Oxfordshire's Joint Health & Wellbeing Strategy

2015 - 2019

v.4

First Version July 2012,
Revised July 2013, June 2014 and June 2015 (draft)

Oxfordshire Clinical Commissioning Group

healthwatch Oxfordshire

OXFORDSHIRE COUNTY COUNCIL

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1. Foreword to the Revised Version of this strategy, July 2015

This revision of our joint strategy leads us into a fourth year of work together in Oxfordshire through the Health and Wellbeing Board. In the last year we have continued to strengthen our focus on improving health outcomes for the people of Oxfordshire and have demonstrated progress in a wide range of areas. Relationships have grown across the partnership, and Oxfordshire Healthwatch continues to add a valuable contribution to the work of the Board. Each revision has built on the success of the previous version and in this way we continue to prioritise our work and ensure that the focus for the partnership is directed to the biggest issues.

We made good progress in 2014-15. Our approach of setting outcomes for all our Health and Wellbeing priorities and for receiving updates on performance each time we meet is working well. It has enabled us to keep our focus on the issues that matter and to drive improvement. The addition of "best and worst" reports on performance by the Health Improvement Board has been a good development too as it has enabled focus on variation in outcomes that affect different parts of the population.

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

- There have been big improvements in the take up of free early education for eligible 2 years olds;
- A higher percentage of pregnant women saw a healthcare professional in the first 13 weeks of their pregnancy - 95.8% exceeding our target of 92%;
- The number of young people not in education, employment or training has continued to fallUptake of NHS Health Checks offered to 40-74 year-olds has improved
- Over 25000 people had help from the Community Information Network, which provides relevant, personalised information and advice about what is available to help us keep well and what support and care there is in local areas;
- Healthwatch Oxfordshire has reviewed the Quality Accounts of service providers and brought challenge and recommendations for improvement to the Board.
- We have continued to bring together the work of health and social care with communities and the voluntary sector - our first Neighbourhood team of social care and community health in Wantage and Faringdon is based with local GPs;
- The number of hospital admissions for acute conditions that would not normally require hospital admission continues to fall and is below the national average;
- The growth of Extra Care Housing continues and will deliver more units in 2015/16
- People who use health and social care services report a high level of satisfaction with their care, with access to information and receiving their support in a timely way
- Overall the rate of breastfeeding at 6-8 weeks is higher than the national average

However, we still have more to do. This revised strategy sets out our renewed intentions for the year ahead. We have proposed outcome measures so that we can continue to monitor improvements in 2015-16. We will hold each other to account, expect good results and continue to strive for good quality in all health and social care services.

The context for this as we look to the year ahead is the growing challenge on resources across the whole system. The County Council has announced the need for extra savings of £60m per annum by 2021/22 on top of the £88m planned savings to be made by 2017/18. The NHS is expected to deliver efficiency savings of £22 billion equating to £272m in Oxfordshire.

Working together to transform the health and social care system is now an imperative. People tell us it is what they want and it is the only way to continue to make sure that what people need is available to them at the right time, good quality and in the right place. The emphasis for all the organisations working in health and social care is changing the way we

work, focusing on prevention of ill health and needs for care and on how best people can be helped to stay well and be supported in their own communities.

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

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

2. Introduction

A Health and Wellbeing Board was set up in Oxfordshire to make a measurable difference to the health and wellbeing of its people. Oxfordshire has a rich history of partnership working which strives to improve the health of Oxfordshire's people and the care they are offered. This Board was, therefore, very much the next logical step for Oxfordshire to take, and through it we also fulfil a key requirement of the Health and Social Care Act (2012).

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

The Board is a partnership between Local Government, the NHS and the people of Oxfordshire. Members include local GPs, Councillors, Health Watch Oxfordshire and senior officers from Local Government.

Early tasks for the board 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 are propose revised outcomes for the year ahead. We want to make sure that our planning stays 'alive' and in touch with the changing needs of Oxfordshire's people.

3. Vision

The vision of the Health and Wellbeing Board is outlined below. This sets out our aspiration in broad terms. It is fleshed out in the priorities which follow and the action plans that are now in progress.

By 2016 in Oxfordshire:

