

Oxfordshire's Joint Health & Wellbeing Strategy

2012 - 2016

**Consultation Draft
May 2012**

CONTENTS

1.	Foreword by the Chairman and Vice-Chairman of the Board	3
2.	Introduction	3
3.	Vision	4
4.	The Structure of the Health and Wellbeing Board	4
4.1	What does the Health and Wellbeing Board look like?	4
4.2	How will decisions get made	5
5.	The Joint Strategic Needs Assessment (JSNA)	6
5.1	What is the JSNA?	6
5.2	What does this analysis tell us?	6
5.3	What are the specific challenges?	7
5.4	What are the overarching themes?	7
6.	What are the priorities for the Oxfordshire Health and Wellbeing Strategy?	8
7.	Annex 1: Summary of Priorities	16
8.	Annex 2: Glossary of Key Terms	17

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

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

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

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

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

We have set out our ambitions and we now need your help. Please do respond to this consultation and have your say. We are eager to know whether your views agree with ours and we want to use the consultation to improve the strategy.

We look forward to hearing from you and to having you join us in this joint venture.

Keith Mitchell CBE, Chairman of the Board
Leader of Oxfordshire County Council

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

2. Introduction

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

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

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

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

This document is that draft strategy, (technically called the 'Draft Joint Health and Wellbeing Strategy') and the Board now wishes to consult with the people of Oxfordshire and a wide range of organisations in a debate to refine and improve these initial proposals.

We are seeking the answers to four questions:

- 1) **Have we got our priorities right?**
- 2) **Have we got our measures right?**
- 3) **What else should we include and why?**
- 4) **Are there any other comments that you would like to make?**

Once the priorities are agreed following this consultation, they will be the main focus of the Health and Wellbeing Board's work. The consultation will also help us to create the detailed action plans we will need if these changes are to become a reality.

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

3. Vision

The vision of the Health and Wellbeing Board is outlined below:

By 2016 in Oxfordshire:

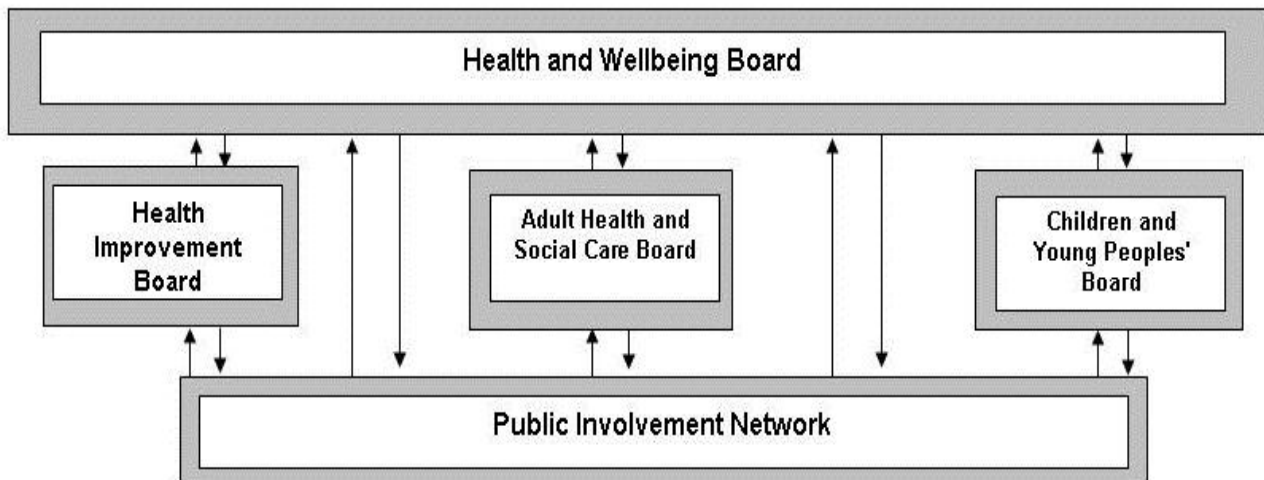
- more children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential;
- more adults will have the support they need to live their lives as healthily, successfully, independently and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

