Oxfordshire's Joint Health & Wellbeing Strategy

2015 - 2019

Final draft version, July 2017

**(First Version July 2012,
Revised 2013, 2014, 2015, 2016)**

CONTENTS

1. Foreword to the Revised Version of this strategy, June 2016

The Oxfordshire Joint Health and Wellbeing Strategy (JHWBS) continues to provide a focus on important priorities for the county. We now have 5 years of progress to look back on and can certainly see improvement in some areas, while we know we have to keep our focus on some issues that still need to be improved.

The Oxfordshire JHWBS was first agreed in 2012 following extensive discussions among partners and a formal public consultation. This strategy has been subject to annual revision since then, drawing from the annual report on the Joint Strategic Needs Assessment to identify emerging priorities in the population and considering performance against targets in the previous year. The result is a new set of outcomes which reflect our concerns and our ambition to bring improvement.

During 2016-17 we were also challenged to oversee the implementation of recommendations from an independent Health Inequalities Commission in Oxfordshire. The Chair of that Commission, Professor Sian Griffiths, presented the report to the Health and Wellbeing Board in November 2016 and this revised version of the strategy includes some of those recommendations being taken forward in our work. We are also able to influence other bodies and organisations to re-focus their attention on inequalities and will continue to receive regular reports on the overall picture.

Development of the Transformation Plan for the NHS in Oxfordshire is continuing and brings challenges and opportunities to the Health and Wellbeing Board and we expect this to influence events during the next year.

The emphasis for all organisations is to focus on efficient, high quality services, to shift to prevention of ill health and to tackle inequalities. Particular successes in the last year have included

- Steady improvement in waiting times for Child and Adolescent Mental Health services.
- Increasing the proportion of adults who take up the invitation to have an NHS Health Check.
- Bucking the national trend which is reporting increasing numbers of obese children, whereas in Oxfordshire we are below the national average and the numbers have held steady.
- Great improvement in the number of people successfully completing drugs and alcohol treatment.

We commend this revised version of the JHWBS to you and urge all partners to continue to work together effectively for the health and wellbeing of the population in Oxfordshire.

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 in 2011 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, Healthwatch Oxfordshire and senior officers from Local Government. It meets in public, sets out a strategic plan and monitors progress at every meeting. It is also a forum for discussion on new developments.

Early tasks for the board were 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 formed the basis for the Joint Health and Wellbeing Strategy and it has been updated annually since 2012-13.

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 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 2019 in Oxfordshire:

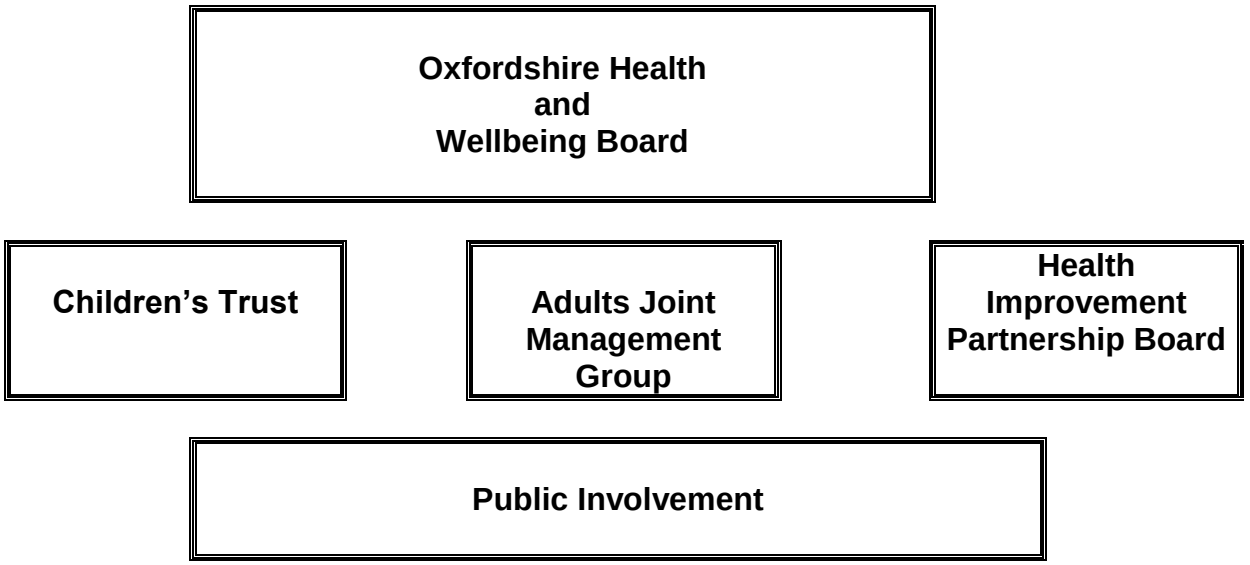
- more children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential;
- more adults will have the support they need to live their lives as healthily, successfully, independently and 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 will continue to run for the medium term while the measures and targets set out within each priority are for the financial year 2017-2018.

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 Partnership Boards and Joint Management Groups reporting to it and Public Involvement underpinning the whole system. Responsibilities for each are outlined below:



The purpose of each of the Boards, Joint Management Group and for Public Involvement is outlined below:

Adult Joint Management Group	Children's Trust	Health Improvement Board	Public Involvement
To improve outcomes and to support adults to live independently with dignity by accessing support and services they need while achieving better value for money, especially through oversight of our pooled budgets.	To keep all children and young people safe and healthy; raise achievement for all children and young people and improve the life chances for our most disadvantaged and vulnerable groups	To add life to years and years to life, focusing on the factors underpinning wellbeing, while levelling up differences in the health of different groups in the County	To ensure that the 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 Partnership Boards, Joint Management Groups and Public Involvement bodies 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 and Joint Management Groups 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 and the Health Improvement Board meets in public. The partnership boards also host workshops which 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 resource 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, can 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
- Transformation Board and System Leadership Group
- Better Mental Health in Oxfordshire
- Urgent Care Programme Board that covers the A&E Recovery Plan
- Civilian Military Partnership
- Corporate Parenting Panel
- Alcohol and Drugs Partnership
- End of Life Care Strategy
- Oxfordshire Children's and Adults Safeguarding Boards
- Oxfordshire Domestic Violence Strategy Group
- Safer Oxfordshire Partnership
- Community Safety Partnerships
- Oxfordshire Stronger Communities Alliance
- Oxfordshire Sport and Physical Activity (OxSPA)
- Joint commissioning strategies for people with Physical Disability, Learning Disability, mental health issues, dementia or autism, and for older people
- Strategic Schools Partnership Board
- Carers' Strategy Oxfordshire
- Youth Justice 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. The report of the Health Inequalities Commission has informed this work during 2016-17 and is referred to below in section 6.5

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.