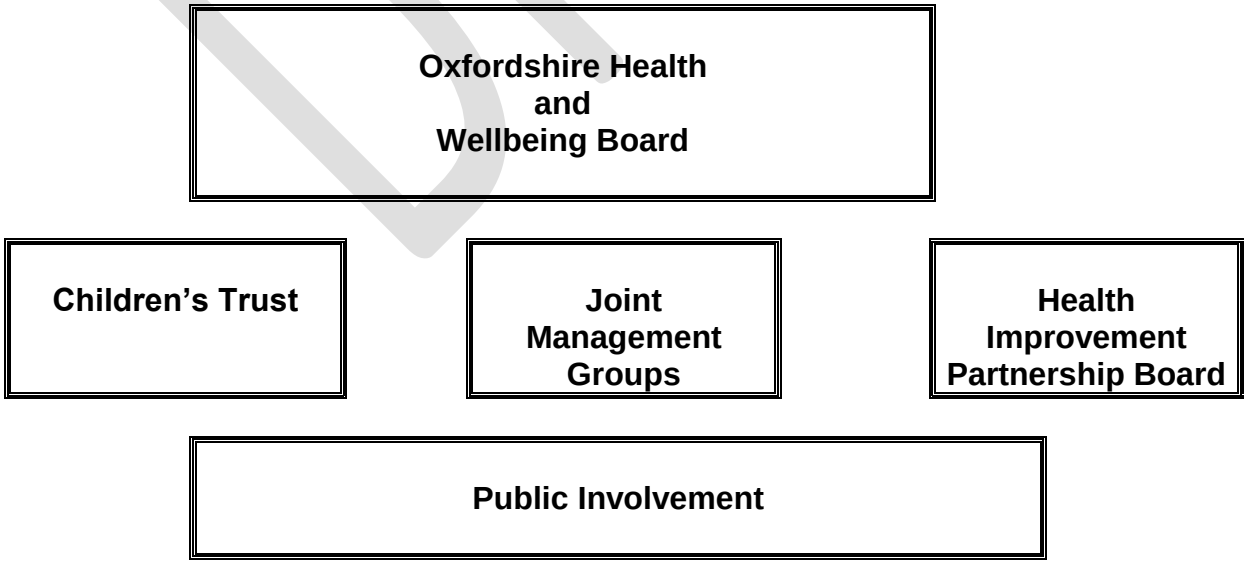
- more children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential;
- more adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health and social care services;
- everyone will be given the opportunity to voice their opinions and experiences to ensure that services meet their individual needs;
- the best possible services will be provided within the resources we have, giving excellent value for the public.

The priorities set out in this document put flesh on these themes. The priorities have run from 2012 - 2016 while the measures and targets set out within each priority are for the financial year 2015-16.

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, Groups and for Public Involvement are outlined below:

Joint Management Groups	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 for older people and for mental health.	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 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 its Public Involvement representatives to agree that direction. They are also accountable to their constituent organisations – the Oxfordshire Clinical Commissioning Group, County, District and City Councils and Healthwatch Oxfordshire.

In turn, the Partnership Boards 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. Each of the Partnership Boards or Joint Management Groups also meet in public at least once each year and will also host workshops which will include many more service providers, partners, informal/ volunteer carers, faith groups, voluntary sector representatives, the public and advocacy groups.

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

a) they want to take careful account of the evidence base provided by the Joint Strategic Needs Assessment and scientific research, and
b) given that there will never be enough resources to meet all of people's needs, it is the duty of the Health & Wellbeing Board to balance needs carefully and to influence its constituent organisations to make difficult decisions about priorities.

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

4.3 The Work of Other Partnerships and Cross-Cutting themes

The Health and Wellbeing Board is not the only group of its type in Oxfordshire. Public consultation suggested including topics which are already covered by other groups and strategies. We do not want to duplicate effort and the work of these groups therefore has a key role to play. Other key partnerships and plans include:

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

A number of issues were identified in the major consultation in 2012 as ones that are of cross cutting interest to the adults, children's and health improvement boards. These were - safeguarding, carers, housing, poverty, mental health, drug and alcohol dependency, offender health, long term conditions, end of life care, co-ordination of good quality support and making a successful transition from children's to adult services. The action plans to deliver the improvements needed will take account of the cross cutting nature of these issues wherever possible.

Three of these cross-cutting issues are so fundamental and public support for them so strong, that the Health and Wellbeing Board will require that the implementation of this strategy across all priorities takes account of:

1) Social disadvantage
The aim here is to level up health and wellbeing across the County by targeting disadvantaged and vulnerable groups. This will vary from topic to topic but will include: Rural and urban disadvantaged communities, black and ethnic minority groups, people with mental health problems, members of the armed forces, their families and veterans and carers of all ages.

2) Helping communities and individuals to help themselves
As the public purse tightens, we need to find new ways of supporting people to help themselves. Since the early days of this approach there has been some progress including direct payments to people to buy their own care.

3) Locality working
Local problems often need local solutions and Oxfordshire is a diverse County. The Clinical Commissioning Group, County Council and District councils all support locality working and we should expect to see locality approaches to the priorities in this County when they are the best way to make improvements.

5. A strategic focus on Quality.

Discussion at the Health and Wellbeing Board has 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 outcomes 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 be implemented. In addition, the Joint Strategic Needs Assessment (JSNA), Director of Public Health Annual Reports and feedback of concerns from representatives of the public also indicate gaps in quality which need to be addressed.

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

A process has now been established for giving more assurance on quality issues across the system. This includes continuing to include a range of patient reported outcome measures in this strategy and monitoring performance closely. From 2014-15 it was also agreed that Healthwatch Oxfordshire could take a lead role in examining the Quality Accounts of providers of health and social care and working with them to agree priorities for the year ahead. The product of this process is outlined below:

5.1 Whole system quality priorities for 2015/16

In November 2014, the Directors of Quality and Service/Patient Experience leads from Oxford University Hospitals Trust, Oxford Health Foundation Trust, Oxfordshire County Council, South Central Ambulance Service and the Oxfordshire Clinical Commissioning Group met with Healthwatch Oxfordshire to share information on the priorities for quality improvement for Oxfordshire. These priorities arise from review of the patient and service user feedback each of these organisations collects. The aim was to produce a single joint statement of quality improvement.

