Board**	**Public Involvement Network**
To improve outcomes and to support adults to live independently with dignity by accessing support and services they need while achieving better value for money, especially through oversight of our pooled budgets.	To keep all children and young people safe; raise achievement for all children and young people and improve the life chances for our most disadvantaged and vulnerable groups	To add life to years and years to life, focusing on the factors underpinning wellbeing, while levelling up differences in the health of different groups in the County	To ensure that the genuine opinions and experiences of people in Oxfordshire underpin the work of the Health and Wellbeing Board.

4.2 How will decisions get made?

The Health and Wellbeing Board is ultimately responsible for setting a direction for the County in partnership. Its members are committed to working with its three Partnership Boards and its Public Involvement Network to agree that direction. They will also be accountable to their constituent organisations – the Oxfordshire Clinical Commissioning Group, County, District and City Councils and HealthWatch.

In turn, the Partnership Boards are committed to working with a wide range of health and social care providers, voluntary agencies, carers, faith groups, members of the public and advocacy groups. We will be inviting these partners to formal meetings as 'expert witnesses' and to workshops during the year as a means of engagement. In this way, the decisions of the Health and Wellbeing Board aim to be truly inclusive.

The Health and Wellbeing Board will meet in public three times a year. Each of the three Partnership Boards will also meet in public three times each year and will also host workshops which will include many more service providers, partners, informal/ volunteer carers, faith groups, voluntary sector representatives, the public and advocacy groups.

While the Health and Wellbeing Board will listen carefully to the views of many groups of stakeholders and of the public as a whole, it has to be acknowledged that:

a) they will want to take careful account of the evidence base provided by the Joint Strategic Needs Assessment and scientific research, and
b) given that there will never be enough resources to meet all of people's needs, it will be the duty of the Health & Wellbeing Board to balance needs carefully and to influence its constituent organisations to make difficult decisions about priorities.

The terms of reference for each of the boards and the membership can be found at the links below-

http://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=776&MId=3447

http://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=776&MId=3448

4.3 The work of other partnerships and cross-cutting themes

The Health and Wellbeing Board is not the only group of its type in Oxfordshire. Public consultation suggested that we should include topics which are already covered by other groups and strategies. We do not want to duplicate effort and the work of these groups therefore has a key role to play. Other key partnerships and plans include:

- Better Mental Health in Oxfordshire
- Carers Strategy Oxfordshire
- Child Poverty Strategy
- Children's Urgent Care Project Board
- Civilian Military Partnership
- Dementia Plan for Oxfordshire
- Drug and Alcohol Action Team (DAAT) Board and the Drug and Alcohol Strategy
- End of Life Care Strategy
- Joint Management Groups
- Learning Disability Partnership Board and "The Big Plan – making a difference for adults with Learning Disabilities"
- Maternity Strategy and Commissioning Group
- Oxfordshire Autism Partnership Board
- Oxfordshire County Council's Commissioning Intentions for Older People
- Oxfordshire Safer Communities Partnership
- Oxfordshire Stronger Communities Alliance
- A draft Physical Disability Strategy for Oxfordshire
- Draft Strategic Plan for Education in Oxfordshire
- Supporting People Strategy
- Teenage Pregnancy Strategy Group
- Thriving Families Project
- Young Carers' Strategy Oxfordshire

A number of issues were identified in the consultation as ones that are of cross cutting interest to the Adults, Children's and Health Improvement Boards. These were - safeguarding, carers, housing, poverty, mental health, drug and alcohol dependency, offender health, long term conditions, end of life care, co-ordination of good quality support and making a successful transition from children's to adult services. The action plans to deliver the improvements needed will take account of the cross cutting nature of these issues wherever possible.

Three of these cross-cutting issues are so fundamental and public support for them so strong, that the Health and Wellbeing Board will require that the implementation of this strategy across all priorities takes account of:

1) Social disadvantage
The aim here is to level up health and wellbeing across the County by targeting disadvantaged and vulnerable groups. This will vary from topic to topic but will include: Rural and urban disadvantaged communities, black and ethnic minority groups, people with mental health problems, members of the armed forces, their families and veterans and carers of all ages.