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.

Health and Wellbeing Board has signed a joint protocol outlining the relationship between the Oxfordshire Health and Wellbeing Board, the Oxfordshire Safeguarding Children Board, the Oxfordshire Safeguarding Adults Board, Oxfordshire's Community Safety Partnerships and the Safer Oxfordshire Partnership. The protocol outlines the distinct role of each partnership board along with their responsibilities and governance arrangements and refers to their relationship with other partnership forums in Oxfordshire. It was developed in response to concerns raised in a Serious Case Review about unclear governance arrangements and lines of accountability and has been operational for over a year.

This protocol can be found here:
http://mycouncil.oxfordshire.gov.uk/documents/s32725/HWB_MAR0315R11-%20Shared%20Working%20Protocol%20with%20Safeguarding%20Boards.pdf

5. A strategic focus on Quality.

Discussion at the Health and Wellbeing Board has continually 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 outcome measures and see a fairly good picture overall, but believe there is more to do.

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 continue to 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 are embedded in our performance framework. The role of Healthwatch Oxfordshire brings 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. These patient outcome measures are regularly reported to the Health and Wellbeing Board and to the Joint Management Group. In addition the Oxfordshire Health Overview and Scrutiny Committee takes the lead in scrutinising the Quality Accounts of providers of health and social care across the county.

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 2016-17 the data collection was further improved and made more accessible on the Insight web pages. An annual summary report was accepted by the Board in March 2017 which provided a comprehensive overview of the county. It can be found here:
http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

In addition a suite of documents covering the whole population which 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, Oxfordshire's population is growing, and growing older. In mid-2013 the population was estimated to be 666,100, having risen by about 10% since 2001. There is an increasing number 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. Oxfordshire remains the most rural county in the South East of England. Meanwhile, its population is becoming more diverse
4. There are a growing number of people with **dementia** in the County who require access to new emerging treatments.
5. 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.**
6. The increase in **'unhealthy' lifestyles which leads to preventable disease**.
7. The need to ensure that services for the **mentally ill and those with learning disabilities and physical disabilities** are prioritised.
8. **Increasing demand** for services.
9. The need to support **families and carers of all ages to care.**
10. The need to encourage and support **volunteering**.
11. 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).
12. The continuing **tightening of the public purse** which has knock-on effects for voluntary organisations.
13. The need to work with and through a **wide patchwork of organisations** to have any chance of making a real difference in Oxfordshire.
14. 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 were 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 person'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 partnership boards and joint management groups.

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?

6.5 Health Inequalities

The independent Health Inequalities Commission for Oxfordshire carried out its work throughout 2016. The report of the Commission was presented by the Chair, Professor Sian Griffiths, to the Health and Wellbeing Board in November 2016 and at a launch event on 1st December, chaired by the Leader of the County Council, attended by a very wide range of stakeholders.

The Health Inequalities Commissioners were independent members selected from public and voluntary sector organisations and academia. They received written submissions and verbal presentations from a wide range of people and organisations at four public meetings held around Oxfordshire in the winter and spring of 2016. Local data and information on health inequalities were also presented to the Commissioners supported by access to a wide range of local and national documents, including the Director of Public Health Annual Reports, the Joint Strategic Needs Assessment and data from Public Health England.

The 60 recommendations in the report are arranged in a set of themes:

- Five Common Principles
- Cross cutting themes of access to services, housing and homelessness, rurality
- Promoting Healthy Lifestyles
- Life course approach, focussing on Beginning Well, Living Well and Ageing Well.

Many of the recommendations emphasise the importance of prevention of disease in addressing inequalities and encourage this to be included in the big strategic developments locally, such as the Transformation Plans of the NHS.

The Health and Wellbeing Board has received the report and agreed to oversee the next steps of dissemination, implementation of recommendations and evaluation of the impact on health inequalities.

The full report and Headline report can be found here:
http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/health-inequalities-commission/health-inequalities-findings/

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

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 along with any associated areas of concern which are identified. 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. Each of the partnership Boards takes responsibility for delivering several of the priorities, as detailed in the list below:

The Priorities of the Health and Wellbeing Board

Children's Trust

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

Joint Management Group (for Older People, Mental Health)

Priority 5: Working together to improve quality and value for money in the Health and Social Care System

Priority 6: 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 7: Support older people to live independently with dignity whilst reducing the need for care and support

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

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.

Priorities for Children's Trust

The Children and Young People's Plan drives the work of the Children's Trust and is jointly authored by all of the Trust's members. It is based on evidence from the Oxfordshire Children's Needs Analysis 2014, from the Joint Strategic Needs Analysis Annual Summary Report 2017 and the ongoing monitoring of the plan through the Performance, Audit and Quality Assurance Subgroup of the Trust.

The priorities for the Children's Trust are set out in full in the Children's Plan and these have been set out below as they are also the priorities for the Health and Wellbeing Board. The work of the Trust is to take these priorities forward. The full version of the Children's Plan 2015-18 can be found here: https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/childreneducationandfamilies/workingwithchildren/ChildrenYoung_People_Plan_full.pdf

2016 Review of role, purpose and key themes

In the last year, the Children's Trust has reviewed and refreshed its role, purpose and governance. The Trust membership includes representation from the county council, city and district councils, Thames Valley Police, the NHS, schools, the voluntary sector, and parents. This puts us in an even stronger position to promote the value and importance of children and young people in the county. We are committed to realising our vision for Oxfordshire to be the best place in England for children and young people to grow up.