A set of statements have been agreed and these are set out below. Each of those partners has also agreed that the priorities identified in this statement will be reflected in their own Quality Accounts.

5.2 The statement

It was agreed by the organisations named above that the following should be the focus for quality improvement in Oxfordshire in 2015/16:

All services

- Joining up people's care when it is being delivered by a range of health and/or social care providers.
- Communication between different organisations within the system about patients.
- Communication by all parts of the system with patients and carers, both in terms of staff attitudes, involvement of people in decision making about their care and delivery of dignity standards.
- Carer involvement in care planning and care delivery.
- Better treatment of patients with physical and mental health needs, and recognising and addressing the psychological component of all healthcare.
- Continuing to build a culture in which staff, carers and patients feel able to raise concerns or complaints without fear of retribution.
- Supporting delivery of public education about how to use the NHS wisely and self-care programmes that might help reduce demand.

In addition to these quality improvements, the following issues have been agreed for organisations to work on:

- Oxford Health Foundation Trust will continue to work to make patient care safer through reducing harm through falls, patients going missing, aggression and violence and avoidable pressure ulcers and through the prevention of suicide.
- Oxford University Hospitals Trust will focus on providing high quality, individualised care, while meeting NHS Constitution pledges on A&E waiting times, cancer treatment times and 18 week referral to treatment targets.
- Oxfordshire County Council will work to improve the timeliness of social care assessments and access to care packages and re-ablement services.
- South Central Ambulance Service will improve ambulance rural response times.
- Oxfordshire Clinical Commissioning Group will work to address the issues of access to GPs and GP retention and recruitment.

Where relevant, the outcome measures used to monitor delivery of this strategy reflect these common priorities and the shared commitment to quality and dignity shared by all partners in the Board. This shared commitment will also be reflected in the meetings of the Health and Wellbeing Board and the work of the supporting partnerships, and in the review of annual patient experience and outcome measures collected by organisations across the health and social care system

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 2014-15 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 2015 which provided a comprehensive overview of the county. It can be found here: http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment-summary-report-2015

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 recent **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 have been identified as follows –

- The need to shift services towards the prevention of ill health.
- The need to reduce inequalities, break the cycle of deprivation and protect the vulnerable.
- The need to give children a better start in life.
- The need to reduce unnecessary demand for services.
- To help people and communities help themselves.
- The need to make the patient's journey through all services smoother and more efficient.
- The need to improve the quality and safety of services.
- The need to streamline financial systems, especially those pooled between organisations, and to align all budgets more closely.

These themes will be overseen by the Health and Wellbeing Board and will be tackled by all of the 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?

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

A summary of the priorities can be found in Annex 1

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

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

Priorities for Children's Trust

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

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

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

There are a number of indicators of which the Children's Trust will retain oversight but which will be monitored by the Health Improvement Board. These relate to breast feeding, smoking in pregnancy, childhood obesity, preventing disease through immunisation and controlling homelessness and numbers of households in temporary accommodation.

The number of children in Oxfordshire aged 4 and under has grown by 13% since the last census in 2001 whilst the Oxfordshire population as a whole has only increased by 8%. We know there is a year on year increase in the proportion of children and young people admitted to hospital in an emergency. The most common causes of emergency admission to hospital for young children (under 5) are respiratory tract infections, viral infections and gastroenteritis. We therefore need to continue to prioritise these children as a focus for our services in the community.

Young people tell us that there is much more we could do to improve the transition between young people's services and younger adults' services. This is particularly relevant to young people with mental health needs and we have already acted on this with a specific focus on looked after children. Young people also told us that they want more information and support around mental health issues and we made this a priority for the past year.

There is a strong focus on promoting wellbeing and developing resilience, particularly in children and young people. Suicide risk reduction work is already underway. There is an on-going public health campaign to promote mental health and wellbeing for all ages.

Our focus for 2015 is Mental Health and wellbeing and substance misuse, including the misuse of drugs, alcohol and tobacco.

Where are we now?

- Latest available figures (Q1 in 2014-15) show that 95.8% of pregnant women in Oxfordshire were seen by health professionals by week 13 of their pregnancy. This figure has exceeded the target of 92% and is only slightly below the national figure of 96.1%.
- There are a number of measures relating to a healthy start in life, such as rates of breastfeeding and reduction in percentage of women smoking during pregnancy, which are reported below under the Health Improvement Board's priorities. Breastfeeding rates remain above the national average. There has been a reduction in the percentage of women smoking during pregnancy although this remains a concern.
- We have continued to monitor hospital admissions for young people, and there continue to be small increases in the admission rate across a number of causes including asthma, epilepsy and respiratory infections. This is being seen across the country and is being addressed through the management of these conditions in Primary Care.

Outcomes for 2015-16

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 2015/16

1.2 Support all secondary schools to have a school health improvement plan which includes smoking, drug and alcohol initiatives.