2) Helping communities and individuals to help themselves
As the public purse tightens, we need to find new ways of supporting people to help themselves. It is early days for this approach, but recent examples have included direct payments to people to buy their own care and the County Council's use of the 'Big Society Fund'.

3) Locality working
Local problems often need local solutions and Oxfordshire is a diverse County. The Clinical Commissioning Group, County Council and District councils all support locality working and we should expect to see locality approaches to the priorities in this County when they are the best way to make improvements.

5. The Bedrock of our Decision-making: Oxfordshire's Joint Strategic Needs Assessment

5.1 What is the Oxfordshire Joint Strategic Needs Assessment (JSNA)?

The Oxfordshire Joint Strategic Needs Assessment is a report that includes a huge wealth of information and intelligence from a number of different sources that cover the health and wellbeing of the population in its broadest terms. This information is shared between the NHS locally and Local Authorities and is available to the public. When added to local knowledge of services, it gives Oxfordshire a common and consistent evidence-base which allows us to pinpoint gaps and target improvements.

This analysis is the scientific bedrock on which this strategy rests.

The JSNA highlights the following challenges which need to be met and which are summarised in the following section:

5.2 What are the specific challenges?

1. **Demographic pressures** in the population, especially the increasing number and proportion of older people, many of whom need care and may be isolated or lonely. This is markedly higher in our more **rural districts** than in the City.
2. The **proportion of older people** in the population also continues to increase which means that every pound spent from the public purse has to go further.
3. There are a growing number of people with **dementia** in the County who require access to new emerging treatments.
4. The persistence of small geographical areas of **social disadvantage containing high levels of child poverty**, especially in Banbury and Oxford but also in parts of our market towns. These areas are also the most culturally diverse in the County **containing ethnic minority groups who have specific needs.**
5. The increase in **'unhealthy' lifestyles which leads to preventable disease**.
6. The need to ensure that services for the **mentally ill and those with learning disabilities and physical disabilities** are prioritised.
7. **Increasing demand** for services.
8. The need to support **families and carers of all ages to care.**
9. The need to encourage **volunteering**.

10. An awareness that the **'supply side'** of what we provide does not 'mesh' together as smoothly as we would like - (e.g. hospital beds, discharge arrangements, care at home and nursing home care).
11. The recent **tightening of the public purse** which has knock-on effects for voluntary organisations.
12. The need to work with and through a **wide patchwork of organisations** to have any chance of making a real difference in Oxfordshire.
13. The changing face and **roles of public sector organisations.**

5.3 What are the overarching themes required to meet these challenges?

A number of overarching themes required to improve health in Oxfordshire have been identified as follows –

- The need to shift services towards the prevention of ill health.
- The need to reduce inequalities, break the cycle of deprivation and protect the vulnerable.
- The need to give children a better start in life.
- The need to reduce unnecessary demand for services.
- To help people and communities help themselves.
- The need to make the patient's journey through all services smoother and more efficient.
- The need to improve the quality and safety of services.
- The need to streamline financial systems, especially those pooled between organisations, and to align all budgets more closely.

These themes will be overseen by the Health and Wellbeing Board and will be tackled by all three of the partnership boards.

5.4 What criteria have been followed in selecting priorities?

The priorities are based on the challenges and themes set out previously. We have also used the following criteria to help us focus our priorities:

a) Is it a major issue for the long term health of the County?
b) Are there some critical gaps to which we need to give more attention?
c) What are we most concerned about with regard to the quality of services?
d) On what topics can the NHS, Local Government and the public come together and make life better for local people?
e) Which issues are the most important following consultation with the public?