The Children's Trust Board has supported many opportunities for the voice of children and young people to be heard and celebrated. VOXY (Voice of Oxfordshire Youth) is Oxfordshire's new forum for young people to have a say on things that matter to them and to influence policies and practices. It represents and communicates the views of young people to decision makers and wider stakeholders it raises the profile of young people in a positive way and promotes active citizenship. VOXY is recognised by the County Council as the "local young voice vehicle" and is championed by the Children's Trust Board. Partners across children and young peoples' services consult and collaborate with VOXY on key strategies. Seven young people are now members of the Children's Trust.

The trust has set three key themes for 2017 -18, which have been selected in the light of the progress made on the Board's four overarching priorities. The three themes are:

1. **Early Help and Early Intervention**
A multi-agency steering group has been set up to oversee this work and focus on parenting, school readiness, developing a centre of excellence and CAMHS accessibility. Research is also being undertaken to understand the pathway through early help and social care to manage demand on services better.

2. **Educational Attainment for vulnerable children and young people**
A multi-agency steering group has been set up to focus on sufficient, good quality local specialist provision; developing the skills, expertise and confidence in each locality to support children with lower levels of need; central support services; and to learn from other areas.

3. **Managing transitions into adulthood**
The existing Strategic Transitions Group will lead on this work and develop key improvements to the transition pathway for young people moving from children to adult services.

In addition, the Children's Trust Board is taking into account the findings of the recent 2016 Oxfordshire Health inequalities report, commissioned by the Health and Wellbeing Board, which emphasised the links between poverty and disadvantage leading to poorer health outcomes from birth to adulthood. Our underlying approach will be to mitigate the relationship between poverty and health by looking at every opportunity to reduce the impact of health inequalities, to ensure every child has the best start in life.

Priority 1: <u>All children have a healthy start in life and stay healthy into adulthood</u>

Aim: All children should have access to the wide range of services universally available to protect and promote health. When health problems do occur they should have access to safe and high quality, local health services that aim to help them recover as soon as possible.

There is increasing evidence that outcomes across health, education and social care are determined from very early on in life. A healthy start in life begins at conception, runs through pregnancy and on into the first few years of life.

By ensuring that children have a healthy start in life, and that this continues into adulthood, we are helping services move towards the prevention of ill health and helping to reduce unnecessary demand for services in the future.

Areas of focus for the Trust

Mental Health, including:

- Maternal and peri-natal (the period immediately before and after birth)
- Self-harm and suicide
- Wellbeing, confidence and body image

Substance misuse (including drugs, alcohol and tobacco), including:

- Education and prevention
- Treatments for substance misuse, including those for parents

In considering our areas of focus we acknowledge the work being done by the Health Improvement Board, which also recognises the importance of a healthy early start in life in promoting the health and wellbeing of the county.

The Health Improvement Board will lead on the following issues:

- Promoting breastfeeding
- Halting the increase in childhood obesity, including monitoring the Healthy Weight
- Strategy and Action Plan and for physical activity for children and young people.
- Preventing infectious disease through immunisation
- The Stop Smoking Service and the percentage of woman smoking in pregnancy.

The Children's Trust will seek information on the progress made by the Health Improvement Board, and will discuss these issues if there are particular areas of concern.

In addition, the Oxfordshire Community Safety Partnership is engaged in related work to divert young people away from crime and anti-social behaviour including Mental Health and the Alcohol and Drug Strategy.

As the Trust's focus is on children and young people, we will coordinate with the work of the Partnership to avoid duplication and ensure children and young people are properly considered in its work.

Where are we now?

- Our aspirational target for breastfeeding rates is 63%, current performance is 62.2%.
- High coverage rates for immunisations, including over 95% of children receiving their first dose of MMR vaccine, though some districts remained below 94%.
- There was a 34% increase in referrals to Children and Adult Mental Health Services (CAMHS). Waiting times improved in the year and are better than the national figure.
- All secondary schools have a health improvement plan covering smoking, drug and alcohol initiatives and access to school nurses.

Outcomes for 2017-18

There are a number of outcome measures relating to a healthy start in life, such as rates of breastfeeding, obesity levels and immunisations that are reported under the Health Improvement Board's priorities 8-11.

1.1 Waiting times for first appointment with Child and Adolescent Health Services (CAMHS). 75% of children will receive their first appointment within 8 weeks of referral by the end 2017-18.

Priority 2: <u>Narrowing the gap for our most disadvantaged and vulnerable groups</u>

Aim: Children, young people and families will benefit from effective early and targeted support when they face significant challenges and have greater access to high quality services to prevent gaps developing and to break the cycle of deprivation and of low expectation.

Oxfordshire is overall a very 'healthy and wealthy' place but there are significant differences in outcomes across health, education and social care for some specific groups and in some specific areas of the county.

We know that outcomes for children and families from vulnerable groups and disadvantaged communities can be worse than for their peers and these are variable across the county.

Areas of focus for the Trust

Services in deprived areas, including:

- The Stronger Communities programme – which targets the wards in Oxford City with worst outcomes across a range of indicators
- The Brighter Futures in Banbury programme

Looked after children, including:

- Oxfordshire's Placement Strategy – for children in and on the edge of care – which aims, for example, to keep children with their families wherever possible, and increase in-house fostering for harder to place children

Care Leavers

Be highly aspirational in the ambition for care leavers to be in education, employment or training by co-ordinating and influencing the provision of a range of high quality options.

Young Carers

Encouraging more school to be aware of young carers and work towards the Young Carers quality mark.

Raising the attainment levels and supporting more young carers to go to higher or further education.

Children with special educational needs and disabilities

- Improving attendance and reducing exclusions
- Raising aspirations
- Increasing the attainment levels of children at SEN Support

There is a refreshed strategy for vulnerable learners 2016 – 2010 which supports the priorities within the Education Strategy 2015-18.

The Health Improvement Board also looks at issues relating to this priority, including:

- Controlling the number of households in temporary accommodation
- Preventing households from becoming homeless
- Fuel poverty

The Oxfordshire Safer Communities Partnership supports activity to protect vulnerable children and prevent youth offending, as well as achieve better outcomes for young victims of crime.

The Children's Trust will seek information on the progress made by the Health Improvement Board and the Oxfordshire Safer Communities Partnership and will monitor the Education Strategy, seeking information from the Strategic Schools Partnership Board and will discuss these issues if there are particular areas of concern or where a coordinated interagency approach is needed.

Where are we now?

