JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
1 MAY 2014

Oxfordshire Joint Health and Wellbeing Strategy 2014-15

Purpose

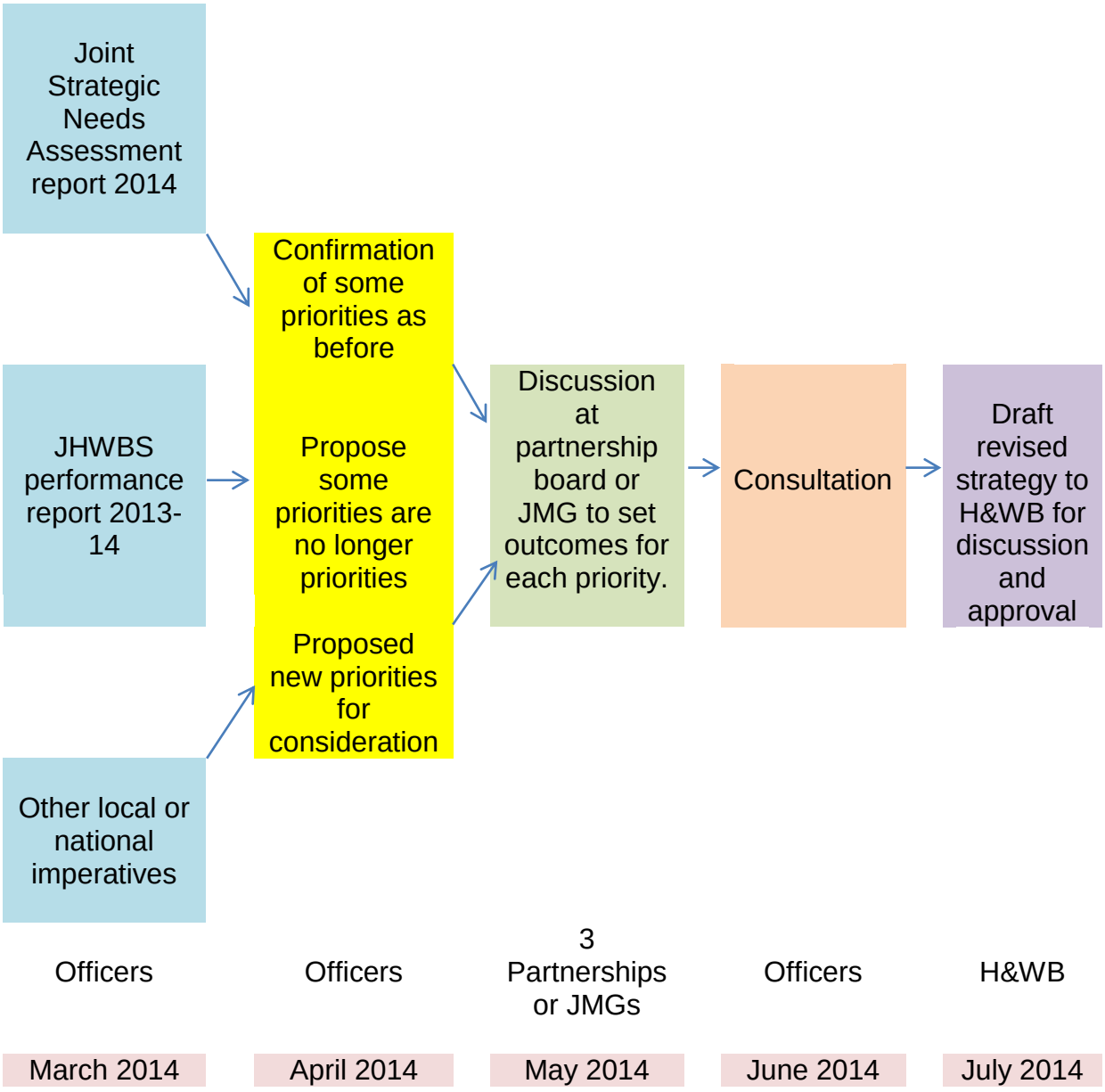
1. To update the committee on the process for refreshing the Joint Health and Wellbeing Strategy, and to consider indicators and measures for 2014/15.

