Oxfordshire's Joint Health & Wellbeing Strategy

2012 - 2016

Final Version July 2012,
Revised July 2013 and June 2014

Oxfordshire Clinical Commissioning Group

healthwatch Oxfordshire

OXFORDSHIRE COUNTY COUNCIL

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1. Foreword to the Revised Version of this strategy, July 2014

This revision of our joint strategy leads us into a third year of work together in Oxfordshire through the Health and Wellbeing Board. In the last year, now with statutory status, we have continued to build on the foundations we laid as a shadow board and have demonstrated progress in a wide range of areas. Working arrangements have bedded down, relationships have grown and our focus on improving health outcomes for the people of Oxfordshire has continued. Oxfordshire Healthwatch is very well established and continues to add a valuable contribution to the work of the Board.

We made good progress in 2013-14. Our approach of setting outcomes for all our Health and Wellbeing priorities and for receiving updates on performance each time we meet is working well. It has enabled us to keep our focus on the issues that matter and to drive improvement.

We have made progress on several issues during the year, including

- There have been improvements in the take up of free early education for eligible 2 years olds;
- Teenage pregnancy rates continued to fall;
- The "Thriving Families" programme has worked with over 800 families;
- We took more steps forward in establishing integrated, patient-centred services;
- The number of hospital admissions for acute conditions that would not normally require hospital admission fell for people of all ages.
- Work to reduce obesity and maintain a healthy weight has gathered momentum;
- More people with long term conditions received their winter flu immunisations;
- Even more people have quit smoking this year in Oxfordshire – still one of the best ways to improve your life expectancy;
- The Public Involvement representatives have brought a useful perspective to discussions in all the partnership boards.

However, we still have more to do. This revised strategy sets out our renewed intentions for the year ahead. We have proposed outcome measures so that we can continue to monitor improvements in 2014-15. We will hold each other to account, expect good results and continue to strive for good quality in all health and social care services.

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

Dr Joe McManners, Vice Chairman of the Board
Clinical Chair of the Oxfordshire Clinical Commissioning Group

2. Introduction

A Health and Wellbeing Board was 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 Board was, therefore, very much the next logical step for Oxfordshire to take, and through it we also fulfil a key requirement of the Health and Social Care Act (2012).

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, Health Watch Oxfordshire 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 is the main focus of the Health and Wellbeing Board's work. We strive to make this a 'living document'. As priorities change, our focus for action will need to change with it. It is for this reason that, at the end of each year of operation, we review our performance, assess local need and are propose revised outcomes for the year ahead. 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:

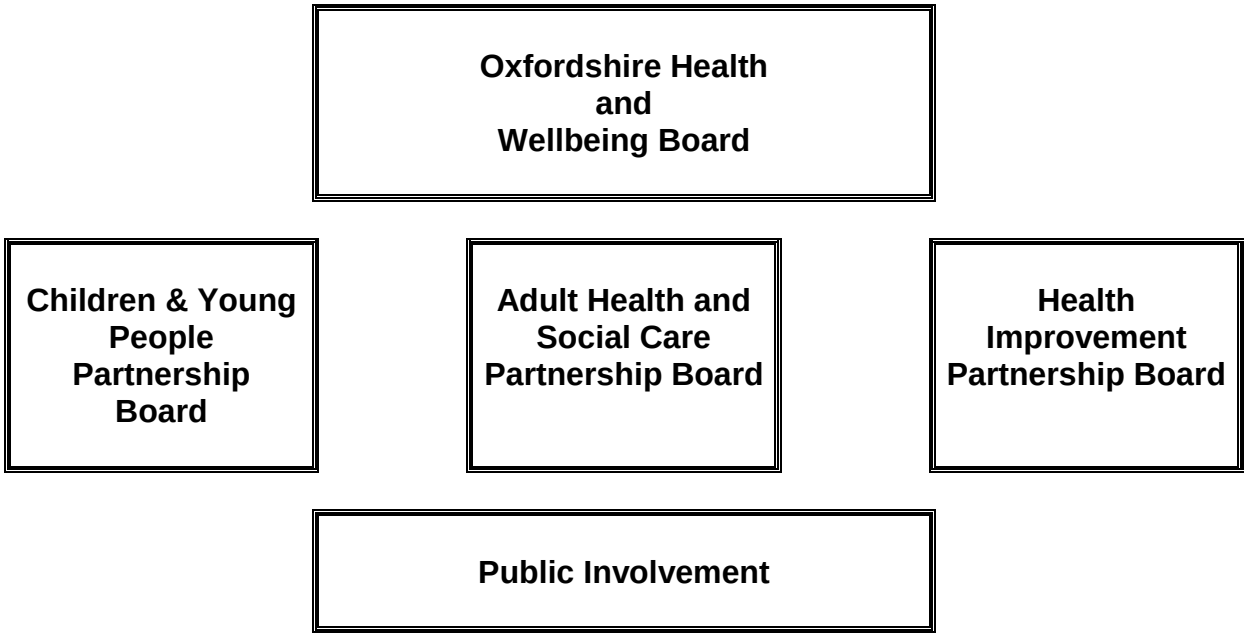
- more children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential;
- more adults will have the support they need to live their lives as healthily, successfully, independently and 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 2014-15.