- The disadvantaged gap in the Early Years Foundation Stage and at the end of year 1 phonics screening has narrowed over the last year, but still remains wider than the national gap.

- Oxfordshire's free school meal gap in Early years has decreased steadily from 28%pts in 2013 to 21% points in 2016. This is still wider than that nationally.

- Between key stage 1 and 2 pupils for whom English is an additional language (EAL) make more progress than the same cohorts nationally.
- The number of young carers identified and worked with substantially increased.

- % of children with a disability accessing short breaks that are eligible for free school meals has increased.

- The City Council has a Trailblazer Bid to address these issues through partnership approaches, these include for example:
    - Schools projects involving interventions into targeted schools in areas with higher homelessness than average.
    - Working with partners to identify young people at risk of homelessness using triggers and referrals (e.g. school exclusions, domestic abuse safeguarding concerns.
    - Initiatives to help mitigate the negative impact of welfare reform and changes to Universal Credit for those who are under 21 and under 35 years of age.
    - Setting up a network of homeless champions

Outcomes for 2017-18

2.1 Reduce the proportion of children with Special Educational Needs and Disability (SEND) with at least one fixed term exclusion in the academic year.

2.2 Increase the proportion of children with a disability who are eligible for free school meals who are accessing short breaks services.

2.3 Ensure that the attainment of pupils with Special Educational Needs and Disability (SEND) but no statement or Education Health and Care Plan is in line with the national average.
* Key Stage 2
* Key Stage 4

2.4 Reduce the persistent absence of children subject to a Child In Need plan.

2.5 Reduce the persistent absence of children subject to a Child Protection plan.

2.6 Reduce the number placed out of county and not in a neighbouring authority from 77 to 60

2.7 Increase the % of care leavers who are in employment, education and training

Priority 3: Keeping all children and young people safe

Aim: All children and young people to grow up in a safe, healthy and supportive environment and have good access to services at the right time.

Keeping all children and young people safe must be a priority for everyone in Oxfordshire. Children need to feel safe and secure if they are to reach their full potential in life.

Keeping children safe is everyone's business and many different agencies work together to achieve it.

We want children who need help to receive it as quickly and easily as possible.

Areas of focus for the Trust

- Neglect
- Risky behaviours among adolescents
- Bullying
- Domestic Abuse, including abuse within teenage relationships
- Progress of the Multi-Agency Safeguarding Hub
- Female Genital Mutilation (FGM)
- Child sexual exploitation (CSE)

In considering our areas of focus, we acknowledge the work being done by the Oxfordshire Safeguarding Children Board (OSCB). Its remit is to secure effective inter-agency arrangements to safeguard and promote the welfare of children and young people. The OSCB has a CSE strategy and action plan which is managed through a dedicated child sexual exploitation sub-group with wide partnership representation.

The Chair of the OSCB is a member of the Trust and will report on progress of the Board's work as required. The OSCB and the Children's Trust have a working protocol that makes clear their respective functions, inter-relationships and roles and responsibilities.

Naturally, the Safer Oxfordshire Partnership and Community Safety Partnerships are also heavily involved in this area of work, including supporting victims of domestic abuse as well as training practitioners across Oxfordshire, reducing the risk of vulnerability to radicalisation and supporting community safety concerns that are being led elsewhere, such as the Oxfordshire Safeguarding Children Board's child sexual exploitation strategy and the FGM strategy.

The Children's Trust will seek information on the progress made by the Oxfordshire Safeguarding Children Board and the Oxfordshire Communities Safety Partnership and will also aim to focus on areas that support and supplement their work, not duplicate it.

Where are we now?

- Children's social care services are rated as "good" by OFSTED.
- The OFSTED Joint Targeted Area Inspection (JTAI) of multi-agency response to abuse and neglect in Oxfordshire (2016), judged that Oxfordshire now has "a highly developed and well-functioning approach to tackling exploitation".

- The Kingfisher team, which works with children vulnerable to child sexual exploitation, has won a number of national awards.
- A new domestic abuse pathway for young people is being implemented.
- The number of hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 years has remained stable.
- More than 146 schools have received direct support to implement Anti-Bullying strategies.
- Child Protection activity across all agencies including police, children's social care and health has increased in Oxfordshire as well as nationally.

Outcomes for 2017-18

3.1 Monitor the number of child victims of crime: (baseline 15/16 2,094)

3.2 Number of children missing from home; (baseline 817)

3.3 Reduce the number of social care referrals to the level of our statistical neighbours

3.4 Reduce the number of children subject of a child protection plan

3.5 Reduce the number of hospital admissions caused by unintentional and deliberate injuries in young people aged 0-14 (Public Health measure number 2.07i) to the national level

3.6 Maintain the current number of looked after children

Priority 4: Raising achievement for all children and young people

Aim: 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 and setting to be rated at least as 'good' and to be moving towards 'outstanding'.

Central to our vision is the aim that every child and young person develops skills and is given opportunities to achieve their full potential. Through raising achievement, children and young people are more likely to get the best start in life and be set up to play an active and positive part in the community as adults.

Areas of focus for the Trust

In considering our areas of focus we recognise the on-going work to develop the Education Strategy for 2015-18 as well as the work of the Oxfordshire Skills Board.

The Education Strategy will build on the ambitions of the previous strategy which included:

Early Years, including:

- Foundation stage outcomes (for children aged 5)
- The quality of childcare settings
- Levels of attainment and quality across all primary and secondary schools

Closing the attainment gap, including:

- Children eligible for Free School Meals
- Children with Special Educational Needs

The Oxfordshire Skills Board, which works closely with the Oxfordshire Local Enterprise Partnership, is charged with understanding and communicating the needs of employers and providers in Oxfordshire relating to business development, employment and skills issues.

Its priorities include:

- Creating seamless services to support young people through their learning – from school and into training, further education, employment or business
- Up-skilling and improving the chances of young people marginalised or disadvantaged from work
- Increasing the number of apprenticeship opportunities

The Children's Trust is focussing on the attainment levels for vulnerable groups.

The Oxfordshire Growth Board is also monitoring developments around: the apprenticeship programme; Information Advice and Guidance to drive better employability skills in young people; and increasing the number of people entering training in Science, Technology, Engineering and Manufacturing (STEM) subjects.

The Trust will coordinate with this monitoring work wherever possible to limit duplication.