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

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

Poverty and disadvantage are known to be strongly linked to poor outcomes and so work focused on reducing the gap between the most disadvantaged and most advantaged groups starting in 'early years' has been seen as a key way of improving outcomes for children and families. Our focus will be on children and young people looked after by the Local Authority, young people leaving care, and Young Carers. We want everyone involved to have the highest aspirations for these children and young people, including the young people themselves.

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

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

Where are we now?

- The number of eligible 2 year olds taking up free early education (2,112) has been much higher than the target of 1,800. This follows significant work by the Early Years workers and children's centres in promoting this funding. It is important to maintain the focus on this measure during times of change. Although it is not a target in this strategy for 2015/16 we will continue to monitor the take-up.
- 86% of 2 year old Looked After Children have taken up the free early education, this is above the target of 80%.
- During the academic year 2013/14, 15% of Children in Need (defined as those with a current Children in Need plan) in Oxfordshire were classed as persistently absent from school (i.e. missing 15% of sessions throughout the year). This is a reduction from the previous year when it was 19.8%. This rate remains higher than the national persistent absence rate for Children in Need, 13.8%. The overall persistent absence rate for all pupils in Oxfordshire in 2013/14 was 3.8%.
- All of the 810 families in Oxfordshire meeting the national Troubled Families criteria have been turned around, and families are now being identified for phase 2 of the national programme.
- At Key Stage 2 the gap in attainment between those with free school meals and their peers has widened to 23 percentage points in Oxfordshire, whereas nationally this has remained at 19 percentage points. The council has recently taken new steps to address this by providing overarching strategy and specific support for individual cases to ensure improved outcomes for this group of young people. This work is overseen and monitored on a continual basis by the Improvement and Development Manager for Vulnerable Learners and we expect to see improvement this year (2015/16)

Outcomes for 2015-16

2.1 Reducing inequalities as measured by Public Health measure (number 1.01i) - Children in poverty (all dependent children under 20) - such that the gap between the wards with most poverty and least poverty is reduced.

2.2 Reduce the number of children and young people placed out of county and not in neighbouring authorities from 74 to 50.

2.3 Reduce the level of care leavers not in employment, education or training from 50% (measured at 19th, 20th and 21st birthday of care leavers)

2.4 Increase the number of young carers identified and worked with by 20% from 1,825 at 1st April 2015 to 2,190.

2.5 Reduce the number of children with Special Educational Needs who are have at least one fixed term exclusion in the academic year from 5.1% in the academic year 2013/14.

2.6 Increase the proportion of children with a disability and are eligible for free school meals who are accessing short breaks services from 24% in 2014/15.

Priority 3: Keeping all children and young people safe

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

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

In Oxfordshire we have done a great deal of work together – County Council, Police, Health, District Councils and other organisations - to prevent child sexual exploitation and to protect and support its victims. This includes setting up the multi-agency dedicated Kingfisher team and increasing capacity by recruiting additional social workers. Nationally and locally there continues to be a growing awareness about young people who are victims of sexual exploitation. There is a need to place even greater emphasis on better recognition and prevention of such exploitation. In light of the findings of the Serious Care Review into Child Sexual Exploitation in Oxfordshire published in March 2015 we need to continue to focus on this important work in Oxfordshire and continue to work together as agencies to prevent this type of crime happening.

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

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

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

Keeping children safe is a key priority for all agencies.

Where are we now?

- By the end of 2014 every child considered likely to be at risk of Child Sexual Exploitation had a multi-agency plan in place.
- At the end of 2014-15 19% of children who went missing from home within a 12 month period had been reported missing more than 3 times. Work is on-going to reduce this.

Outcomes for 2015 -16

3.1 Set a baseline for and then increase the amount of times the Independent Chair is satisfied that the core group minutes show that the objectives of the CP Plan are being progressed by the Core Group

3.2 Set a baseline for and then increase the proportion of specified outcomes that have been achieved in child protection plans

For Neglect cases only :

3.3 Establish a benchmark and then Increase the proportion of neglect cases where the neglect tool is used

3.4 Reduce the number of hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 (Public Health measure number 2.07ii) (baseline to be reported).

3.5 More than 70 schools receive direct support to implement effective Anti-Bullying strategies as evidenced by school action plans to tackle and reduce bullying through increased membership of Anti-Bullying Ambassador scheme, individual support from Anti-Bullying Co-ordinator and provision of training.

In addition, the Children's Trust will maintain oversight of measures used by the Oxfordshire Safeguarding Children's Board and Oxfordshire Safer Communities Partnership measures in relation to:

Domestic abuse

Child Sexual Exploitation

Female Genital Mutilation

4 The development of the Multi-Agency Safeguarding Hub

Priority 4: Raising achievement for all children and young people

The Health and Wellbeing Board aspires to see every child being successful and reaching their potential, thriving in an outstanding learning environment throughout their education, wherever they live across the county, and to see the gap reduced between the lowest and the highest achievers. We aim for every single school to be rated at least as 'good' and to be moving towards 'outstanding'.