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; each with responsibilities as outlined below:



The purpose of each of the Partnership Boards and for Public Involvement are outlined below:

Adult Health and Social Care Board
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.

Children and Young People's Board
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

Health Improvement Board
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

Public Involvement

To ensure that the genuine opinions and experiences of people in Oxfordshire underpin the work of the Health and Wellbeing Board.

4.2 How do 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 representatives to agree that direction. They are also accountable to their constituent organisations – the Oxfordshire Clinical Commissioning Group, County, District and City Councils and HealthWatch Oxfordshire.

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 invite 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 meets in public three times a year. Each of the three Partnership Boards also meet in public at least once 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 listens carefully to the views of many groups of stakeholders and of the public as a whole, it has to be acknowledged that:

a) they 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 is the duty of the Health & Wellbeing Board to balance needs carefully and to influence its constituent organisations to make difficult decisions about priorities.

Details of the Health and Wellbeing Board, including membership, be found through the link below-
http://www.oxfordshire.gov.uk/cms/content/about-health-and-wellbeing-board

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 including 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 Care Programme Board
- Better Mental Health in Oxfordshire
- Carers Strategy Oxfordshire
- Child Poverty Strategy
- Urgent Care Programme Board that covers the A&E Recovery Plan
- Civilian Military Partnership
- Corporate Parenting Panel
- Dementia Plan for Oxfordshire
- Alcohol and Drugs Partnership
- Education Transformation Board
- End of Life Care Strategy
- Joint Management Groups
- Oxfordshire Children's and Adults Safeguarding Boards
- Oxfordshire Domestic Violence Strategy Group
- Oxfordshire Safer Communities Partnership
- Oxfordshire Stronger Communities Alliance
- Oxfordshire Sports Partnership
- Partnership Boards and joint strategies for Physical Disability, Learning Disability, Older People, Mental Health and Autism
- Young People's Lifestyles and Behaviours Steering Group
- Thriving Families Steering Group
- Young Carers' Strategy Oxfordshire
- Youth Offending Service Board

A number of issues were identified in the major consultation in 2012 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. Since the early days of this approach there has been some progress including 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. A strategic focus on Quality

Discussion at the Health and Wellbeing Board has further fuelled our intention to build a strategic focus on quality issues. The role of the Health and Wellbeing Board is to set strategic concerns for the whole system and to receive assurance of good practice. We have been monitoring a range of quality outcomes measures and see a fairly good picture overall, but believe there is more to do. We consulted on a process for developing this area of our work and the responses received were supportive but called for specific action.

The Board is concerned that the issues uncovered by the Francis Report on the Mid Staffordshire NHS Trust should not be repeated in Oxfordshire and that the learning that is arising from the Child Sexual Exploitation cases locally will be implemented. In addition, the Joint Strategic Needs Assessment (JSNA), Director of Public Health Annual Reports and feedback of concerns from representatives of the public also indicate gaps in quality which need to be addressed.