Where are we now?

- At the end of March 2016, 87% of Oxfordshire schools were 'good' or 'outstanding' compared to 86% nationally. Over 76,500 young people attend good or outstanding schools, an increase of 9,000 since August 2013.

- Early years outcomes are now above the national average.

- In new performance measures for key stage 4, Oxfordshire performs above the national average.

- 3.9% of young people were not in education, employment or training (NEET), better than the 5% target. However the figure is not evenly spread throughout the county.

Outcomes for 2017-18

4.1 Improve the disadvantaged attainment gap at all key stages and aim to be in line with the national average by 2018 and in the top 25% of local authorities.
* Key Stage 2
* Key Stage 4

4.2 69% of children in early years & foundation stage reaching a good level of development, Early Years Foundation Stage Profile placing Oxfordshire in the top quartile f local authorities. Baseline is 66 % from 2015.

B. Priorities for Adults

Making the pooled budgets work to meet our strategic priorities

The Pooled Budget Officers Group has reviewed the purpose and impact of Oxfordshire's s75 NHS Act 2006 pooled commissioning budget. The pooled budgets support integrated working, joint approaches to problem solving and have delivered on a number of the Key Performance Indicators (KPI) that underpin delivery of Priorities 5-7 of the Health & Wellbeing Strategy.

However there is a shared concern of commissioners across OCC and OCCG that the budgets are not fully delivering the outcomes that will deliver our local and national priorities. There are opportunities to improve performance around mental health and learning disability and there is an urgent need to rethink the role and purpose of the pooled budgets in managing flow through the hospital system. Delayed discharges from hospital remain high, and there are significant challenges in the capacity and capability of our home care and residential/nursing home market to meet the needs of our population.

Therefore the Pooled Budget Officers Group has proposed that the pooled budgets should be reshaped to address the following key priorities

- Delivery of the *Five Year Forward View for Mental Health,* including the *Local Transformation Plan* for children and young people's mental health
- Delivery of the Oxfordshire *Transforming Care Plan for People with Learning Disabilities and/or Autism*
- Delivery of market capacity, capability and quality in the residential and nursing home market for both OCC/OCCG and for self-funders
- Delivery of NHS England strategic plans in relation to hospital avoidance and discharge
- Reduction in the number of people delayed in hospital
- Delivery of market capacity, capability and quality in the domiciliary care marker for both OCCG/OCC and for self-funders
- Effective community response to support hospital avoidance
- Dementia and mental health support to enable older people to keep well and live in their own homes for as long as possible
- Reduction in admissions to and length of stay in nursing and residential homes
- Reducing the number of people who die in hospital who could be supported at home

Key to this approach is that the pooled budgets will now be measured both on their strategic impact as well as on the performance of services commissioned from the individual pools. The pooled budgets will also be re-shaped into two to support this ambition:

- A pool that brings together the previous mental health and learning disability pools together with resources that support people living with acquired brain injury. As well as delivering national strategic requirements this will also
    - Improve oversight of the Mental Health Act 1983 and the delivery of the *Mental Health Crisis Concordat*
    - Support consistent delivery of OCCG and OCC's joint responsibilities in relation to s117, Mental Health Act 1983
    - Improve transition for children and young people with mental health problems, learning disability and/or autism who need to go into adult services

    - Improve outcomes for those people who have historically fallen between mental health and learning disability services

- A Better Care Fund pool that brings together elements of the former Older People's and Physical Disability Pooled Budgets. This will be structured around 3 key elements
    - A Care Homes budget that will design and deliver both the care home market that we need, and also those medical and other services that need to be in place around those homes. This will be led by a new joint OCC-OCCG appointment
    - A hospital avoidance budget that will improve community resilience to prevent admission to hospital, premature admission to residential or nursing homes, and enable people to return home after stays in hospital
    - A preventative budget that will provide support to carers, advice and support around dementia, and further develop self-help and community resilience

It is proposed that we retain Priorities 5-7 of the Health & Wellbeing strategy and that these are delivered by this new pooled budget structure.

Priority 5: <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. It is imperative that Oxfordshire improves the capacity, capability and quality of our services to support the efficient and effective delivery of our health and social care system.

Our priorities for 2017-18 are to

- Increase nursing home capacity to avoid hospital delays and develop dedicated capacity for people with complex dementia and/or dedicated capacity for people with complex physical disability
- Deployment of a Trusted assessor model of delivery with an agreed form of standard assessment of need across health and social care to support flow of people out of hospital into nursing homes
- Development of effective medical cover for care homes to routine and urgent care that prevents hospital escalation
- Proactive 24/7 support nursing homes to minimise inappropriate admission including appropriate dementia/behaviour support
- Delivery of integrated patient care plans
- Assurance that Oxfordshire is achieving the 7 tests of *Enhanced Support to Care Homes*

Where are we now?

- Better Care Fund national requirements for closer working of health and social care in 2016/17 have been supported by the joint commissioning of reablement, dementia support and services for carers.
- We continue to monitor the number of avoidable emergency admissions to hospital for older people per 100,000 population as in the last year the number has exceeded our baseline from 2013/14 and is continuing to rise
- There are significant variations in the numbers of people admitted to hospital from

care homes and the longest waiters in hospital are waiting for discharge to nursing home beds
- Attempts to streamline community reablement and support to discharge people home from hospital have so far been unsuccessful and the number of people delayed for this reason has increased
- The front door of hospital remains under significant pressure and we have been unable consistently to deliver 4 hour waits
- Our pathways out of hospital are complex and have been made more so by a series of short and longer-term mitigation measures to address short term flow

Our priority initiatives for 2017-18 are

- Appointment of joint commissioning post for care homes
- Development of 24/7 health support to care homes including telephone advice and visiting assessment and support
- Integration of the bed-based step down (and step up) pathway, with common performance measures and integrated oversight
- Implementation of contracting mechanism with care homes for Funded Nursing Care
- Development of strategic partnership with independent care home sector
- Development and implementation of Trusted assessor model to support hospital discharge
- Increase in capacity of care homes to support people with complex dementia

Draft Outcomes for 2017-18
These outcomes have been developed by the Pooled Budget Officers Group and will be approved by Joint Management Group in July.