Early Years and primary school results are better than the national average and this can be built upon. There have been some signs of improvement in some subject areas at Key Stage 4 and we need to continue to improve with a particular focus on building on the achievements of specific groups. We know that specific pupil groups in Oxfordshire do not do as well as their peers in similar Local Authorities. This includes children receiving free school meals, children from some Black and Minority Ethnic Groups and those with special education needs.

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

Where are we now?

- At the end of March only 3.6% of young people were not in education, employment or training (NEET), below the ambitious target of 5%. However, the proportion of NEETs is not evenly spread throughout the county with low numbers in the South East Oxfordshire Hub area and higher numbers in Littlemore and Banbury Hub areas.
- The proportion of young people for whom their NEET status is not known only narrowly missed the target of 5% and represents a much lower proportion than at March 2014 when it was 11%.
- The target for the proportion of pupils attending good or outstanding schools has been exceeded in secondary schools, but narrowly missed in primary schools.
- There has been increase in the number of funded 2- 4 year olds attending good and outstanding early years settings and it is now at 87.8%. However, Oxford City falls below the target of 85% and the Vale of White Horse significantly exceeds the expected number.
- 77% pupils in Oxfordshire made expected progress in Key Stage 2 reading, writing and maths – not quite reaching the target of 80%

Outcomes for 2015-16

4.1 Improve the free school meals attainment gap at all key stages and aim to be in line with the national average by 2015

a) Key Stage 2: 16% points

b) Key Stage 4: 26 % points

Our performance this year (reported under priority 2, Narrowing the Gap) showed a much wider gap - 23% at Key Stage 2 and 34% at Key Stage 4. This is being addressed by providing overarching strategy and specific support for individual children and schools to ensure improved outcomes for this group of young people. This work is overseen and monitored on a continual basis by the Improvement and Development

Manager for Vulnerable Learners and we expect to see improvement this year (2015/16)

4.2 Ensure that the proportion of pupils with Special Educational Needs and Disability (SEND) but no statement or Education Health and Care Plan will be in line with the national average

4.3 62% of children in early years & foundation stage will reach a good level of development

There are also areas of focus within the Oxfordshire Skills Board of which the Children's Trust will retain oversight:

- 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.

B. Priorities for Joint Management Groups

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

Integrating the health and social care systems has been a goal of public policy for the past 40 years. The successful integration of health and social care offers important benefits, for example

- Improved access to, experience of, and satisfaction with, health and social care services that place people at the centre of support
- Development of different ways of working, including new roles for workers who work across health and social care
- Ensuring that all health and social care providers deliver high quality safe services so that those receiving their services are treated with dignity and respect
- Ensuring people receive the right quality care, in the right place at the right time and achieve more efficient use of existing resources and a reduction in the demand on expensive health and social care services.

The integration of services has progressed in Oxfordshire over the last year with the agreement of the Better Care Find Plan for Oxfordshire, introduction of a joint single point of access to health and social care community services for health and social care staff. The development of integrated health and social care services in GP localities is underway and a joint vision and plan across health and social care organisations is forming as we work together more.

The County Council and Oxfordshire Clinical Commissioning Group are committed to working together to raise the quality and improve the value of health and social care services for both service users and for carers. This is what the people of Oxfordshire have said they want. Integrating health and social care is a priority because it gives us the chance to improve services, make better use of resources and meet the stated desires of the public.

Where are we now?

- Progress is being made in the integration of services, with a number of further initiatives and plans underway to improve outcomes and make services more accessible for people.
- Patient Outcome measures show high levels of satisfaction with care and support received from social care, hospital care and GP surgeries.
- Over 16,000 carers are now known and supported by adult social care which is an increase of almost 1,000 over last year
- 1027 carers received Carer Breaks accessed through their GP and jointly funded. This does not represent all the ways a carer may have accessed funding or help with arranging a break. Carers breaks jointly funded and accessed via GPs increased through the year and have now been replaced with meeting assessed support needs in line with the Care Act.

Outcomes for 2015-16

These outcomes link to the Quality Statements agreed with commissioners, partners and Healthwatch outlined earlier in this document, namely joining up people's care when it is being delivered by a range of health and/or social care providers, improving communication between different organisations and with people and their carers, and involving carers in care planning and delivery. There is also a measure to reflect the commitment to continuing to build a culture in which staff, carers and patients feel able to raise concerns or complaints without fear of retribution.

5.1 Deliver the 6 Better Care Fund national requirements for closer working of health and social care

1. Are the plans still jointly agreed?
2. Are Social Care Services (not spending) being protected?
3. Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?
4. In respect of data sharing:

   Is the NHS Number being used as the primary identifier for health and care services?

   Are you pursuing open Application Programming Interfaces (i.e. systems that speak to each other)?

   Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?
5. Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?
6. Is an agreement on the consequential impact of changes in the acute sector in place?