The intention is to ensure that governance and assurance systems are joined up between organisations across the County. Performance measures which show patient and public satisfaction or dissatisfaction with services will be embedded in our performance framework again. The development of Healthwatch Oxfordshire has brought independent and informed views to the Board. .

A process has now been established for giving more assurance on quality issues across the system. This includes continuing to include a range of patient reported outcome measures in this strategy and monitoring performance closely. In addition there will be a joint annual report of quality issues which will highlight any particular concerns to the Health and Wellbeing Board for a common response.

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

6.1 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. During 2013-14 the data collection was further improved and made more accessible. An annual summary report was accepted by the Board in March 2014. It can be found here:
http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

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

6.2 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 further to go.
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 and support **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.**

6.3 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 of the three partnership boards.

6.4 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 most important following consultation with the public?

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

A summary of the priorities can be found in Annex 1

Each of the priorities set out in this strategy has associated outcomes to be achieved in the current year. The Board examines progress against all of these outcomes at each meeting. At the end of each year of operation the Board reviews successes, analyses on-going need as identified in the Joint Strategic Needs Assessment and proposes revised outcomes to be achieved in the year ahead.

The section below examines each priority in turn. Building on the original rationale for agreeing each, we have updated this strategy to illustrate why this issue is still a priority and the areas of focus going forward. In addition to this narrative the Board considers specific outcomes for each priority and consults the public and stakeholders on their proposals. The agreed outcomes for the year ahead become the performance framework and progress is reported at every Board meeting.

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.

There is increasing evidence that demonstrates that outcomes across health, education and social care are determined from very early on in life. For this reason we will monitor areas that focus on a healthy pregnancy and progress up to the age of 2 years.

The number of children in Oxfordshire aged 4 and under has grown by 13% since the last census in 2001 whilst the Oxfordshire population as a whole has only increased by 8%. We know there is a year on year increase in the proportion 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 therefore need to continue to prioritise these children as a focus for our services in the community.

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 and we have already acted on this with a specific focus on looked after children. Young people also told us that they want more information and support around mental health issues and we made this a priority for the past year.

The public mental health strategy will be developed in the Autumn, The strategy will have a strong focus on promoting wellbeing and developing resilience, particularly in children and young people. Suicide risk reduction work is already underway. The working group is developing a coherent approach to this area, through the plan that was drafted with key stakeholders and in consultation with the safeguarding boards.

This priority should be read together with priorities 9 and 11 in the Health and Wellbeing Strategy which proposes the promotion of breastfeeding and improved immunisation for children as further priorities. The Health Improvement Board has also been working on the Healthy Weight Strategy for the county which also crosses over with this work.

Where are we now?

- A high number of women are seeing a midwife or maternity health care professional within the first 13 weeks of pregnancy, though data has not been available to show this as a percentage of all pregnancies.
- A very high proportion of children aged 2 – 2.5 years receive a Health Visitor Review.
- There has been good progress in reducing the rate of children admitted to hospital with infections as emergency cases.
- Oxfordshire continues to perform well against a range of indicators important for a healthy start in life monitored by the Health Improvement Board. This includes breastfeeding and immunisation.
- The increasing level of obesity in Year 6 children remains a cause for concern.

Outcomes for 2014-15

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%.

1.2 Reduce the rate of emergency admissions to hospital with infections, maintaining low rates through 2014-15 (currently 152.2 per 10,000)

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

Oxfordshire is overall a very 'healthy and wealthy' county but there are significant differences in outcomes across health, education and social care for some specific groups. We know that outcomes for children and families from vulnerable groups and disadvantaged communities can be worse than for their peers and is variable across the County.

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 starting in 'early years' is seen as a key way of improving outcomes for children and families. We will therefore continue to monitor the take up of free early education places for 2 year olds.

There is a national focus on helping the most disadvantaged and challenged families to turn their lives around. The "Thriving Families" programme work with these families to reduce worklessness, antisocial behaviour, crime and school exclusions and to increase school attendance. The key focus is on our most resource intensive and vulnerable families with the aim of reducing the numbers needing the type of support offered by social care. This continues to be a vital strand in the on-going work locally to 'narrow the gap'.