6. What are the priorities for Oxfordshire's Health and Wellbeing Strategy?

A summary of the priorities can be found in Annex 1 on page 18

A. Priorities for Children and Young People

Priority 1: All children have a healthy start in life and stay healthy into adulthood

A healthy start in life begins at conception, runs through pregnancy and on into the first few years of life. Where problems occur, we aim to provide the wide range of services that parents need to support them.

This section should be read together with priorities 9 and 11 below which propose the promotion of breastfeeding and improved immunisation for children as further priorities.
In addition to breastfeeding and immunisation, we have selected a number of areas where things could be improved. We know that there is a year on year increase in the number of children and young people admitted to hospital in an emergency. The most common causes of emergency admission to hospital for young children (under 5) are respiratory tract infections, viral infections and gastroenteritis. We propose to reduce this number.

Another common cause of emergency admission for young people (11-17 years old) remains 'ingestions and poisoning' (both alcohol and drug related). We propose to reduce this number also.

Young people tell us that there is much more we could do to improve the transition between young people's services and younger adults' services. This is particularly relevant to young people with mental health needs. We are determined to act on this.

Targets for achievement during 2012/13 are:

Having a healthy start in life and staying healthy into adulthood

- Reduce emergency admissions to hospital for episodes of self-harm by 5% year on year. This means reducing admissions by 8 young people in 2012/13 (currently 156)
- Reduce emergency admissions to hospital with infections by 10% year on year. This means reducing emergency admissions by 145 in 2012/13 (currently 3,100)
- Review and redesign transition services for young people with mental health problems. This would mean there would be a new service in place from 1st April 2013

Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups

This is a priority because we know that outcomes for children and families from vulnerable groups and disadvantaged communities are much worse than for their peers.

Poverty and disadvantage are known to be strongly linked to poor outcomes and so work focused on reducing the gap between the most disadvantaged and most advantaged groups is seen as a key way of improving outcomes for children and families. Reducing the number of teenage pregnancies in the County has proved to be a useful overall focus for this work.

There is a renewed national focus on helping the most disadvantaged and challenged families to turn their lives around. The "Thriving Families" project will work with these families to reduce worklessness, antisocial behaviour, crime and school exclusions and to

increase school attendance. A key focus will be on our most resource intensive and vulnerable families with the aim of reducing the numbers on social care thresholds. This will be a vital strand in the ongoing work locally to 'narrow the gap'. Work to date has focused on identifying the families. The project will start working with families in September.

Performance at Key Stage 4 is an area of further work: in 2010/11, 8% of Oxfordshire's looked after children achieved 5 or more GCSE A* to C including English and Maths compared to 6.4% in 2009/10.

Targets for achievement during 2012/13 are:

Narrowing the gap for our most disadvantaged and vulnerable groups

- Maintain the recently improved rate of teenage conceptions (currently at 22 women aged 15-17 per 1000 - in 2010 this was 251 conceptions)
- The 'Thriving Families' project will have begun work with the first 100 families by April 2013
- Reduce persistent absence (15% lost school days or more) from school for children looked after to 4.9% (currently 11.7%)

Priority 3: Keeping all children and young people safer

This is a key priority because children need to feel safe and secure if they are to reach their full potential in life. Safeguarding is everyone's business and many different agencies work together to achieve it. The aim is to make the child's journey from needing help to receiving help as quick and easy as possible.

Practitioners in all agencies work together to prevent harm and to identify and protect children living in abusive and neglectful situations. We know that both nationally and locally there is growing awareness about young people who are victims of sexual exploitation. We need to do more to understand the picture in Oxfordshire and work together as agencies to prevent this happening.

We know nationally that the number of children who have Child Protection Plans has increased and that 0-4 year olds are the largest single age group with Child Protection Plans.

Our priority in Oxfordshire is to reduce the number of children who need a subsequent Child Protection Plan (following a previous, completed plan) to no more than 15%. It should be noted that this national indicator is being redefined so this target may change within the year.