5.2 Reduce the number of avoidable emergency admissions to hospital for older people per 100,000 population from a baseline of 15,849 in 13/14

5.3 Increase the number of carers known to social care from 16,265 (March 2015) to 17,000 by March 2016

5.4 Increase the number of carers receiving a social care assessment from 6,042 in 2014/15 to 7,000 in 2015/16

5.5 Increase the number of carers receiving a service from 2,226 in 2014/15 to 2,450 in 2015/16

5.6 Increase the percentage of people waiting a total time of less than 4 hours in A&E. Target 95% based on an average from the first three quarters of 2014/15 which is 91.3%

5.7 Increase the percentage of people waiting less than 18 weeks for treatment following a referral:

Admitted patients target 90%
Non-admitted patients target 95%
Of patients who do not complete the pathway target 92%

5.8 Monitor complaints and compliments people raise about health and social care with the Clinical Commissioning Group and the County Council. Set a target to increase next year as a measure of transparency and openness to learning

Priority 6: <u>Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential</u>

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

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

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

We will continue to monitor how easy people find it to access information and the quality of support offered to people with a long term condition. We recognise the importance of supporting people with mental health needs to find and stay in employment, and will develop a measure during this year that will help demonstrate how effectively we are in doing this.

Access to good health care is an area for improvement in Oxfordshire for people with learning disabilities and for people with mental health needs. The physical health check target we set, of at least 60% for adults with learning disabilities, will continue to be a target for 2015/16. Partners recognise that the system needs to provide better treatment of patients

with physical and mental health needs, and to improve how it recognises and addresses the psychological component of all healthcare. This is reflected in the measures below which address access to treatment for mental health problems and access to psychological therapies

Where are we now?

- Over 25,000 people had information and advice about areas of support through the Community Information Networks, against a target for the contract year of 6800.
- More people moved to recovery having completed psychological therapies with at least two treatment contacts (61% against a target of 50%)
- People with Learning Disabilities still do not have good enough access to physical health checks. We have kept the target for next year and are working on developing a 'Reasonable Adjustments' team to make sure people have the access to health care they need and are treated fairly. We do not have data from all practices yet, but many practices update their health checks in Q4 and we anticipate a substantial increase when that data is available. All OCCG practices have signed up to the scheme for 2015-16.
- Emergency hospital admissions for acute conditions have reduced, although are still more than the target of 951.4 per 100,000 population at 964.6. Nationally the figure is higher.
- There have been fewer unplanned admissions for chronic conditions which can be actively managed (such as diabetes and asthma). The target was 565.4 per 100,000 population and the actual figure was better at 536.4.

Outcomes for 2015-16

6.1 20,000 people to receive information and advice about areas of support as part of community information networks

6.2 15% of patients with common mental health disorders, primarily anxiety and depression will access treatment

6.3 Improve access to psychological therapies so that more than 50% of people who have completed treatment having attended at least 2 treatment contacts are moving to recovery

6.4 At least 60% of people with learning disabilities will have an annual physical health check by their GP

6.5 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages (2013/14 baseline: 951.4 per 100,000 population)

6.6 Increase the employment rate amongst people with mental illness from a baseline of 9.9% in 2013/14

6.7 Reduce the number of assessment and treatment hospital admissions for adults with a learning disability to 8 in 2015/16 from 20 in 2014/15

6.8 Reduce the length of stay of hospital episodes for adults with a learning disability so that by March 2016 no one has been in a NHS Assessment & Treatment Unit for more than 2 years. It is acknowledged that 2 years remains an unacceptable length of stay and are working to develop a new approach which will improve the pathway.

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

We know that living at home with dignity is key to the quality of life that older people want to enjoy and that older people and their carers require access to good quality information and advice.

In Oxfordshire we know that the proportion of older people in the population continues to increase and that the number of referrals for support 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. One of the best ways of doing this is to provide services which help people to learn or re-learn the skills they need to live more independently and to prevent ill health. These services are called "reablement services". We are committed to offer these to more people.

For all these reasons our priority is to support older people to live at home whilst reducing the need for care and support. To achieve this we are focusing together on better use of reablement; reducing emergency admissions to hospital for acute conditions; reducing the number of people permanently admitted to care homes; developing more integrated community services; improved diagnosis of people with dementia; providing additional extra-care housing units as well as ensuring there is a range of housing options for older people and that people can find the information they need. We have also continue to set a challenging target for reducing the number of people admitted to a care home, because this is the ultimate test of whether these alternative services and options are working.

Loneliness and social isolation are increasingly acknowledged as root causes of poor health and wellbeing and we know they influence people's choices about staying at home. More local information is needed to identify the key issues in this area for Oxfordshire.

Another key issue is the increase in the number of people with dementia who need access to newly emerging treatments. To enable us to develop high quality care for people with dementia we need to diagnose it earlier. In Oxfordshire we have increased our ambition for 2015/16 to 67% of the expected population having a diagnosis.

Where are we now?

- Delayed transfers of care remain a priority issue for organisations involved in health and social care across Oxfordshire.
- The rate of permanent admissions to care homes has dropped, though the overall number exceeded the target set for the year. The target was 546 for the year, and the actual figure was 598.
- The proportion of older people (65 and over) with on-going care supported to live at home has increased and is now 62.7% against a target set for the year of 61.9%.
- A new national tool has been introduced for estimating the number of people with dementia and this has increased the estimate for Oxfordshire. A number of initiatives have been put in place to increase the number of diagnoses made. The percentage of the expected population with dementia with a recorded diagnosis has increased
- There have been increasing numbers of people starting reablement each month but

the total remained below the target for the year. This issue remains and particularly reflects low referral rates from community settings.