Introduction

2. The Joint Health and Wellbeing Strategy for Oxfordshire is revised annually to take account of findings from the Joint Strategic Needs Assessment, performance issues and other national or local imperatives. The Strategy is a key document for all partners and sets out priorities which are agreed following consideration of the following questions:

    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 most important following consultation with the public?

A process for revising the Joint Health and Wellbeing Strategy (JHWBS)



Findings from the Joint Strategic Needs Assessment

3. An annual report from data collections and analysis carried out as a Joint Strategic Needs Assessment was presented to the Health and Wellbeing Board (H&WB) in March 2014. Following feedback the report is currently being amended to include additional information about mental health issues. The report can be seen in full via this link: http://insight.oxfordshire.gov.uk/cms/jsna-2014.

4. The Executive Summary is included as Appendix 1

Current Priorities and indicators in the Joint H&WB Strategy

5. The current priorities and the indicators which are used for performance management at each meeting of the Health and Wellbeing Board are set out in Appendix 2. Baselines at the beginning of 2013-14 are given for each indicator. Full details of performance on each of these indicators is not given in this paper but the report to the March Board meeting can be seen here: http://mycouncil.oxfordshire.gov.uk/documents/s24543/HWB_MAR1314R06.doc.pdf

Initial ideas for revision of the JHWBS

6. It is likely that the revised version of the JHWBS may include:
    a. Better Care Fund – indicators so that progress can be measured in implementing joint plans. There is already close alignment between the nationally set measures and the JHWBS, and we will ensure total alignment as part of the refresh. Issues raised by Healthwatch Oxfordshire as a result of their recent reviews
    b. Partnership issues that are included in the Clinical Commissioning Group 5 year Strategy
    c. Other priorities raised by members of the Partnership Boards or Joint Management Groups or through the period of consultation.

Recommendations

The Committee is RECOMMENDED to:

(a) consider and comment on the process which has been put in place to refresh the priorities in the JHWBS; and to note that a report will be submitted to the 3 July 2014 meeting which will include the draft JHWBS to be presented to the Health and Wellbeing Board on 17 July 2014; and

(b) comment on the current priorities as set out in Appendix 2 of the report together with the indicators currently used to measure progress / demonstrate improvement: and to note that any suggestions and comments for changing and developing the current list of priorities and indicators will be noted as part of the revision process.

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Background Papers: None

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Appendix 1
Annual report on the Oxfordshire Joint Strategic Needs Assessment

Executive Summary

The analysis presents a picture of an increasingly diverse county, which is, in the most part, a relatively healthy and prosperous place to live. However, it is clear that certain areas of the county experience less benign conditions which are associated with poorer health and wellbeing outcomes. These areas tend to be in the more economically deprived parts of South East Oxford and Banbury but include parts of Abingdon, Berinsfield, and Didcot.

The county's population is growing. This is due to increased inward migration, particularly in the urban hubs of Oxford and Banbury, and the increasing life expectancy of the existing population, particularly in the rural areas of the county. The mini baby boom of the past ten years, which has seen numbers of children increasing year on year, is forecast to level off, stabilising demand for early years provision and schools over the next ten years following a further increase in the immediate future.

The proportion of older people is likely to continue increasing and this will have implications for service demand. Recently, demand for both Children's and Adult Social care has been increasing at a faster rate than even that which would be expected by population growth, suggesting that previously unmet need is coming forward.

Disability free life expectancy is increasing at a faster rate than life expectancy, meaning that not only are people living longer, in the future they might be expected (at the population level) to be living in good health and free of disability for longer towards the end of their lives. This is particularly true for the male population but will need further monitoring to see if it is a sustained trend, and if so what the implications are.

Data on mortality and morbidity suggest that Oxfordshire residents are less likely than those of the wider region to die early from cancers and circulatory diseases but that the identification of cancers is above the regional rate.

Assessment data for older people accessing Self-Directed Support gives a picture of the kinds of needs and disabilities people have at the point when they access care. Analysis has shown that close to one third of older people on Self-Directed Support have dementia, with the proportion being highest among people in the 80-94 age band. For service users over the age of 95 the most common disabling condition was arthritis.

