

**OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE
3 July 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 discuss proposed outcomes for 2014/15.

Introduction

2. As reported in May, 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?
3. The Oxfordshire Health and Wellbeing Board recognise the need to set ambitious targets in the Joint Health and Wellbeing Strategy. This enables the Board members to see progress in addressing important and sometimes difficult issues that need the attention of more than one organisation. Each meeting of the Health and Wellbeing Board includes presentation and discussion on performance for this wide ranging list of outcomes linked to each priority.
4. In order to update the strategy for the year ahead, each of the partnership boards (Adult Health & Social Care, Children & Young People and Health Improvement Boards) will propose new outcomes. They have been reviewing performance against the outcomes set for 2013-14 along with the findings set out in the Joint Strategic Needs Assessment. These proposals will be included in a revised draft Joint Health and Wellbeing Strategy which will be discussed at the Health and Wellbeing Board on July 17th
5. The agreed Joint Health and Wellbeing Strategy will then be published and progress in bringing about change will be monitored closely throughout the year.

Discussion

6. Members of the Health Overview and Scrutiny Committee are invited to comment on the draft proposals before they are published for the Health and Wellbeing Board meeting. These proposals are attached as Appendix A.

Jackie Wilderspin
Public Health Specialist
Manager
Oxfordshire County Council

Ben Threadgold
Policy & Performance Service
Oxfordshire County Council

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Appendix A
Proposed updates to the Oxfordshire Joint Health and Wellbeing Strategy
2014-15

A. Children and Young People Partnership Board

Priority 1 All children have a healthy start in life and stay healthy into adulthood (Children and Young People Board)

Proposed outcomes for 2014-15	<p>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%.</p> <p>1.2 Reduce the rate of emergency admissions to hospital with infections, maintaining low rates through 2014-15 (currently 152.2 per 10,000)</p>
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Priority 2 Narrowing the gap for our most disadvantaged and vulnerable groups (Children and Young People Board)

Proposed outcomes for 2014-15	<p>2.1 Increase the take up of free early education for eligible 2 year olds in 2014/15 to 1800 (from 1036 in 13/14)</p> <p>2.2 Increase the take up of free early education for 2 year-old Looked After children to 80%</p> <p>2.3 Maintain the current low level of persistent absence from school for looked after children. Target for 2013-14 academic year is 3.3%. A target for the 2014/15 academic year will be set in the autumn term.</p> <p>2.4 Maintain the number of looked after children permanently excluded from school at zero.</p> <p>2.5 Reduce the proportion of children in need who are persistently absent from school from 19.8% (baseline in 2012/13 academic year)</p> <p>2.6 Establish a baseline of children and young people on the autistic spectrum who have had an exclusion from school (for the year 2013/14)) and work to reduce this number in the 2014/15 academic year.</p> <p>2.7 Identify, track and measure the outcomes of all 810 families in Oxfordshire through the Thriving Families Programme, working with 90% of identified families and turning around 80% of families.</p> <p>2.8 Improve the free school meals attainment gap at all key stages and aim to be in line with the national average by 2014 (currently the free school meal attainment gap in Oxfordshire is in line or above the gap nationally in all key stages)</p>
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Priority 3 Keeping all children and young people safe (Children and Young People Board)

Proposed outcomes for 2014-15	<p>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 83% for 2013-14 based on a single-agency assessment by the Independent Domestic Violence Advisor Service. In</p>
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	<p>addition establish the baseline for a new multi-agency measure over 2014-15</p> <p>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</p> <p>3.3 Reduce prevalence of Child Sexual Exploitation in Oxfordshire – a new indicator is to be discussed and proposed following Quality Assurance</p> <p>3.4 Monitor the number of children who go missing and the proportion who go missing 3 or more times within a 12 month period.</p> <p>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 services; early intervention services; services provided by the police. A new indicator is to be discussed and proposed following Quality Assurance</p>
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**Priority 4 Raising achievement for all children and young people
(Children and Young People Board)**