There are attainment gaps for many 'vulnerable groups' of pupils at all key stages. Persistent absence from school is a key factor impacting on educational attainment of the most vulnerable groups of children and young people. Persistent absence rates in secondary schools are higher than the national average. The attainment gap at all key stages of education and the number of school exclusions are greater for specific pupil groups so there is a particular need to focus on specialist groups of vulnerable learners, in particular, children and young people eligible for free school meals; children and young people with autistic spectrum disorder and children and young people 'looked after' by the County.

Where are we now?

- The Joint Teenage Pregnancy Strategy has led to significant reductions in the teenage pregnancy and conception rates in Oxfordshire.
- The Thriving Families workers are exceeding their target of working with 810 families.
- Persistent absence rates from school generally improved and the target was met. A baseline of children in need who were persistently absent was established.
- Work was not completed on establishing a baseline of children and young people on the autistic spectrum who have had an exclusion from school due to difficulty in getting a full set of data from academies.
- The target to improve the attainment gap at all key stages for those entitled to free school meals was not met.

Outcomes for 2014-15

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)

2.2 Increase the take up of free early education for 2 year-old Looked After children to 80%

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.

2.4 Maintain the number of looked after children permanently excluded from school at zero.

2.5 Reduce the proportion of children in need who are persistently absent from school from 19.8% (baseline in 2012/13 academic year)

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.

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.

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)

Priority 3: <u>Keeping all children and young people safe</u>

Keeping all children and young people safe is a key Oxfordshire priority. Children need to feel safe and secure if they are to reach their full potential in life. “If we don’t feel safe we can’t learn”.

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.

In Oxfordshire we have done a great deal of work together – County Council, Police, Health, District Councils and other organisations to prevent child sexual exploitation and to protect and support its victims. This includes setting up the multi-agency dedicated Kingfisher team and increasing capacity by recruiting additional social workers. Nationally and locally there is

growing awareness about young people who are victims of sexual exploitation. There is a need to concentrate even greater emphasis on better recognition and prevention of such exploitation. We need to continue to focus on this important work in Oxfordshire and continue to work together as agencies to prevent this type of crime happening.

We know that going missing is a key indicator that a child might be in great danger and they are at very serious risk of physical and sexual abuse and sexual exploitation. Nationally 10,000 children are estimated to go missing from care in a year (UK Missing Persons Bureau 2012).

The safeguarding of children affected by domestic abuse is a core element of child protection. Domestic abuse affects children's resilience, emotional wellbeing, educational attainment, behaviour and longer term life chances. Domestic abuse is a factor in a number of Safeguarding Children Board serious case reviews of child death or injury.

Quality assurance audits look at the quality of the casework that agencies deliver to reduce the risk of abuse and neglect of children and young people. In 2013/14 a baseline was established by working with independent auditors to grade the multi-agency audits. In the year ahead a new indicator will be introduced.

Keeping children safe is a key priority for all agencies.

Where are we now?

- An Ofsted inspection of children's social care services has rated them as "good" across all 3 key categories - Children who need help and protection, Children looked after (including adoption performance and experiences and progress of care leavers) and Leadership, management and governance
- The reduction in risk for victims of domestic abuse was good, though the target of reducing 85% of high risk cases to medium or low risk was not quite achieved.
- The prevention of child sexual exploitation continues to be a key priority in Oxfordshire. Regular reports of prevalence and action taken have been made.
- There is a much greater focus on children who go missing from home but the number that go missing 3 or more times in 12 months is still similar to last year. Mitigating actions have been introduced.

Outcomes for 2014-15

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 addition establish the baseline for a new multi-agency measure over 2014-15

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 – a new indicator is to be discussed and proposed.

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.

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.

Priority 4: Raising achievement for all children and young people

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'.

Early Years and primary school results are better than the national average and this can be built upon. There have been some signs of improvement in some subject areas at Key Stage 4 and we need to continue to improve with a particular focus on building on the achievements of specific groups. 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.

There have been improvements in inspection outcomes and significant improvements in the performance of some schools though Oxfordshire has a greater proportion of schools judged by Ofsted as requiring improvement. Overall, the picture shows gradual improvement but there is inconsistency across Oxfordshire and for certain groups of children.