In line with the growing population, as well as shifts in the way people are accessing them, some services are seeing significant challenges in meeting demand. This can be seen in the increasing demand around delayed transfers of care, the proportion of A&E waits which take more than 4 hours, and the increasing demand for adult and children's social care.

Feedback from service users has emphasised the importance of giving clients control over their daily lives including their care choices. Consultation feedback has also highlighted the difficulties people find in accessing up to date information and advice on the care options available.

Limitations of the data and areas for future development

The identified trends in life expectancy and disability free life expectancy are two of a number of factors which should be considered when projecting who will use services in the future. The analysis of rising demand in social care for older people suggests that a large proportion of the people who might be eligible for social care do not currently access services, but that this picture may be changing. Any estimates of population level demand must consider the fact that previously unmet need may come forward creating further pressures on services. Work is already underway with the London School of Economics to develop a more textured model of future demand for adult social care.

Much of the available data does not allow detailed analysis of health outcomes by particular client characteristics – e.g. age, ethnicity, or local level geographies. This makes it difficult to identify areas where inequalities of outcome exist. In addition, the separate nature of health and social care records limits the ability to analyse patient pathways and understand complex needs in the service user population.

Appendix 2
Current Priorities and Measures in the Joint Health and Wellbeing Strategy

Children and Young People

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

Outcomes for 2013-14

1.1 Increase percentage of women who have seen a midwife or maternity health care professional by 13 weeks of pregnancy from 90% to 92% by end March 2014.
1.2 Ensure that at least 90% of children aged 2-2.5 years old receive a Health Visitor review (currently 90%)
1.3 Reduce the rate of emergency admissions to hospital with infections for under 18's from 177.5 per 10,000 to 159.8 per 10,000
1.4 By March 2014 we will have developed a joint measure(s) that will demonstrate the impact of services on the mental health and wellbeing of school age children.

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

Outcomes for 2013-14

2.1 Increase the take up of free early education for eligible 2 year olds in 2013/14 to 1080 (from 1050 in 12/13)
2.2 Increase the take up of free early education for 2 year-old Looked After children to 80% (currently at 8% - 2/24)
2.3 Maintain the improved rate of teenage conceptions (currently at 23.3 women aged 15-17 per 1000 - in quarter 1 of 2012 this was 65 conceptions)
2.4 Maintain the current low level of persistent absence from school for looked after children (2012 persistent absence figures were supressed by the Department for Education, however they indicated that the number of children was small, i.e. less than 4%).
2.5 Maintain the number of looked after children permanently excluded from school at zero.
2.6 Establish a baseline of all children who are persistently absent from school who are also receiving a service from any of the County Council targeted children's services (e.g. Early Intervention Hubs and Children's Social Care)
2.7 Establish a baseline of children and young people on the autistic spectrum who have had an exclusion from school (over a school year) and work to reduce this number in future years.
2.8 Identify, track and measure the outcomes of all 810 families in Oxfordshire meeting the national Troubled Families criteria (improve attendance and behaviour in school; reduce anti-social behaviour and youth offending; increase adults entering work)
2.9 Improve the free school meals attainment gap at all key stages and aim to be in line with the national average by 2014 KS2: 16.8% points; KS4 26% points (currently the free school meal attainment gap in Oxfordshire is in line or above the gap nationally in all key stages)

Priority 3: **Keeping all children and young people safe**
Outcomes for 2013-14

3.1 Maintain the reduction in risk for victims of domestic abuse considered to be high risk to medium or low through Multi-Agency Risk Assessment Conferences (currently 85% for 2012/13 based on a single-agency assessment by the Independent Domestic Violence Advisor Service)

3.2 Every child considered likely to be at risk of Child Sexual Exploitation (identified using the CSE screening tool) will have a multi-agency plan in place

3.3 Reduce prevalence of Child Sexual Exploitation in Oxfordshire through quarterly reporting on victims and perpetrators to the Child Sexual Exploitation sub group of the Oxfordshire Safeguarding Children's Board.