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

4. The structure of the Health and Wellbeing Board

4.1. What does the Health and Wellbeing Board look like?

The Health and Wellbeing Board has three Partnership Boards reporting to it and a Public Involvement Network; each with responsibilities as outlined below:



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

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

4.2. How will decisions get made?

The Health and Wellbeing Board is ultimately responsible for making decisions jointly about health and wellbeing. Its members are committed to working with its three Partnership Boards and its Public Involvement Network to make those decisions. They will also be accountable to their constituent organisations – the Oxfordshire Clinical Commissioning Group, County, District and City Councils and HealthWatch.

In turn, the Partnership Boards are committed to working with a wide range of health care providers, voluntary agencies and advocacy groups. In this way, the decisions of the Health and Wellbeing Board will be truly inclusive.

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

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

- a) they will want to take careful account of the evidence base provided by the Joint Strategic Needs Assessment and

- b) given that there will never be enough resources to meet all of people's needs, it will be the duty of the Health & Wellbeing Board to balance needs carefully and to make difficult decisions about priorities.

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

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

<http://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=776&MId=3410>

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

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

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

The analysis set out below is rooted in the JSNA, amplified by five Director of Public Health annual reports and the views and experience of members of the Health and Wellbeing Board.

5.2. What does this analysis tell us?

Oxfordshire is mainly a rural County in which approximately 649,000 people live. The County is the most rural in the South East region. Over 50% of the population live in settlements of less than 10,000 people. However, there are also urban areas, such as Oxford and Banbury. Future population growth is expected to be concentrated around the major towns of Banbury, Bicester, Didcot, Witney, Grove and Wantage, where several thousand new homes will be built over the next 15 to 20 years.

Health and wellbeing in Oxfordshire has been improving for many years. In general the population is healthy and compares well with the rest of the country. The growth in the number of people aged 85+ is roughly the same as the England average but the growth in the number of older people is not uniform across the County. It is highest in the rural areas.

The Child Poverty Strategy shows there are 15,660 children living in poverty, which is almost 12% of all children in the County. Four out of five children living in poverty live in our towns and in Oxford City.

In addition, there are important groups in society whose needs must not be forgotten, including those with mental health problems, physical disabilities and those with learning disabilities.

Although Oxfordshire is relatively well-off overall, the distribution of income among the local population is very uneven. There are pockets of relative 'social deprivation' scattered across

the County in both rural and urban areas but mostly affecting Oxford and Banbury, where physical and mental health are poorer, school results are lower and life chances are generally less good. The same group of wards tends to come to the forefront as having the poorest health and wellbeing. In general, many of these areas tend to be the ones with the highest proportions of people from minority ethnic groups and are the wards with the greatest levels of social deprivation.

The Joint Strategic Needs Assessment also shows that there are an increasing number of people engaged in caring for elderly friends and relatives and many more people volunteer their help. Many of these people are elderly themselves. We are dependent upon these friends, relatives and volunteers to continue caring.

5.3. What are the specific challenges?

- **Demographic pressures** in the population, especially the increasing number and proportion of older people, many of whom need care. This is markedly higher in our more **rural districts** than in the City.
- 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.
- There are a growing number of people with **dementia** in the County who require access to new emerging treatments.
- The persistence of small geographical areas of **social deprivation containing high levels of child poverty**, especially in Banbury and Oxford but also in parts of our market towns.
- The increase in **'unhealthy' lifestyles which leads to preventable disease**.
- The need to ensure that services for the **mentally ill and those with learning disabilities and physical disabilities** are not overlooked.
- **Increasing demand** for services.
- The need to support **carers to care** and the need to encourage volunteering.
- 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).
- The recent **tightening of the public purse** which has knock-on effects for voluntary organisations.
- The need to work with and through a **wide patchwork of organisations** to have any chance of making a real difference in Oxfordshire.
- The changing face and **roles of public sector organisations**.