Where are we now?

- There has been a significant increase in the number of funded 2-4 year olds attending good and outstanding early years settings.
- The improvement in reading at Key Stage 1 has been maintained
- 78% pupils in Oxfordshire made expected progress in Key Stage 2 reading, writing and maths – not quite reaching the target of 80%
- Pupils achieving 5 or more A*-C GCSEs including English and Maths in Oxfordshire has increased in 2012-13 to 60.6%. (57.9% in 2011-12).
- The percentage of children taught in good/ outstanding primary schools has increased from 67% to 77% and in secondary schools from 74% to 80%
- The proportion of year 12-14s who are Not in Education, Employment and Training is down to 4.7% (from 5.4% in 2012-13) and the number whose status is unknown has dropped.

Outcomes for 2014-15

4.1 Increase the number of funded 2-4 year olds attending good and outstanding early years settings to 85% (currently 83%)

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)

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)

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)

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)

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).

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)

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)

4.9 Reduce the number of young people not in education, employment or training to below 4% (currently 4.7% or 937 young people).

4.10 Reduce the number of young people whose NEET status is not known to less than 8% (currently 11%)

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 a physical disability, learning disability, severe mental illness or another long term condition consistently tell us that they want to be independent and 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 the increasing number of adults with long term conditions 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 will continue to monitor how easy people find it to access information and the quality of support offered to people with a long term condition. We recognise the importance of supporting people with mental health needs to find and stay in employment, and will develop a measure during this year that will help demonstrate how effectively we are in doing this.

Access to good health care is an area for improvement in Oxfordshire for people with learning disabilities and for people with mental health needs. The physical health check target we set, of at least 60% for adults with learning disabilities was seen as a step in the right direction.

Where are we now?

- Although the number of people who say they find information about health and social care easy to find has remained fairly constant there has been a drop in the satisfaction level for working age adults.
- A high proportion of those with a long term condition feel supported in managing their condition.
- There have been some reductions in the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages.
- Targets for reducing unplanned hospitalisation for chronic conditions that can be actively managed were met.
- Over 500 front line health and social care workers received autism awareness training in the last year.

Outcomes for 2014-15

5.1 1800 people to receive information and advice about areas of support as part of community information networks

5.2 A new outcome will be determined based on reducing excess mortality in adults with serious mental illness who are aged under 75.

5.3 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.

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

5.5 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)

5.6 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)

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

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.

In Oxfordshire we know that the proportion of older people in the population continues to increase and that the number of referrals for support are also increasing along with the cost of caring for older people which increases markedly with age. This is true for both health and social care.

In 2012/13 Oxfordshire had the highest level of delayed transfers of care from hospital in the country. All organisations continue to be 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 offer 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 we are focusing together on better use of

reablement; reducing emergency admissions to hospital for acute conditions; reducing the number of people permanently admitted to care homes; developing more integrated community services; improved diagnosis of people with dementia; providing additional extra-care housing units as well as ensuring there is a range of housing options for older people and that people can find the information they need. We believe we should also continue to set a challenging target for reducing the number of people admitted to a care home, because this is the ultimate test of whether these alternative services and options are working.

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. In Oxfordshire our ambition is for 60% of the expected population to have a diagnosis.

Where are we now?

- Delayed transfers of care remain a priority issue for the Board
- A model for matching capacity to demand for health and social care has been implemented across the system to support smooth discharge from hospital.
- The rate of permanent admissions to care homes has dropped though the overall number exceeded the target set for the year.
- A new national tool has been introduced for estimating the number of people with dementia and this has increased the estimate for Oxfordshire. A number of initiatives have been put in place to increase the number of diagnoses made.
- There have been increasing numbers of people starting reablement but the total remained below the target for the year.
- High numbers of people reported that they had been treated with dignity when they received care at home.
- The growth in supply of Extra Care Housing in on track.
- Service users report high levels of satisfaction with access to information and that they receive support and care in a timely way.