In Oxfordshire over the last year we have seen a real improvement in the reduction of repeat plans from 18.2% to 15.3% so the 15% target reflects the need to sustain this improvement. This will be achieved through focusing on improving organisation processes so that in future years all interventions will have a greater impact and there will be higher skill levels amongst the workforce.

To improve this situation, targets for achievement during 2012/13 are:

Keeping all children and young people safer

- Collect information to establish a baseline of prevalence and trends of child sexual exploitation in Oxfordshire by March 2013
- Reduce the number of children who need a subsequent Child Protection Plan (following a previous, completed plan) to no more than 15%, which will require full multi-agency

commitment (in 2011/12 15.3%)
- A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire's Safeguarding Children Board covering the following agencies: children's social care; youth offending service; education services; children and adult health services; early intervention services; services provided by the police. Over 50% of these audits will show a positive overall impact (baseline to be confirmed in 2012/13)

Priority 4: Raising achievement for all children and young people

This is a priority because, in Oxfordshire, school exam results are often poorer than expected. In 2011 GCSE results were disappointing. Overall, the picture shows gradual improvement but there is inconsistency between Districts and for certain groups of children.

Early Years results are better than the national average and this can be built upon. However we know that specific pupil groups in Oxfordshire do not do as well as their peers in similar Local Authorities. This includes children receiving free school meals, children from some Black and Minority Ethnic Groups and those with special education needs. The attainment of children whose first language isn't English is lower than that of their peers at Key Stage 4, and the attainment of boys is lower than that of girls at both Key Stage 2 and 4. There is currently also a specific concern about reading standards at Key Stage 1 in some primary schools.

The Health and Wellbeing Board aspires to see every single child being successful and reaching their potential, thriving in an outstanding learning environment throughout their education wherever they live across the County and to see the gap reduced between the lowest and the highest achievers. We aim for every single school to be rated at least as 'good' and to be moving towards 'outstanding'.

The trend for young people "Not in Education, Employment or Training (NEET)" in Oxfordshire is downwards, which means young people are finding jobs and training. The trend information masks some concerns with regard to specific groups of young people and levels vary across the county so there will be a continued focus on reducing NEETs.

Targets for achievement are:

Raising achievement for all children and young people

- 76% (5,000) children achieve Level 2b or above in reading at the end of Key Stage 1 of the academic year 2011/12 (currently 74.3% for the academic year 2010/11)
- 80% (4,880) of children achieve Level 4 or above in English and Maths at the end of Key Stage 2 of the academic year 2011/12 (currently 74.8% for the academic year 2010/11)
- 59% (3,500 out of 6,000) of young people achieve 5 GCSEs at A*-C including English and Maths at the end of the academic year 2011/12 (currently 56.8% for the academic year 2010/11)
- 66% (153) primary schools and 70% (24) secondary schools with be judged by Ofsted to be good or outstanding in 2012/13 (currently 61% (142) of primary schools and 65% (21) of secondary schools)
- Reduce the number of young people not in education, employment or training to 5% or 864 young people (currently 5.7% in the financial year 2012/13)

B. Priorities for Adult Health and Social Care

Priority 5: Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential

Adults living with physical disability, learning disability, severe mental illness or another long-term condition consistently tell us that they want to be independent, to have choice and control so they are able to live "ordinary lives" as fully participating members of the wider community. This priority aims to support adults of working age to meet their full potential.

Both nationally and locally, people tell us that living ordinary lives means:

- Having improved access to information that supports choice and control
- Having improved access to housing and support
- Having improved access to employment, study, meaningful activity and involvement in the community and wider public life
- Having access to responsive, coherent services that help people manage their own care
- Having improved support for carers, to help them to help the people they care for to live as independently as possible

We are, therefore, proposing a series of targets which aim to:

- ensure that information is easy for service users to find
- increase the number of people with mental health conditions who are in employment
- ensure that people with long term conditions feel supported
- ensure people with severe mental health problems or learning disabilities receive good quality care for their physical health

Ensuring access to good health care for people with learning disabilities is a key priority for the board. We know this is an important issue for people with learning disabilities too. The physical health check target we have set, of at least 50% for adults with learning disabilities, is lower than we would like it to be, but the issue is complex and will take time to resolve. We think this is a realistic aim for 2012/13. We see this as a step in the right direction towards at least 60% by the end of 2013/14.