5.4. What are the overarching themes?

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

1. The need to shift services towards the prevention of ill health.
2. The need to reduce inequalities, break the cycle of deprivation and protect the vulnerable.
3. The need to give children a better start in life.
4. The need to reduce unnecessary demand for services.
5. The need to make the patient's journey through all services smoother and more efficient.
6. The need to improve the quality and safety of services.

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

The priorities are based on the analysis set out previously. We have also used the following checklist to help us focus our priorities:

- 1) Is it a major issue for the long term health of the County?
- 2) Are there some critical gaps to which we need to give more attention?
- 3) Where are we most concerned about the quality of services?
- 4) Where can the NHS, Local Government and the public come together and make life better for local people?

A summary of the priorities can be found in Annex 1 on page 16.

A. Priorities for Adult Health and Social Care

Priority 1: Integration of health and social care

Integrating health and social care 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.

- More efficient use of existing resources and a reduction in the demand on expensive health and social care services by avoiding duplication and ensuring people receive the right care, in the right place at the right time
- Improved access to, experience of, and satisfaction with, health and social care services

The County Council and Oxfordshire Clinical Commissioning Group are committed to integrating health and social care further – 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.

We are proposing the following targets for achievement during 2012/13:

Integration of health and social care

- a single point of access to fully functioning integrated health and social care community services will be provided by Oxfordshire County Council and Oxford Health NHS Foundation Trust by 31st October 2012
- moving towards a single Section 75 agreement to cover all the pooled budget arrangements with substantial progress made by April 2013
- an older people's commissioning strategy implemented by the County Council in April 2012. The intention is to develop a joint older people's commissioning strategy and joint commissioning arrangements by December 2012
- Oxfordshire's Clinical Commissioning Group will be authorised by April 2013

- More than 60% of people who use social care services in Oxfordshire will say they are very satisfied with their care and support (currently 59.4%)
- Establish a baseline for measuring carer satisfaction of services by May 2013
- Achieve above the national average of people satisfied with their experience of hospital care (when the nationally sourced information for Oxfordshire is available)
- Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (when the nationally sourced information for Oxfordshire is available).
- 800 carers' breaks jointly funded and accessed via GPs (currently 709)

Priority 2: Support older people to live independently with dignity whilst reducing the need for care and support

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

We also 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.

For all these reasons our priority is to support older people to live at home whilst reducing the need for care and support. For this reason we are proposing targets to reduce the number of people permanently admitted to nursing homes, to provide additional extra-care housing units and to make sure older people find the information they need more easily.

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. This gives us another of our priorities. Currently only 38% of people with dementia in Oxfordshire have a diagnosis. This is below the national average of 42% (within a range of 27% - 59%). We would welcome views (especially from GPs) on what target should be set. We have suggested a target of 50% for this year which would be a step increase in performance but would still leave performance in Oxfordshire below the best achieved elsewhere.

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

We are proposing the following targets for achievement during 2012/13:

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

- a reduction in delayed transfers of care so that Oxfordshire's performance is out of the bottom quarter (current ranking is 151/151)
- No more than 400 older people permanently admitted to a care home (currently 546)
- 50% of the expected population with dementia will have a recorded diagnosis (currently 37.8%)
- 3,250 people will receive a reablement service (currently 1,812)
- 55% of the people completing the reablement service will be successfully supported so

that they need no on-going care (currently 47%)

- By the end of March 2013, commission an additional 130 Extra Care Housing places, bringing the total to 407 and by the end of March 2015 an additional 523 places, bringing the total number of places to 930
- 55% of older people who use adult social care say that they find information very or fairly easy to find (currently 52.2%)

Priority 3: Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential

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

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

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

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

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

The detailed targets for achievement during 2012/13 are:

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

- 55% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 54.2%)
- 15% of people with severe mental illness using secondary mental health services are in employment (currently 10.7%)
- 86% of people with a long-term condition feel supported to manage their condition (currently 84%)
- 95% of people living with severe mental illness will have an annual physical health check by their GP (currently 93.7%)
- 50% of people with learning disabilities will have an annual physical health check by their GP (currently 40%)

B. Priorities for Children and Young People

Priority 4: Keeping all children and young people safe

This is a key priority because children need to feel safe and secure if they are to reach their full potential in life.