- High numbers of people reported that they had been treated with dignity and respect and were involved in planning their care at home - 96%, higher than the target 95%
- The growth in supply of Extra Care Housing continues - slightly below the target of 768 at 714 units. However, we are on track to deliver more units in 2015/16
- Service users report high levels of satisfaction with access to information and that they receive support and care in a timely way
-

Outcomes for 2015 - 16

7.1 Reduce the number of people delayed in hospital from an average of 145 per day in 2014/15.to an average of 96 for 2015/16

7.2 Reduce the number of older people placed in a care home from 11.5 per week in 2014/15 to 10.5 per week for 2015/16

7.3 Increase the proportion of older people with an on-going care package supported to live at home from 62.7% in April 2015 to 63.0% in April 2016

7.4 Over 67% of the expected population (5081 out of 7641) with dementia will have a recorded diagnosis (provisional baseline 59.5% or 4948 people)

7.5 Increase the number of people accessing the reablement pathway including

- Increasing the number of people accessing the reablement pathway from a hospital pathway to at least the national average. The national average will be published in October 2015.
- Increasing the number of people accessing reablement from the community. Our target for the year is 1875.

7.6 Reduce the proportion of people who do not complete their reablement episode from 20.3% in 2014/15 to 17% in 2015/16

7.7 Monitor the number of providers described as outstanding, good, requires improvement and inadequate by CQC and take appropriate action where required.

7.8 Increase the number of people supported through home care by social care in extra care housing by 10% (from 114 to 125)

7.9 Increase the proportion of people on the end of life pathway who die in their preferred place.

C. Priorities for Health Improvement

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

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

A gap in life expectancy still remains within Oxfordshire, with women likely to live longer than men and those in more deprived areas likely to die sooner and be ill or disabled for longer before death. The gap is slowly being closed as life expectancy for men is increasing, but there is still an inequality both by gender and across the social gradient.

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

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

- To reduce levels of smoking in the county by encouraging more people to quit as smoking remains a major cause of heart disease and cancer.
- To boost our cancer screening programmes so that more people are protected, focusing on the bowel cancer screening programme.
- To promote the 'Health Checks' programme which offer adults a full health 'MOT' and looks at many lifestyle factors such as obesity, exercise, smoking, blood cholesterol levels ,diabetes, blood pressure and alcohol consumption.
- 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.

In addition to this, our work must be even more focused on those who are most at risk. The Joint Strategic Needs Assessment shows that there are differences between different groups of people and different places in the County, with some faring better than others both in terms of their life expectancy and in their chances of living healthy lives into old age. Outcomes will be set to target the groups with worst outcomes as well as the overall average and reports will continue to show the groups or localities with the best and worst outcomes wherever such reporting is possible.

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

Where are we now?

- Bowel screening kits are being sent out to 60-74 year olds and there are plans in place to improve uptake, but a large proportion of the target group are still not returning them for analysis and the aspiration for 60% uptake has not been achieved.
- Uptake of invitations to attend NHS Health Checks has improved quite markedly during the year but still did not meet the aspirational target of 66%.
- Smoking quit rates in the county failed to meet the target in the last year.

Reports of quit rates in pregnancy have been received but there is still concern that some women are continuing to smoke.

- The Health Improvement Board has been monitoring the rates of successful completion of alcohol and drugs treatment in the last year. There have been some improvements and the Recovery Plan is making a difference, but Oxfordshire still lags behind national averages.

Outcomes for 2015-16

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 Of people aged 40-74 who are eligible for health checks once every 5 years, at least 15% are invited to attend during the year. No CCG locality should record less than 15% and all should aspire to 20%. ***Responsible Organisation: Oxfordshire County Council***

8.3 At least 66% of those invited for NHS Health Checks will attend (ages 40-74) and no CCG locality should record less than 55% with all aspiring to 66%.(baseline 53% 2014-15) ***Responsible Organisation: Oxfordshire County Council***

8.4 At least 3650 people will quit smoking for at least 4 weeks (achievement in 2014-15 to be reported). ***Responsible Organisation: Oxfordshire County Council***

8.5 The number of women smoking in pregnancy should decrease to below 8% recorded at time of delivery (baseline 2014-15 8.1%). ***Responsible Organisation: Oxfordshire Clinical Commissioning Group***

8.6 The 2015-16 target for opiate users should be at least 7.6% successfully leaving treatment (baseline 7.8%) ***Responsible Organisation: Oxfordshire County Council***

8.7 The 2014-15 target for non-opiate users should be set at 39% successfully leaving treatment (baseline 37.8%). ***Responsible Organisation: Oxfordshire County Council***

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

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

Surveillance of these issues in the last year show that

- Rates of obesity in the county continue to rise. Data from surveys show a cause for concern.
- The percentage of people diagnosed with diabetes by their GP continues to rise across the county.
- The rates for breastfeeding initiation soon after birth and continuation to at least 6-8 weeks are good in Oxfordshire. These higher rates need to be maintained.
- Measurement of children shows the numbers who are deemed to be overweight or obese at both Reception Class and Year 6 are generally lower than England rates,

but show over 15% obesity at year 6. These are year on year snap shot measures so trends cannot be identified.