Targets for achievement during 2012/13 are:

Living and working well: Adults with long-term conditions, physical disability, learning disability or mental health problems living independently and achieving their full potential

- 75% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 72.4%)
- 15% of people with severe mental illness using secondary mental health services are in employment (currently 10.7%)
- 86% of people with a long-term condition feel supported to manage their condition (currently 84%)
- 95% of people living with severe mental illness will have an annual physical health check by their GP (currently 93.7%)
- 50% of people with learning disabilities will have an annual physical health check by their GP (currently 46%)

Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support

We know that living at home with dignity is key to the quality of life that older people want to enjoy and that older people and their carers require access to good quality information and advice.

We also know that the proportion of older people in the population continues to increase and that the cost of caring for older people increases markedly with age. This is true for both health care and social care.

In 2011/12 Oxfordshire had the highest level of delayed transfers of care from hospital in the country. All organisations are committed to improving the situation and one of the best ways of doing this is to provide services which help people to learn or re-learn the skills they need to live more independently and to prevent ill health. These services are called "reablement services". We are committed to offering these to more people.

For all these reasons our priority is to support older people to live at home whilst reducing the need for care and support. To achieve this some of the areas we would like to focus on jointly are better use of reablement; reducing the number of people permanently admitted to care homes; developing more integrated community services as per priority 7; providing additional extra-care housing units: developing transport options to enable people to get to services that support them and making sure older people find the information they need more easily.

Loneliness and social isolation are increasingly acknowledged as root causes of poor health and wellbeing and we know they influence people's choices about staying at home. More local information is needed to identify the key issues in this area for Oxfordshire.

Another key issue is the increase in the number of people with dementia who need access to newly emerging treatments. To enable us to develop high quality care for people with dementia we need to diagnose it earlier. Currently only 38% of people with dementia in Oxfordshire have a diagnosis. This is below the national average of 42% (within a national range of 27% - 59%). In Oxfordshire our ambition is for 60% of the expected population to have a diagnosis by 2014 but we need a staged approach to get there. This year we are therefore aiming for a step increase in performance to 50% of people with dementia in Oxfordshire to have a recorded diagnosis.

Targets for achievement during 2012/13 are:

Support older people to live independently with dignity whilst reducing the need for care and support

- A reduction in delayed transfers of care so that Oxfordshire's performance is out of the bottom quarter (current ranking is 151/151)
- No more than 400 older people per year to be permanently admitted to a care home from October 2012 (currently 546)
- 50% of the expected population with dementia will have a recorded diagnosis (currently 38%)
- 3,140 people will receive a reablement service (currently 1,812)
- Maintain the current high standard of supporting people at home with dignity as measured by people themselves (currently 91.6%).

- By the end of March 2013, commission an additional 130 Extra Care Housing places, bringing the total to 407 and by the end of March 2015 an additional 523 places, bringing the total number of places to 930
- 75% of older people who use adult social care say that they find information very or fairly easy to find (currently 73.8%)
- Review transport in the community to understand the best way of meeting community needs by June 2013

Priority 7: Working together to improve quality and value for money in the Health and Social Care System

Integrating the health and social care systems has been a goal of public policy for the past 40 years. The successful integration of health and social care offers important benefits e.g.

- Improved access to, experience of, and satisfaction with, health and social care services that place people at the centre of support.
- Development of different ways of working, including new roles for workers who work across health and social care.
- Ensuring that all health and social care providers deliver high quality safe services which ensure that those receiving their services are treated with dignity and respect.
- Ensuring people receive the right quality care, in the right place at the right time and achieve more efficient use of existing resources and a reduction in the demand on expensive health and social care services.