Outcomes for 2014-15

6.1. Reduce the number of days people are delayed in hospital by 38% from an average of 4688 per month in 2012/13 to 2908 per month in 2014/15

6.2 Reduce the number of emergency admissions to hospital for older people (aged 65+) per 100,000 population from a baseline of 23,389

6.3 Reduce the number of permanent admissions of older people (aged 65+) to residential and nursing care homes from 582 in 2012/13 to 546 in 2014/15

6.4 Increase the proportion of older people (aged 65+) with an ongoing care package supported to live at home from 60.0% in April 2013 to 61.9% by April 2015

6.5 60% of the expected population (4251 of 7086 people) with dementia will have a recorded diagnosis (currently 44.2% or 3516 people)

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 2013/14

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 from a baseline of 71.7% in April 2013

6.8 Maintain the number of organisations providing social care in Oxfordshire that meet the standard of treating people with respect and involving them in their care at above 95%.

6.9 Include the Better Care Fund national patient / Service User experience measure once this is developed.

6.10 Ensure an additional 523 Extra Care Housing places by the end of December 2015, bringing the total number of places to 768 by the end of March 2015 and 930 by the end of December 2015

6.11 Increase the proportion of people approaching the end of life who receive consistent care that is coordinated effectively across all relevant settings leading to patients dying in their preferred place of care.

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

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.

The integration of services has progressed in Oxfordshire over the last year with the introduction of a joint single point of access to health and social care community services for health and social care staff. The next step is to integrate health and social care services in GP localities.

The County Council and Oxfordshire Clinical Commissioning Group are committed to working together to raise the quality and improve the value of health and social care services for both service users and for carers. 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.

Where are we now?

- Progress is being made in the integration of services and establishment of pooled budgets for older people.
- Patient Outcome measures show high levels of satisfaction with care and support received from social care, hospital care and GP surgeries.
- Over 15000 carers are now known and supported by adult social care.
- 880 carers received Carer Breaks accessed through their GP and jointly funded.

Outcomes for 2013-14

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

7.2 A national measure of patient / service user experience will be added once developed (in line with the Better Care Fund)

7.3 Increase the number of carers known and supported by adult social care by 10% to 17,000 (currently 15,475 are known)

7.4 At least 880 carers breaks jointly funded and accessed via GPs (currently 880)

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.

A gap in life expectancy still remains within Oxfordshire, with women likely to live longer than men and those in more deprived areas likely to die sooner and be ill or disabled for longer before death.

Promoting healthy lifestyles and access to screening programmes is a cost effective way of reducing the risk of chronic disease and premature death

The following priorities for action will continue to be the priorities in the year ahead:

- 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 bowel cancer screening programme.
- To promote the '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 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.
- Adding measures of success for those in drugs or alcohol treatment services with the aim of improving recovery rates.

In addition to this, our work must be even more focused 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. Outcomes will be set to target the groups with worst outcomes as well as the overall average.

A programme of public awareness campaigns will support this work by raising awareness of prevention and early intervention services.

Where are we now?

- Bowel screening kits are being sent out to 60-74 year olds but a large proportion of the target group are still not returning them for analysis.
- Uptake of invitations to attend NHS Health Checks improved during the year but did not meet the aspirational target of 65% and there was considerable variation in different parts of the county.
- Smoking quit rates in the county remained largely on target throughout the year. There has been some concern over quit rates during pregnancy.
- Discussion on the rates of recovery from drugs and alcohol dependency has led to the decision that the Health Improvement Board should see regular reports on progress in improving abstinence based recovery rates.

Outcomes for 2013-14

8.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years) and targeted promotion of uptake will take place based on an equity audit conducted in 2013-14 to ensure all population groups are responding. ***Responsible Organisation: NHS England***

8.2 Of people aged 40-74 who are eligible for health checks once every 5 years, 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***

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***

8.4 At least 3800 people will quit smoking for at least 4 weeks. Report the baseline and rate for women smoking in pregnancy in Oxfordshire. ***Responsible Organisation: Oxfordshire County Council***

8.5 The 2014-15 target for opiate users should be set at 8.6% successfully leaving treatment (baseline 6.5%) ***Responsible Organisation: Oxfordshire County Council***

8.6 The 2014-15 target for non-opiate users should be set at 38.2%% successfully leaving treatment (baseline 15.5%). ***Responsible Organisation: Oxfordshire County Council***

Priority 9: <u>Preventing chronic disease through tackling obesity</u>

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.