- Reduce the number of avoidable emergency admissions for acute conditions that should not usually require hospital admission for people of all ages from care homes
- Increase the percentage of people waiting a total time of less than 4 hours in A&E. Target 95 %.
- Reduction in the average length of “days delay” for people discharged from hospital to care homes
- Reduction in number of people placed out of county into care homes
- Reduction in the number of incidents relating to medication errors, falls and pressure ulcers
- Increase the number of providers described as outstanding or good, by CQC
- The proportion of people who use services who feel safe

Priority 6: 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 in line with national strategy.

This means

- Improving access to and the quality of Early Intervention in Psychosis services
- Improved access to and recovery rates within Talking Therapy services
- More effective mental health care for people in acute hospital in both in and out-patients
- Improving response to people in Crisis both with established mental illness and behavioural or other problems
- Reduction in people placed out of area for treatment in hospitals and for care
- Reduction in the number of people who commit suicide
- Improved care for children and young people and improved transition where necessary into adult services
- Improving health outcomes for people with learning disability and autism
- Improved diagnosis and outcomes for people with Autism

Where are we now?

- Oxfordshire is hitting national targets in terms of access and waiting times and recovery rates for talking therapies and for access to early intervention in psychosis
- Oxfordshire has a range of services that support the management of mental health needs in the acute care pathways (Street Triage, ambulance triage, extended hours of psychiatric support in Emergency Department) and there has been a reduction in the use of police cells to assess people detained under the Mental Health Act
- The number of people with learning disabilities in hospital is stable
- The number of people with severe mental illness in work or settled accommodation has increased
- There have been reductions in the waiting times for treatment in children and adolescent mental health services
- There remain a number of patients who fall outside and/or between services who are at risk of hospital admission or poor outcomes, often owing to challenging behaviour for whom we do not have an effective response
- There are significant numbers of people with more complex needs who are in hospitals or care out of county

Our priority initiatives for 2017-18 are

- Refresh and implementation of the Crisis Concordat across all age and care groups
- Redesign and implementation of refreshed s117 policy
- Transfer of Learning Disability specialist health services to Oxford Health NHS FT
- Development of the intensive support model to support community behaviour management of other patient groups, including potentially those with acquired brain injury

- Assurance of continuing healthcare for people with learning disability against national framework
- Development of a funding model for high cost placements and packages
- Development of local housing and support that avoids out of county placements

Draft Outcomes for 2017-18
These outcomes have been developed by the Pooled Budget Officers Group and will be approved by Joint Management Group in July.

- An increase in the number of people with mild to moderate mental illness accessing psychological therapies, with a focus on people with long-term physical health conditions
- Reduction in number of people with severe mental illness accessing Emergency Departments in acute hospital for treatment for their mental illness
- Reduction in use of s136 Mental Health Act 1983 so that fewer people are detained in police cells when they are unwell
- Reduction in number of suicides
- An increase in the number of people with severe mental illness in employment
- An increase in the number of people with severe mental illness in settled accommodation
- An Increase in the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by 2019
- A reduction in the number of admissions to specialist learning disabilty in-patient beds
- A reduction in the number of people with learning disability and/or autism placed/living out of county
- The proportion of people who use services who feel safe

Priority 7: <u>Support older people to live independently with dignity whilst reducing the need for care and support</u>

In Oxfordshire we know that the proportion of older people in the population continues to increase and that the number of referrals for support is 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.

Oxfordshire has one of the highest levels of delayed transfers of care from hospital in the country. All organisations continue to be committed to working together to improve the situation but we have not been able to address this problem during 2016-17.

In the next year we are focused on

- Improvement in the care we offer to people in the community to prevent escalation to hospital care
- Increased resilience of our domiciliary care market and capacity to meet the needs of the most complex people
- Integrated step down pathways and options that reduce length of stay in hospital and associated delays
- More impact on reablement that supports people to live independently

- Effective community response to support hospital avoidance around areas such as falls prevention, home response services
- Dementia and mental health support to enable older people to keep well and live in their own homes for as long as possible
- Reduction in admissions and length of stay to Nursing and residential homes
- Reducing the number of people who die in hospital who could be supported at home
- Maintenance of dementia diagnosis rates and improved support for people post dementia diagnosis

Where are we now?

- Delayed transfers of care remain a priority issue for organisations involved in health and social care across but the number of bed days lost has increased steadily since July 2016.
- The rate of permanent admissions to care homes has dropped, though the overall number exceeded the target set for the year which is due to the capacity issue within the market for home care provision as care homes are used as an alternative to home care.
- The proportion of older people (65 and over) with on-going care supported to live at home has not reached the target set for the year.
- The percentage of the expected population with dementia with a recorded diagnosis has increased and the Dementia Support Service is working with practices to ensure all people with a diagnosis are known to the service
- The targets for the number of people accessing the new discharge home pathway have not been reached with significant impact on delays
- There remain significant market challenges regarding access to domiciliary care.

.

Our priorities for 2017-18 are to

- Increase access to domiciliary care capacity and development alternatives to domiciliary care
- Development of an intermediate care pathway that identifies the volume of bedded and non-bedded support needed in the pathway both step down and step up
- Implementation of Trusted assessor model in discharge pathways for domiciliary care
- Integration or alignment of the coordination functions that support hospital avoidance and discharge to improve clinical impact and efficiency
- Improved system response to provider crisis management
- Development of a social prescribing model
- Implementation of a streamlined and responsive delegated healthcare model

Draft Outcomes for 2017-18

These outcomes have been developed by the Pooled Budget Officers Group and will be approved by Joint Management Group in July.

- Increase the proportion of older people with an on-going care package supported to live at home

- Reduce the number of older people placed in a care home from 12 per week in 2015/16 to x per week for 2017/18
- Reduction in the number of permanent admissions to care homes per 100k of population
- 70% of people who receive reablement need no ongoing support (defined as no Council-funded long term service excluding low level preventative service).
- Increase in the number of people still at home 90 days post reablement
- Reduction in the beds days lost to delays in Oxfordshire
- Reduction in the average length of days delay for people discharged from hospital to HART
- Reduction in the average overall length of stay in stepdown pathways
- 100% of patients with dementia who live in the community are known to the *Dementia Support Service*
- Reduction in the number of incidents relating to medication errors, falls and pressure ulcers
- Increase the number of providers described as outstanding or good, by CQC
- The proportion of people who use services who feel safe
- Increase the number of carers receiving a social care assessment from a baseline of 7,036 in 2015/16.
- Increase the percentage of carers, as reported in the 2016 Carers Survey, who are extremely satisfied or very satisfied with support or services received (from a baseline of 43.8% in 2014).
- Monitor the number of providers described as outstanding, good, requires improvement and inadequate by CQC and take appropriate action where required.