One objective is to deliver integrated community services between Oxford Health NHS Foundation Trust, Social and Community Services and other relevant providers. The first step is to deliver a joint single point of telephone access to be used by health and social care staff seeking to help prevent acute hospital admissions and facilitate hospital discharges. This will be followed by delivery of integrated assessments, integrated care plans and joined up care management by a single lead professional who will remain the main point of contact for the patient.

The County Council and Oxfordshire Clinical Commissioning Group are committed to work together to raise the quality and improve the value of health and social care services, as outlined in the targets below. This is what the people of Oxfordshire have said they want. Integrating health and social care is a priority because it gives us the chance to improve services, make better use of resources and meet the stated desires of the public.

Targets for achievement during 2012/13 are:

Working together to improve quality and value for money in the Health and Social Care System

- Deliver a joint single point of access to health and social care community services, provided by Oxford Health and Oxfordshire County Council by the 1st December 2012
- Deliver fully functioning, locality based and integrated health and social care services by March 2013
- A single Section 75 agreement to cover all the pooled budget arrangements by April 2013
- A joint older people's commissioning strategy covering both health and social care by April 2013
- Oxfordshire's Clinical Commissioning Group will be authorised by April 2013
- More than 60% of people who use social care services in Oxfordshire will say they are

very satisfied with their care and support (currently 59.4%)
- Achieve above the national average of people satisfied with their experience of hospital care (when the nationally sourced information for Oxfordshire is available)
- Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (when the nationally sourced information for Oxfordshire is available).
- Establish a baseline for measuring carer satisfaction of services by May 2013
- 800 carers' breaks jointly funded and accessed via GPs (currently 709)

C. Priorities for Health Improvement

Priority 8: Preventing early death and improving quality of life in later years

This priority aims to add years to life and life to years – something we all aspire to.
The biggest killers are heart disease, stroke and cancers. Some of the contributing factors to these diseases are beyond the influence of the individual or of health services but we can encourage healthier lifestyles and prevent disease through early detection and screening.

The following priorities for action are proposed:

- To reduce levels of smoking in the county by encouraging more people to quit, as smoking remains a major cause of heart disease and cancer.
- To boost our cancer screening programmes so that more people are protected, focusing on the new bowel cancer screening programme.
- To promote the new 'Health Checks' programme which offer adults a full health 'MOT' and looks at many lifestyle factors such as obesity, exercise, smoking, blood cholesterol levels ,diabetes, blood pressure and (soon), alcohol consumption.
- Reversing the rise in the consumption of alcohol is another priority of the Health and Wellbeing Board. It is being taken forward by the Oxfordshire Community Safety Partnership and progress will be monitored by the Health Improvement Board.

In addition to this, our work must focus on those who are most at risk. The Joint Strategic Needs Assessment shows that there are differences between different groups of people and different places in the County, with some faring better than others both in terms of their life expectancy and in their chances of living healthy lives into old age.

Targets for achievement during 2012/13 are:

Preventing early death and improving quality of life in later years

- 100 smoking quitters above the national target (the nationally set target for Oxfordshire is 3,476)
- 2,000 adults receiving bowel screening for the first time (meeting the challenging national target of 60% of 60-69 year olds every 2 years)
- 30,000 people invited for Health Checks for the first time (currently 25,000)

Priority 9: Preventing chronic disease through tackling obesity

After smoking, obesity is the biggest underlying cause of ill health. It can lead to high blood pressure, heart disease, stroke, diabetes, cancer and early death. It also increases immobility and makes any other disability more severe than it would otherwise be.

Director of Public Health annual reports show that there is an upward trend in prevalence of obesity in adults and children in Oxfordshire, though this is still slightly below the national level. Chronic disease associated with obesity, such as diabetes, is also increasing.