Surveillance of these issues in the last year show that

- Rates of obesity in the county continue to rise. Data from surveys show a cause for concern.

- The percentage of people diagnosed with diabetes by their GP continues to rise across the county.
- The rates for breastfeeding initiation soon after birth and continuation to at least 6-8 weeks are good in Oxfordshire. These higher rates need to be maintained.
- Measurement of children shows the numbers who are deemed to be overweight or obese at both Reception Class and Year 6 are generally lower than England rates, but show over 15% obesity at year 6. These are year on year snap shot measures so trends cannot be identified.

To tackle obesity we propose to keep our focus 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 still 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 want to keep the stretching target of 63% and will only achieve this if we focus on the areas where rates are low.

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 still doing well according to the 'Active People' survey. The survey showed that 27% 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. For the years ahead we will be encouraging those who are inactive to start to move more.

Where are we now?
- There was an improvement in obesity rates for children in year 6 but it remains above 15% across the county. There are some variations in different parts of the county.
- Over 61% of adults do at least 150 minutes of physical activity a week but over 20% of our population do less than half an hour a week.
- In some parts of the county over 84% of babies are still breastfed at 6-8 weeks and in other areas the rate is about 45%. The overall rate is increasing but the range is very wide.

Outcomes for 2013-14
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 has 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 Oxfordshire 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 Oxfordshire Clinical Commissioning Group***

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.

Surveillance and sharing of good practice over the last few years through the Health Improvement Board has already seen a higher profile for this area of work. Concerns remain including

- Changes to the welfare benefit system have potential to put more households at risk of homelessness
- New ways of working to provide Housing Related Support will need time to develop
- Fuel poverty is still a risk for a large number of households. New systems for improving energy efficiency of homes have been introduced and need to be established.
- Fuel Poverty work is not funded sustainably.

Where are we now?

- District councils have reported similar success rates as last year in preventing homelessness. This reflects more activity as changes in the welfare system have been introduced.
- The number of households in temporary accommodation has remained at similar levels to last year.
- A large proportion of people who had received housing related support services were able to leave the services and live independently.
- A new national indicator for fuel poverty has been introduced and there is more clarity on the new arrangements for improving energy efficiency of homes.

Outcomes for 2013-14

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 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.***

10.5 Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2013-14 (baseline to be confirmed) ***Responsible Organisation: District Councils***

Priority 11: <u>Preventing infectious disease through immunisation</u>

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.

It is important that immunisation rates remain high throughout the population to maintain "herd immunity". Responsibility for commissioning immunisation services has been taken on by NHS England. This is done locally through the Thames Valley Area Team. High levels of coverage need to be maintained through this transition to new organisations within the NHS in order to continue to achieve the goal of protection for the population.

New immunisations were introduced last year. From July 2013, a rotavirus vaccination was offered at 2 months and at 3 months, flu immunisation is being given to children, (starting with 2-3 year olds and adding more ages each year), and Shingles vaccinations are offered to people aged 70 and 79.

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 has changed profoundly during the last year and maintaining our current position will be a real challenge.

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

Where are we now?

- High coverage rates for most childhood immunisations were achieved across the county. This included the number of children receiving their first dose of MMR vaccine which remained above the 95% target.
- Rates of flu immunisations for people aged under 65 who are at risk of illness improved last year as a result of focussed effort by several organisations.
- It remains important to keep these indicators under surveillance and for the Public Health Protection Forum to ensure that good performance in Oxfordshire is continued.

Outcomes for 2013-14

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 2 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 60% of people aged under 65 in “risk groups” receive flu vaccination (currently 55%) ***Responsible Organisation: NHS England***

11.4 HPV targets -a high proportion of young women to receive both doses of HPV vaccination. Target to be advised by Public Health Protection Forum ***Responsible Organisation: NHS England***

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 safe
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.
Healthwatch Oxfordshire	Healthwatch is the independent 'Consumer Champion' for health and social care for people of all ages
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.
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.