Safeguarding is everyone's business and many different agencies work together to achieve it. The aim is to make the child's journey from needing help to receiving help as quick and easy as possible.

Practitioners in all agencies work together to prevent harm and to identify and protect children living in abusive and neglectful situations. There is excellent joint work around domestic abuse aimed at reducing its impact on children.

We know nationally the number of children who have Child Protection Plans has increased. The 0-4 year olds are the largest single age group with Child Protection Plans and in Oxfordshire we have more children with a Child Protection Plan, compared with previous years. Our priority in Oxfordshire is to reduce the number of children who need a subsequent Child Protection Plan (following a previous completed plan) to no more than 15%.

To improve this situation, we are proposing the following targets for achievement during 2012/13:

Keeping all children and young people safe

- No more than 15% of children who become subject to a child protection plan have previously had a plan (in 2010/11 18.2%)
- A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire Safeguarding Childrens Board covering the following agencies: children's social care; children and adult health services; early intervention services; services provided by the police. Over 50% of interventions showing positive overall impact (baseline to be confirmed in 2012/13)

Priority 5: Raising school achievement for all children and young people

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

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

The Health and Wellbeing Board aspires to see every single child being successful and reaching their potential, thriving in an outstanding learning environment throughout their

education wherever they live across the County. We aim for every single school to be rated at least as 'good' and to be moving towards 'outstanding'.

We are proposing the following targets for achievement during 2012/13:

Raising achievement for all children and young people

- 63% (3,900) of young people achieve 5 GCSEs at A*-C including English and Maths (currently 57.4%)
- 80% (4,880) of children achieve Level 4 or above in English and Maths at the end of Key Stage 2 (currently 74.8%)
- 76% (5,000) children achieve Level 2b or above in reading at the end of Key Stage 1 (currently 74.3%)
- Reduce the number of young people not in education, employment or training to 5% or 864 young people (currently 5.7%)
- 88% (204) primary schools and 86% (28) secondary schools will be judged by Ofsted to be good or outstanding (currently 61% of primary schools and 65% of secondary schools)

Priority 6: Narrowing the gap for our most disadvantaged and vulnerable groups

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

Poverty and deprivation are known to be strongly linked to poor outcomes and so work focused on reducing the gap between the most disadvantaged and most advantaged groups is seen as a key way of improving outcomes for children. There is a renewed national focus through the 'Thriving Families' programme working with families to reduce worklessness, antisocial behaviour and crime and to increase school attendance. This will be a vital strand in the ongoing work locally to 'narrow the gap'. Reducing the number of teenage pregnancies in the County has proved to be useful overall focus for this work.

Performance at Key Stage 4 is an area of further work: in 2010/11, 8% of Oxfordshire's looked after children achieved 5 or more GCSE A* to C including English and Maths compared to 6.4% in 2009/10. There are also more boys than girls who are Not in Education, Employment or Training (NEET).

We are therefore proposing the following targets for achievement during 2012/13:

Narrowing the gap for our most disadvantaged and vulnerable groups

- A sustainable decrease in the teenage conception rate (in 2010 this was 251 young people)
- Thriving Families programme targets will be available from the Department of Communities and Local Government framework when published
- Targets for improving achievement at school are included within priority 5

Priority 7: All children have a healthy start in life and stay healthy into adulthood

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

This section should be read together with priorities 9 and 11 below which propose the promotion of breastfeeding and improved immunisation for children as further priorities.

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

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

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

We are therefore proposing the following targets for achievement during 2012/13:

Having a healthy start in life and staying healthy into adulthood

- Reduce the number of young people admitted to hospital for episodes of self-harm by 5% year on year. This means reducing by approximately 10 young people every year (currently 156)
- Reduce the number of young children admitted to hospital with infections by 10% year on year. This means reducing emergency admissions to 2,890 children (currently 3,100)
- Review and redesign transition services for young people with mental health problems. This would mean there would be a new service in place from 1st April 2013

C. Priorities for Health Improvement

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

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

The following priorities for action are proposed:

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

In addition to this our work must focus on those who are most at risk. The Joint Strategic Needs Assessment shows that there are differences between different groups of people and

different places in the County, with some faring better than others both in terms of their life expectancy and in their chances of living healthy lives into old age.