To tackle obesity we have set targets in the following areas:

Promoting breastfeeding
Breastfeeding gives the best start to life and has been proven to lead to fewer overweight children and adults. Increasing the number of breastfed babies is the foundation of an obesity strategy for the County. The national figure for breastfeeding prevalence at 6-8 weeks is 47% but in Oxfordshire we are setting a stretching target of 60% and aiming to address inequalities issues.

Halting the increase in childhood obesity
Children in Reception class and Year 6 are weighed and measured every year and results show that around 8% of reception year and 15% of Year 6 children are obese. This feeds through into ever increasing levels of obesity in young adults. Making parents aware of problems early helps them to take action if they choose to. Healthy eating initiatives are part of the approach. Levels of obesity are also linked to social deprivation, with more deprived parts of the County showing higher rates of obesity, so some targeting of effort is called for here too.

Promoting physical activity in adults
Physical activity is an important component of maintaining a healthy weight for all ages and there is local encouragement here, with Oxfordshire topping the latest 'Active People' survey as the sportiest and most active county in England. The survey showed that 26% of the population participate in regular activity each week. Maintaining this position will be critical to good health in the County. Regular participation in physical activity will also have an impact on mental wellbeing.

Targets for achievement during 2012/13 are:

Preventing chronic disease through tackling obesity

- Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2011 this was 14.9%)
- 60% of babies are breastfed at 6-8 weeks of age (currently 58.4%)
- 5,000 additional physically active adults (2010/11 information will be available in July 2012)

Priority 10: <u>Tackling the broader determinants of health through better housing and preventing homelessness</u>

Housing and health are intimately connected and inextricably linked. Having a home, living in good housing conditions and in a good neighbourhood with the right kind of support, are vital ingredients to health and well-being.

There are several ways in which housing issues impact on health, including the following:

- 'Fuel poverty' affects people of all ages and in all types of housing. Having a poorly heated home shows itself in greater incidence of respiratory disease, allergies, asthma and risk of hypothermia. Excess winter deaths are directly related to poor energy efficiency in houses

- Homeless people die earlier and suffer worse health than people with a stable home. The threat and experience of homelessness also has an impact on mental wellbeing.
- Safe, secure housing contributes to improving health outcomes. Some vulnerable people need support to maintain their tenancies and live ordinary lives as fully participating members of the wider community. This is an essential ingredient for preventing ill health and homelessness.

These housing issues all have to be tackled in partnership.

Work to determine the specific focus for this priority and to identify and recommend outcomes and indicators is underway. This work is building on existing initiatives and taking account of changes in national policy and local structures.

It is likely that the process indicators shown in the box below will be agreed through the Health Improvement Board as the focus for this work. By 2013-14 more specific outcome measures will be defined.

Tackling the broader determinants of health through better housing and preventing homelessness. (specific targets for this section are to be set following a forthcoming workshop)

- A reduction in the number of households at risk of fuel poverty though use of improvement grants and enforcement activity
- Action to prevent homelessness and ensure a joint approach in times of change.
- New arrangements for partnership work to ensure vulnerable people are supported to remain in appropriate accommodation e.g. young people, victims of domestic violence, offenders and other adults with complex needs.

Priority 11: **Preventing infectious disease through immunisation**

Immunisation is the most cost-effective medical public health intervention. Levels of immunisation for childhood diseases in Oxfordshire continue to improve but it is imperative that this is maintained. Constant vigilance is needed to make sure that individual children have access to immunisation. This means working closely with GPs, community nurses and individual families.

The Oxfordshire Joint Strategic Needs Assessment shows high levels of coverage but some targets are still not being met and there are early signs that our high rates have begun to slip a little. The leadership for these services will change profoundly during the next year and maintaining our current position will be a real challenge.

We are proposing priorities for improving immunisation levels across the board, focusing on childhood immunisation, immunisation of teenage girls to protect against cervical cancer and flu vaccinations in the elderly.