C. Priorities for Health Improvement

A new approach to addressing priorities

The Health Improvement Board has overseen and delivered improvements across each of the 4 priorities that it leads. At the end of 2016-17 the Board discussed progress and noted that all outcomes measures set at the beginning of the year were rated either amber or green. Some of these had been rated red earlier in the year or had been deliberately set as "stretch" targets. The discussion, therefore, centred on whether the Board should move to work on other topics instead.

In discussing the prospects of "dropping" some of the existing work where targets have been met, the Board members reviewed data on the inequalities of outcomes. For many of the areas of work there is still considerable variation, with some areas or groups still facing poor outcomes, even though a county wide improvement may have been made. For this reason the Board members decided they did not want to drop any topic completely, as there is still a need to focus on reducing the variation in outcomes. However, it was suggested that some topics could be placed into a "watching brief" while others stayed in the spotlight with more active work for improvement.

The Board members proposed new topics for discussion in the year ahead so that needs can be assessed and plans can be drawn up for health improvement. These areas are

- more work on tackling health inequalities, especially in preventing chronic disease,
- exploring how the board can work to improve mental wellbeing,
- work to improve the chances of a healthy older age, including an understanding of whether the Board can add more value to work being done to address loneliness.
- The Health Improvement Board has also offered to oversee the strategic work of joint commissioning of domestic abuse services and this is also a new topic for discussion.

Priorities 8-11 of the Joint Health and Wellbeing Strategy will therefore reflect this new approach to addressing priorities in the Health Improvement Board. Each of the sections on priorities will include

1. The rationale for continuing to focus on this priority
2. A summary of the current situation – "where are we now?"
3. Topics to be discussed and developed during 2017-18 but which do not yet have any specific outcome measures
4. Specific outcomes where it is the ambition of the Board to bring further improvement which will be monitored at every meeting.
5. A list of outcomes which will be kept under surveillance by the Board to ensure that recent improvement is sustained.

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

Rationale

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 to improve outcomes. The role of Social Prescribing can also be explored as a prevention strategy.

A gap in life expectancy still remains within Oxfordshire, with women likely to live longer than men, though the gap between women and men is narrowing as life expectancy for women seems to be reaching a plateau while that for men is still increasing. People living in more deprived areas are likely to die sooner and be ill or disabled for longer before death. These health inequalities remain and need to be addressed by targeting those areas and communities with the worst outcomes.

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

There is growing evidence of the link between physical inactivity (lack of physical activity) and preventable disease and early death. For example, regular and adequate levels of physical activity in adults can reduce the risk of hypertension, coronary heart disease, stroke, diabetes, breast and colon cancer, depression and the risk of falls.

The following areas for action will remain 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, physical activity smoking, blood cholesterol levels, diabetes, blood pressure and alcohol consumption.
- Reducing the harm caused by the over-consumption of alcohol is another priority of the Health and Wellbeing Board. It is being taken forward by the Oxfordshire Alcohol and Drugs Partnership and progress will be monitored by the Health Improvement Board.
- To continue to monitor measures of success for those in drugs or alcohol treatment services with the aim of improving recovery rates.
- Building a multi-agency collaborative approach to increasing participation in physical activity within Oxfordshire
  - To consider issues affecting mental well-being in the population and what outcomes could be used to monitor it.
  - A programme of public awareness campaigns will support this work by raising awareness of prevention and early intervention services.

<u>Addressing Inequalities</u>
Wherever possible the outcome measures will target poor outcomes to reduce inequalities.

Where are we now?

- The national target of 60% people eligible for bowel screening should complete and return the kit was nearly met. Latest figures show 59.1% people completed the screening (Q1 in 2016-17). Death rates from bowel cancer in Oxfordshire are similar to the national average.
- Targets were met for the number of people invited for NHS Health Checks and a steady increase in uptake was noted throughout the year. Latest figures show poorer uptake in the City and NE Oxfordshire.
- Estimated prevalence of smokers in Oxfordshire is now down to 15.5% (2015) but fewer people are quitting using the commissioned services. It is thought that use of e-cigarettes has had an impact on this. There are still twice as many smokers in "routine and manual" occupations than in the Oxfordshire population

as a whole.
- Less than 8% of women are recorded as smoking during pregnancy, less than the national figure of over 10%
- The numbers of people successfully completing treatment for drugs use has improved markedly. Oxfordshire is now above the England rate.

Topics to be discussed and developed in 2017-18

1. Health and Wellbeing of Older Adults, including participation in physical activity and access to social networks / preventing loneliness. This work will build on what is already being done in the County including the Oxfordshire Sport and Activity work to increase participation of older people in physical activity and the Loneliness Summit which will be held in July 2017.
2. Promoting Mental wellbeing. An overview of current work to promote mental wellbeing will be presented to the Health Improvement Board in the autumn of 2017. The Board will consider how value can be added to existing work and a plan will be drawn up.

Outcomes for 2017-18

8.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years). ***Responsible Organisation: NHS England***

8.2 At least 95% of the eligible population 40-74 will have been invited for a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 80% (Baseline at Q3 2016/17 Oxon was 77.1%, England at Q3 is 69.7%, South East is 65.3%) ***Responsible Organisation: Oxfordshire County Council***

8.3 At least 45% of the eligible population 40-74 will have received a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 40%.
(Baseline at Q3 2016/17 Oxon was 37.6%, England at Q3 is 33.8%, South East is 29.4%)
Responsible Organisation: Oxfordshire County Council)

8.4 Rate of successful quitters per 100,000 smokers aged 18+ should exceed the baseline set in 2017-18 (Baseline: 2016/17 Oxon baseline was 2315 quitters per 100,000 adult smokers). ***Responsible Organisation: Oxfordshire County Council)***

8.5 The number of women smoking in pregnancy should remain below 8% recorded at time of delivery (baseline 2015-16 was 7.9%). ***Responsible Organisation: Oxfordshire Clinical Commissioning Group***

Indicators to be kept under surveillance in 2017-18

8.6 Oxfordshire performance for the proportion of opiate users who successfully complete treatment ***Responsible Organisation: Oxfordshire County Council***

8.7 Oxfordshire performance for the proportion of non-opiate users who successfully complete treatment ***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 (obesity is defined by a BMI of over 30). 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. There is a national trend for rising obesity rates across the population and although Oxfordshire fares better than the national picture, this remains a local priority and needs a long term perspective.