<p>Proposed outcomes for 2014-15</p>	<p>4.1 Increase the number of funded 2-4 year olds attending good and outstanding early years settings to 85% (currently 83%)</p> <p>4.2 86% of children will achieve Level 2b or above in reading at the end of Key Stage 1 of the academic year 2013/14 (currently 81% or 5,791 children for the academic year 2012/13)</p> <p>4.3 80% (or 4800) of children at the end of Key Stage 2 will achieve Level 4 or above in reading, writing and maths (currently 78% or 4666 children)</p> <p>4.4 63% of young people achieve 5 GCSEs at A*-C including English and Maths at the end of the academic year 2013/14 (currently 61% or 3840 children)</p> <p>4.5 At least 72% (4400 children)) of young people will make the expected 3 levels of progress between key stages 2-4 in English and at least 73%(4400 children) in Maths (currently 71% for English and 72% for Maths)</p> <p>4.6 Increase the proportion of pupils attending good or outstanding primary schools from 73% to 75% and maintain the proportion attending good or outstanding secondary schools at 87% (currently 73% primary and 87% secondary).</p> <p>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 10% or 30 children)</p> <p>4.8 Reduce the persistent absence rates in primary schools to 2.8% and secondary schools to 6.7% by the end of 2013/14 academic year. (The current rates are 3.2% for primary schools and 7.4% for secondary schools)</p> <p>4.9 Reduce the number of young people not in education, employment or training to below 4% (currently 4.7% or 937 young people). Reduce the number of young people whose NEET status is not known to less than 8% (currently 11%)</p>
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B. Adult Health and Social Care Partnership Board

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 (Adult Health and Social Care Board)

<p>Proposed outcomes for 2014-15</p>	<p>5.1 1800 people to receive information and advice about areas of support as part of community information networks</p> <p>5.2 Support for people with a long-term condition who feel supported to manage their condition – new indicator to be proposed by CCG</p> <p>5.3 Support to people with mental health conditions to have improved physical health – new measure to be confirmed by CCG</p> <p>5.4 Access to psychological therapies to be improved so that more than 50% of people who have completed treatment having attended at least 2 treatment contacts are moving to recovery.</p> <p>5.5 At least 60% of people with learning disabilities will have an annual physical health check by their GP (baseline tbc)</p> <p>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 951.4 per 100,000)</p> <p>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 565.4 per 100,000)</p> <p>5.8 Possible new indicator to be added on mental health delayed discharge. tbc</p>
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Priority 6 Support older people to live independently with dignity whilst reducing the need for care and support (Adult Health and Social Care Board)

<p>Proposed outcomes for 2014-15</p>	<p>6.1 Delayed transfers of care to be reduced according to the targets in the Better Care Fund plan measured in delayed days per 100,000 population (average per month)</p> <p>6.2 Reduce the number of emergency admissions to hospital for older people (aged 65+) per 100,000 population (average per month) (baseline 23,389)</p> <p>6.3 Reduce the number of permanent admissions of older people (aged 65+) to residential and nursing care homes, per 100,000 population to 546 in 2014/15</p> <p>6.4 Increase the proportion of older people (aged 65+) with an ongoing care package supported to live at home to 61.9% by April 2015</p> <p>6.5 60% of the expected population (4251 of 7086 people) with dementia will have a recorded diagnosis (currently 44.2% or 3516 people)</p> <p>6.6 Increase the number of people referred to reablement from their own home (as opposed to a hospital stay) to 1875 in 2014/15 from a baseline of 881 in 2012/13</p> <p>6.7 Increase the proportion of older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services to 80% by April 2015</p>
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	<p>6.8 Increase the number of providers in Oxfordshire who are rated by the CQC as compliant in terms of treating people with respect.</p> <p>6.9 Include the Better Care Fund national patient / Service User experience measure once this is developed.</p> <p>6.10 Ensure an additional 523 Extra Care Housing places by the end of March 2015, bringing the total number of places to 930</p> <p>6.11 A measure of bereaved carers views on end of life care will be added when it has been developed.</p>
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**Priority 7 Working together to improve quality and value for money in the Health and Social Care System
(Adult Health and Social Care Board)**