Targets for achievement during 2012/13 are:

Prevent infectious disease through immunisation

- 8,000 children immunised at 12 months, maintaining the high coverage (this means we will meet the challenging national target of 96.5%)
- 7,700 children vaccinated against Measles Mumps and Rubella (MMR) by age 2 (this means we will meet the ambitious national target of 95%)

- 7,300 children receiving MMR booster by age 5 (meeting the ambitious national target of 95%)
- 3,000 girls receiving Human Papilloma Virus vaccination to protect them from cervical cancer (meeting the national target of 90% of 12-13 year old girls)
- 80,000 flu vaccinations for people aged 65 or more (meeting the national target of 75% of people aged 65+)

Annex 1: Summary of Priorities for the Oxfordshire Health and Wellbeing Strategy

Children and Young People

Priority 1: All children have a healthy start in life and stay healthy into adulthood
Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups
Priority 3: Keeping all children and young people safer
Priority 4: Raising achievement for all children and young people

Adult Health and Social Care

Priority 5: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support

Priority 7: Working together to improve quality and value for money in the Health and Social Care System

Health Improvement

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

Annex 2: Glossary of Key Terms

Terms

Carer	Someone of any age who looks after a relative, partner, friend or neighbour who has an illness, disability, frailty, or addiction. The help they provide is not paid for as part of their employment.
Child Poverty	Children are said to be living in relative income poverty if their household's income is less than 60 per cent of the median national income.
Child Protection Plan	The plan details how a child will be protected and their health and development promoted.
Commissioning	The process by which the health and social care needs of local people are identified, priorities determined and appropriate services purchased.
Delayed Transfer of Care	The national definition of a delayed transfer of care is that it occurs when a patient is medically fit for transfer from a hospital bed, but is still occupying a hospital bed.
Director of Public Health Annual Report	http://www.oxfordshirepct.nhs.uk/about-us/publications/public-health-annual-report.aspx
Extra Care Housing	A self-contained housing option for older people that has care support on site 24 hours a day.
Fuel Poverty	Households are considered by the Government to be in 'fuel poverty' if they would have to spend more than 10% of their household income on fuel to maintain an adequate level of warmth.
Joint Health and Wellbeing Strategy	The strategy is the way of addressing the needs identified in the Joint Strategic Needs Assessment and to set out agreed priorities for action.
Joint Strategic Needs Assessment (JSNA)	A tool to identify the health and wellbeing needs and inequalities of the local population to create a shared evidence base for planning.
Local Involvement Network (LINk)	Oxfordshire LINk is made up of individuals and community groups who care about our health and social care services and work together to make improvements. http://oxfordshirelink.org.uk/
Not in Education, Employment or Training (NEET)	Young people aged 16 to 18 who are not in education, employment or training are referred to as

	NEETs.
Oxfordshire Clinical Commissioning Group	The Oxfordshire Clinical Commissioning Group is the new organisation in Oxfordshire that has the responsibility to plan and buy (commission) health care services for the people in the County. It is currently in shadow form until it takes over from Oxfordshire Primary Care Trust in April 2013.
Oxfordshire's Safeguarding Children Board	Representatives from the main statutory agencies who ensure there are suitable robust arrangements for protecting children in Oxfordshire.
Pooled budget	A mechanism by which the partners to the agreement bring money to form a discrete 'fund'. The purpose and scope of the fund is agreed at the outset and then used to pay for the services and activities for the relevant client group.
Quality Assurance Audit	A process that helps to ensure an organisation's systems are in place and are being followed.
Reablement	A service for people to learn or relearn the skills necessary for daily living.
Secondary Mental Health Service	Services for adults with more severe mental health problems and needs requiring the specialist skills and facilities of mental health services.
Section 75 agreement	An agreement made under section 75 of National Health Services Act 2006 between a local authority and PCT(s), NHS trusts or NHS foundation trusts. This can include arrangements for pooling resources and delegating certain functions to the other partners if it would lead to an improvement in the way those functions are exercised.
Thriving Families Programme	A national programme which aims to turn around the lives of 'Troubled' families by 2015.
Transition	This is the process through which a person with special needs transfers from children's services to adults services.