Surveillance of these issues shows 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.
- 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 16% 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. The national figure for breastfeeding prevalence at 6-8 weeks is just under 44% 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 7% of reception year and 16% 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 though the Healthy Weight action plan in Oxfordshire also includes physical activity, environmental planning and workplace based initiatives. Levels of obesity are also linked to social deprivation, with more deprived parts of the County showing higher rates of obesity along with some ethnic groups, 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. However, the survey showed that almost 17% of the population are inactive – not even attaining 30 minutes of physical activity a week. Regular participation in physical activity will have an impact on mental wellbeing and be critical to good health in the county.

Where are we now?

- Between 2014-15 and 2015-16, the prevalence of obesity in Oxfordshire increased in reception year and declined slightly in year 6. In reception obesity increased from 6.6% to 7%, and in year 6 declined from 16.2% to 16%.
- There is variation in the percentages of children who are overweight or obese with higher rates in some minority ethnic groups and in more disadvantaged communities.

- Oxfordshire continues to have high numbers of people who are physically active and the proportion that are inactive has fallen.
- **82%** of mothers in Oxfordshire initiated breastfeeding. This rate is similar to the previous year and is significantly higher than the England average (74.3%) and that for the South East (78.0%).
- At 6-8 weeks after birth, over **60%** of mothers in Oxfordshire were breastfeeding, this was well above the national average of 43%

Topics to be discussed and developed in 2017-18

1. Addressing inequalities issues in preventing chronic disease by tackling obesity and improving participation in physical activity. In order to implement the recommendations of the Health Inequalities Commission, all of the work to tackle this priority area will include a focus on reducing inequality of outcome.

Outcomes for 2017-18

9.1 Ensure that the obesity level in Year 6 children is held at below 16% (in 2016 this was 16.0%) No district population should record more than 19% ***Data provided by Oxfordshire County Council***

9.2 Reduce by 0.5% the percentage of adults classified as "inactive" (Oxfordshire baseline Nov 2016 of 17%). ***Responsible Organisation: District Councils supported by Oxfordshire Sport and Physical Activity***

Indicators to be kept under surveillance in 2017-18

9. 63% of babies that are breastfed at 6-8 weeks of age ***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 local funding and arrangements for commissioning housing related support.
- Changes to the welfare benefit system which has potential to put more households at risk of homelessness.
- The high cost and low availability of private sector housing within the County.
- 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.
- Young people, especially those who have been Looked After, may need support to find and remain in appropriate housing.

Where are we now?

- The number of households in temporary accommodation fell by 29, to 161 from 190 in 2016-17
- There were 3057 households presenting at risk of being homeless that were prevented from being homeless because of the efforts of district councils; compared to 2992 cases in 2015/16.
- The number of rough sleepers fell to 79 (from a figure of 90 in 2015/16).
- New contracts are to be let for housing related support based on a joint commissioning arrangement and pooled budget.

Topics to be discussed and developed in 2017-18

1. Domestic abuse – strategic approach to joint commissioning. The work to jointly commission high quality services for prevention, early intervention and support for victims of domestic abuse is building on a major review carried out in 2016. The Health Improvement Board will consider its role in governance and strategic leadership for this work.

Outcomes for 2017-18 were set as follows and outturns will be reported at the meeting:
10.1 The number of households in temporary accommodation on 31 March 2018 should be no greater than the level reported in March 2017 (baseline161 households in Oxfordshire in 2016-17). **Responsible Organisation: District Councils**

10.2 At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.3% in 2016-17). **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 80% in 2016-17). **Responsible Organisation: District Councils**

10.4 Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2016-17 (baseline 79) **Responsible Organisation: District Councils**

10.5 At least 70% of young people leaving supported housing services will have positive outcomes in 17-18, aspiring to 95%". (baseline 70.7% 2016-17) **Responsible**

Organisation: Oxfordshire County Council Children, Education and Families Directorate.

Indicators to be kept under surveillance in 2017-18

10.6 At least 1430 residents are helped per year over the next 4 years where building based measures account for 25% of those interventions by the final year. **Responsible Organisation: Affordable Warmth Network.**

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

Immunisation is the most cost-effective medical public health intervention. Levels of immunisation for childhood diseases in Oxfordshire remain good, 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 sits with NHS England. High levels of coverage need to be maintained in order to continue to achieve the goal of protection for the population.

New immunisations were introduced in 2013-14. This includes flu immunisation being given to children, (which started with 2-3 year olds and is 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. The leadership for these services has changed during the last few years 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 and ensuring that flu immunisation reaches those at particular risk.

Where are we now?

- Rates of immunisation for Measles, Mumps and Rubella remained high but just failed to reach the national target of 95%. This was true for both first and second doses. NHS England have given details of their work to improve this performance and ensure the children who are missing out are included.
- The rate of take up for people aged under 65 who are invited for flu vaccination fell in the last year and did not meet the target.
- All targets have been met for HPV vaccination of young women to protect them from some causes of cervical cancer.

Outcomes for 2017 -18

11.1 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 94.6%) 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 93.1%) 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 (baseline from 2015-16 45.9%) ***Responsible Organisation: NHS England***

Indicators to be kept under surveillance in 2017-18

11.4 At least 90% of young women to receive both doses of HPV vaccination. (Baseline in 2015-16 tbc) ***Responsible Organisation: NHS England***

Annex 1: 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, and they do not provide the care as a voluntary member of staff.
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://mycouncil.oxfordshire.gov.uk/documents/s35492/2015-16%20DPH%20Annual%20Report.pdf
Extra Care Housing	A self-contained housing option for older people that has care and 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 has the responsibility to plan and buy (commission) health care services for the people in the County.
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 young person with special needs moves to having adults services.