We are proposing the following targets for achievement during 2012/13:

Preventing early death and improving quality of life in later years

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

Priority 9: Preventing chronic disease through tackling obesity

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

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

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

Promoting breastfeeding

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

Halting the increase in childhood obesity

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

Promoting physical activity in adults

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

We are proposing the following targets for achievement during 2012/13:

Preventing chronic disease through tackling obesity

- Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2011 this was 14.9%)

- 60% of babies are breastfed at 6-8 weeks of age (currently 58.4%)
- 5,000 additional physically active adults (2010/11 information will be available in July 2012)

Priority 10: Tackling the broader determinants of health through better housing

The interdependent relationship between health and housing is well known. Many of the most significant gains in health have stemmed from Local Authority public health measures, such as clean water, sanitation, reduction in overcrowding and reduced exposure to extreme cold. We need to maintain our focus on the contribution that decent housing makes to health improvement and especially on the needs of more vulnerable communities. We propose to approach this issue in several ways:

a. Reducing Fuel poverty:

A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel to keep warm. The calculation takes account of household income, fuel prices and energy efficiency of the home. Often the most vulnerable people, the elderly, the disadvantaged and those in poverty, are the most likely to be affected. All types of housing in both rural and urban areas can be affected. Helping people to escape from fuel poverty will do a great deal to improve the health of the worst off in the county. Latest figures show over 1 in 10 households in Oxfordshire are in fuel poverty, with some rural wards having rates as high as 1 in 5.

b. Inequalities

These housing issues also have to be tackled in partnership. Work is currently underway to determine the specific focus for this work and to identify and recommend outcomes and indicators. These will be advised in due course.

We are proposing the following targets for achievement during 2012/13:

Tackling the broader determinants of health through better housing

- 250 households per year helped to escape fuel poverty as a pilot (the baseline is not available until the pilot is complete)
- A second outcome measure relating to inequalities will also be agreed

Priority 11: Preventing infectious disease through immunisation

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

The Oxfordshire Joint Strategic Needs Assessment shows high levels of coverage but some targets are still not being met and there are early signs that our high rates have begun to slip a little.

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.

We are proposing the following targets for achievement during 2012/13:

Prevent infectious disease through immunisation

- 8,000 children immunised at 12 months, maintaining the high coverage (the national target is 96.5%)
- 7,700 children vaccinated against Measles Mumps and Rubella (MMR) by age 2 (the national target is 95%)
- 7,300 children receiving MMR booster by age 5 (the national target is 95%)
- 3,000 girls receiving Human Papilloma Virus vaccination to protect them from cervical cancer (the national target is 90% of 12-13 year old girls)
- 80,000 flu vaccinations for people aged 65 or more (the national target is 75% of people aged 65+)

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

Adult Health and Social Care

Priority 1: Integration of health and social care

Priority 2: Support older people to live independently with dignity whilst reducing the need for care and support

Priority 3: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

Children and Young People

Priority 4: Keeping all children and young people safe

Priority 5: Raising achievement for all children and young people

Priority 6: Narrowing the gap for our most disadvantaged and vulnerable groups

Priority 7: All children have a healthy start in life and stay healthy into adulthood

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

Priority 11: Preventing infectious disease through immunisation

Annex 2: Glossary of Key Terms

Terms

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

Not in Education, Employment or Training (NEET)	Young people aged 16 to 18 who are not in education, employment or training are referred to as NEETs.
Oxfordshire Clinical Commissioning Group	The Oxfordshire Clinical Commissioning Group is the new organisation in Oxfordshire that has the responsibility to plan and buy (commission) health care services for the people in the County. It is currently in shadow form until it takes over from Oxfordshire Primary Care Trust in April 2013.
Oxfordshire Safeguarding Childrens 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 partner 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.