3.4 Reduce the episodes/incidents of children and young people who go missing from home (from 1130 episodes involving 654 children in 2012)

3.5 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

Priority 4: **Raising achievement for all children and young people**
Outcomes for 2013-14

4.1 Increase the number of funded 2-4 year olds attending good and outstanding early years settings to 83% or 8870 children (currently 80.5% or 8600 children)

4.2 80% (5700) of children will achieve Level 2b or above in reading at the end of Key Stage 1 of the academic year 2012/13 (currently 78% or 5,382 children for the academic year 2011/12)

4.3 80% (4800) of children at the end of Key Stage 2 will achieve Level 4 or above in reading, writing and maths (currently 78% or 4800 children)

4.4 61% (3840 children) of young people achieve 5 GCSEs at A*-C including English and Maths at the end of the academic year 2012/13 (currently 57.9% or 3474 children)

4.5 At least 70% (4400 children)) of young people will make the expected 3 levels of progress between key stages 2-4 in English and 72%(4525 children) in Maths (currently 65% or 3800 young people for English and 71% or 4170 young people for Maths)

4.6 Increase the proportion of pupils attending good or outstanding primary schools from 59% (29,160) to 70% (34,590) and the proportion attending good or outstanding secondary schools from 74% (26,920) to 76% (27,640) (currently 67% primary and 74% secondary).

4.7 Of those pupils at School Action Plus, increase the proportion achieving 5 A* - C including English and Maths to 17% (70 children) (currently 7% or 30 children)

4.8 Reduce the persistent absence rates in primary schools to 2.6% (1070 children) and secondary schools to 7.2% (2250 children) by the end of 2012/13 academic year. (The current rates are 3.0% or 1233 children for primary schools and 8.0% or 2500 children for secondary schools)

4.9 Reduce the number of young people not in education, employment or training to 5% (870 children) (currently 5.4% or 937 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

Outcomes for 2013-14

5.1 75% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 69%, 129 of 186 responses)

5.2 Maintain the proportion of people with a long-term condition who feel supported to manage their condition at 85%.

5.3 100% patients with schizophrenia are supported to undertake a physical health assessment during 2013/14 (this is a new indicator and the baseline will be established this year)

5.4 At least 60% of people with learning disabilities will have an annual physical health check by their GP (currently 45.7%)

5.5 Maintain the high number of people with a learning disability who say they have seen their GP in the last 12 months at over 90% (currently 93%, 223 of 241 respondents for 2012/13)

5.6 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages (baseline rate of 1012.6 per 100,000)

5.7 Reduce unplanned hospitalisation for chronic conditions that can be actively managed (such as congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension) for people of all ages (baseline rate of 490.5 per 100,000)

5.8 Provide autism awareness training for an additional 500 front line health and social care workers in Oxfordshire (1000 have been trained since 2011/12)

5.9 Develop a measure of how effectively people with mental health needs are supported to find and stay in employment by March 2014, based on the relative severity of people's illness.

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

Outcomes for 2013-14

6.1 Reduce the number of patients delayed for transfer or discharge from hospital so that Oxfordshire's performance is out of the bottom quartile (current ranking is 151/151)

6.2 Reduce the average number of days that a patient is delayed for discharge from hospital (baseline and target to be confirmed following audit in summer 2013)

6.3 Reduce the number of emergency admissions to hospital for older people aged 60+ (from 25,538 in 2012/13)

6.4 Develop a model for matching capacity to demand for health and social care, to support smooth discharge from hospital, by September 2013

6.5 No more than 400 older people per year to be permanently admitted to a care home (currently 582)

6.6 By September 2013, review and redesign the range of community services that support people to live independently at home, receive good quality local support of their choice when needed and to help avoid getting into a crisis situation, and

implement a way of monitoring waiting times for health and social care services at home that provide support in an emergency.