Proposed outcomes for 2014-15	<p>7.1 A measure of how the County Council and Clinical Commissioning Group and Oxford Health FT are responding to Better Care Fund national conditions for shared care coordination, 7 day access and accountable lead professionals will be added</p> <p>7.2 A national measure of patient / service user experience will be added once developed (in line with the Better Care Fund)</p> <p>7.3 Increase the number of carers known and supported by adult social care by 10% to 17,000 (currently 15,475 are known)</p> <p>7.4 At least 880 carers breaks jointly funded and accessed via GPs (currently 880)</p>
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C. Health Improvement Partnership Board

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Proposed outcomes for 2014-15	<p>8.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years) and an equity audit should be conducted to ensure all population groups are responding. Responsible Organisation: NHS England</p> <p>8.2 Of people aged 40-74 who are eligible for health checks at least 15% are invited to attend during the year. No CCG locality should record less than 15% and all should aspire to 20%. Responsible Organisation: Oxfordshire County Council</p> <p>8.3 At least 66% of those invited for NHS Health Checks will attend (ages 40-74) and no CCG locality should record less than 50% with all aspiring to 66% Responsible Organisation: Oxfordshire County Council</p> <p>8.4 At least 3800 people will quit smoking for at least 4 weeks. Report the baseline for women smoking in pregnancy in Oxfordshire. Responsible Organisation: Oxfordshire County Council</p> <p>8.5 The 2014-15 target for opiate users successfully leaving treatment tbc Responsible Organisation: Oxfordshire County Council</p> <p>8.6 The 2014-15 target for non-opiate users successfully leaving treatment tbc Responsible Organisation: Oxfordshire County Council</p>

**Priority 9 Preventing chronic disease through tackling obesity
(Health Improvement Board)**

**Proposed
outcomes for
2014-15**

- 9.1 Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2013 this was 15.2%) No district population should record more than 19% **Responsible Organisation: Oxfordshire County Council**
- 9.2 Change the physical activity indicator to reflect the number of people who are NOT physically active and set an outcome to reduce this rate. The latest Active People Survey reported that 116,943 aged 16 or older are termed sedentary (doing less than 30 minutes of activity per week). This is a rate of 22.2% against 28.5% nationally. Oxfordshire Sports Partnership have a target of 38000 People no longer inactive by 2017 - moving 1% of the population from zero to doing something per week.
Responsible Organisation: District Councils through the Sports Partnership
- 9.3 63% of babies are breastfed at 6-8 weeks of age (currently 60.4%) and no individual health visitor locality should have a rate of less than 50% **Responsible Organisation: NHS England and Clinical Commissioning Group**

**Priority 10 Tackling the broader determinants of health through better housing and preventing homelessness
(Health Improvement Board)**

**Proposed
outcomes for
2014-15**

- 10.1 The number of households in temporary accommodation on 31 March 2015 should be no greater than the level reported in March 2014 (baseline 197 households in Oxfordshire in 2013-14)
Responsible Organisation: District Councils
- 10.2 At least 75% of people receiving housing related support will depart services to take up independent living (baseline 83.9%).
Responsible Organisation: Oxfordshire County Council
- 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 81% in 2013- 2014 when there were 2837 households known to services). This can now be reported 6 monthly. **Responsible Organisation: District Councils**
- 10.4 To establish a baseline of the number of households in Oxfordshire, who have received significant increases in the energy efficiency of their homes or their ability to afford adequate heating, as a result of the activity of the Affordable Warmth Network and their partners. It is hoped that an aspirational baseline target of 550 households will be reached. **Responsible Organisation: Affordable Warmth Network.**

**Priority 11 Preventing infectious disease through immunisation
(Health Improvement Board)**

**Proposed
outcomes for
2014-15**

11.1 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 95.8%) and no CCG locality should perform below 94% **Responsible Organisation: NHS England**

11.2 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 93.7%) and no CCG locality should perform below 94% **Responsible Organisation: NHS England**

11.3 – At least 55% of people aged under 65 in “risk groups” receive flu vaccination (currently 55%) **Responsible Organisation: NHS England**

11.4 HPV targets - to be advised by Public Health Protection Forum