6.7 Increase the proportion of older people with an ongoing care package supported to live at home from 60% to 63% (currently 2122 of 2537 clients)

6.8 60% of the expected population (4251 of 7086 people) with dementia will have a recorded diagnosis (currently 49.6% or 3516 people)

6.9 Set up a network of dignity and dementia champions in care homes so that by March 2014 90% of care homes (95 of 105) in the county have a champion (baseline zero as this is a new initiative)

6.10 3500 people will receive a reablement service (currently 2197)

6.11 Increase proportion of people who complete reablement who need no on-going care from 50% to 55% (was 426 of 858 Oct to March, would be 1484 of 2698 based on current numbers)

6.12 Maintain the current high standard of supporting people at home with dignity as measured by people themselves (currently 89.9%, 246 of 274 respondents).

6.13 Increase the proportion of older people who use social care who reported that they have adequate social contact or as much social contact as they would like to 81.2% (currently 80.4%, 229 of 285 respondents).

6.14 Ensure an additional 523 Extra Care Housing places by the end of March 2015, bringing the total number of places to 930

6.15 Produce an analysis of demand for alternative housing options for older people within Oxfordshire to inform future targets and planning by September 2013

6.16 Maintain the high number of older people who use adult social care and say that they find information very or fairly easy to find (currently 77.7%, 146 of 188 respondents for adult social care)

6.17 Bereaved carers' views on the quality of care the person they cared for received in the last 3 months of life (baseline and target to be confirmed as awaiting national figures – these are due in September 2013)

6.18 Increase the proportion of adults who use social care that say they receive their care and support in a timely way to 85% (currently 214 of 259 – 83%)

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

Outcomes for 2013-14

7.1 Implement a joint plan for fully integrated health (community and older adult's mental health) and social care services in GP locality areas by March 2014, leading to improved outcomes for individuals.

7.2 Agree an expanded and genuinely pooled budget for older people by July 2013

7.3 Achieve above the national average of people very satisfied with the care and support they receive from adult social care (currently 62.4% against a national figure of 63.7% for 2012/13)

7.4 Achieve above the national average of people satisfied with their experience of hospital care (currently 78.7% against national figure of 75.6% for 2012/13)

7.5 Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (currently 91% against national figure of 87% for 2012/13)

7.6 Increase the number of carers known and supported by adult social care by 10% to 15,265 (currently 13,877 are known so this would represent an additional 1,388)

7.7 880 carers breaks jointly funded and accessed via GPs (currently 881)

Health Improvement

Priority 8: **Preventing early death and improving quality of life in later years**
Outcomes for 2013-14

8.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years)
8.2 Number of invitations sent out for NHS Health Checks to reach the target of 39,114 people aged 40-74 in 2013-14 (Invitations sent in 2012-13 = 40914 as more people were eligible in 2012-13)
8.3 At least 65% of those invited for NHS Health Checks will attend (ages 40-74)
8.4 At least 3800 people will quit smoking for at least 4 weeks (last year target 3676, actual 3703)

Priority 9: **Preventing chronic disease through tackling obesity**
Outcomes for 2013-14

9.1 Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2012 this was 15.6%)
9.2 Increase to 62.2% the percentage of adults who do at least 150 minutes of physical activity a week. (Baseline for Oxfordshire 61.2% 2011-12)
9.3 65% of babies are breastfed at 6-8 weeks of age (currently 59.1%)

Priority 10: **Tackling the broader determinants of health through better housing and preventing homelessness**
Outcomes for 2013-14

10.1 The number of households in temporary accommodation on 31 March 2014 should be no greater than the level reported in March 2013 (baseline 216 households in Oxfordshire)
10.2 At least 75% of people receiving housing related support will depart services to take up independent living.
10.3 At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless (baseline 2012- 2013 when there were 2468 households known to services, of which 1992 households were prevented from becoming homeless. 1992/2468 = 80.7%)
10.4 Fuel poverty outcome to be determined in Sept 2013

Priority 11: **Preventing infectious disease through immunisation**
Outcomes for 2013-14

11.1 At least 95% children receive dose 1 of MMR vaccination by age 2 (currently 95%)
11.2 At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.7%)
11.3 At least 55% of people aged under 65 in “risk groups” receive flu vaccination (currently 51.6%)
11.4 At least 90% 12-13 year old girls receive all 3 doses of human papilloma virus vaccination (currently 88.1%).