To tackle obesity we propose to keep our focus in the following areas:

Promoting breastfeeding
Breastfeeding gives the best start to life and has been proven to lead to fewer overweight children and adults. Increasing the number of breastfed babies is still the foundation of an obesity strategy for the County. The national figure for breastfeeding prevalence at 6-8 weeks is 47% but in Oxfordshire we want to keep the stretching target of 63% and will only achieve this if we focus on the areas where rates are low.

Halting the increase in childhood obesity
Children in Reception class and Year 6 are weighed and measured every year and results show that around 8% of reception year and over 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. Levels of obesity are also linked to social deprivation, with more deprived parts of the County showing higher rates of obesity, so some targeting of effort is called for here too.

Promoting physical activity in adults
Physical activity is an important component of maintaining a healthy weight for all ages and there is local encouragement here, with Oxfordshire still doing well according to the 'Active People' survey. However, the survey showed that 23% 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. For the years ahead we will be encouraging those who are inactive to start to move more.

Where are we now?

- There was an increase in obesity rates for children in year 6 and it has reached above 16% across the county. There are some variations in different parts of the county with the latest figures showing the highest rates in the City at 19%.
- 62% of adults do at least 150 minutes of physical activity a week but over 23% of our population do less than half an hour a week. The target for reducing the number of inactive people has not been met
- The overall rate for breastfeeding at 6-8 weeks is still higher than the national average and has been maintained at about 60% but the aspirational target of 63% has not been met.

Outcomes for 2015-16
9.1 Ensure that the obesity level in Year 6 children is held at no more than 16% (in 2014 this was 16.9%) No district population should record more than 19% ***Data provided by Oxfordshire County Council***

9.2 Reduce by 1% the proportion of people who are NOT physically active for at least 30 minutes a week (Baseline for Oxfordshire 23% against 28.9% nationally, 2014-15 Active People Survey). ***Responsible Organisation: District Councils through Oxfordshire Sports Partnership***

9.3 63% of babies are breastfed at 6-8 weeks of age (currently 59.7%) and no individual health visitor locality should have a rate of less than 50% ***Responsible Organisation: NHS England and Oxfordshire Clinical Commissioning Group***

Priority 10: <u>Tackling the broader determinants of health through better housing and preventing homelessness</u>

Housing and health are intimately connected and inextricably linked. Having a home, living in good housing conditions and in a good neighbourhood with the right kind of support, are vital ingredients to health and well-being.

There are several ways in which housing issues impact on health, including the following:

- 'Fuel poverty' affects people of all ages and in all types of housing. Having a poorly heated home shows itself in greater incidence of respiratory disease, allergies, asthma and risk of hypothermia. Excess winter deaths are directly related to poor energy efficiency in houses
- Homeless people die earlier and suffer worse health than people with a stable home. The threat and experience of homelessness also has an impact on mental wellbeing.
- Safe, secure housing contributes to improving health outcomes. Some vulnerable people need support to maintain their tenancies and live ordinary lives as fully participating members of the wider community. This is an essential ingredient for preventing ill health and homelessness.

These housing issues all have to be tackled in partnership.

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

- Changes to the welfare benefit system have potential to put more households at risk of homelessness
- New ways of working to provide Housing Related Support will need time to develop
- Fuel poverty is still a risk for a large number of households. New systems for improving energy efficiency of homes have been introduced and need to be established.
- Fuel Poverty work is not funded sustainably.
- Young people, especially those who have been Looked After, may need support to find and remain in appropriate housing.

Where are we now?

- District councils have reported similar success rates as last year in preventing homelessness and have taken positive action to prevent a higher number of households from becoming homeless. This reflects more activity as changes in the welfare system have been introduced.
- The number of households in temporary accommodation has remained at similar levels to last year with 192 households reported (197 last year).
- A large proportion of people who had received housing related support services

were able to leave the services and live independently. A review of the impact of changes in the levels of support available will be carried out in the year ahead.
- High numbers of contacts were reported by the Affordable Warmth Network who have disseminated information but there is little evidence of whether this has been translated into improved energy efficiency of homes
- The number of people estimated to be sleeping rough in the county has remained high.

Outcomes for 2015-16

10.1 The number of households in temporary accommodation on 31 March 2016 should be no greater than the level reported in March 2015 (baseline192 households in Oxfordshire in 2014-15) ***Responsible Organisation: District Councils***

10.2 At least 75% of people receiving housing related support will depart services to take up independent living (baseline 91% in 2014-15). ***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 83% in 2014-15 there were 2454 households known to services). This can now be reported 6 monthly. ***Responsible Organisation: District Councils***

10.4 More than 700 households in Oxfordshire will receive information or services to enable significant increases in the energy efficiency of their homes or their ability to afford adequate heating, as a result of the activity of the Affordable Warmth Network and their partners. ***Responsible Organisation: Affordable Warmth Network.***

10.5 Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2013-14 (baseline 70) ***Responsible Organisation: District Councils***

10.6 A measure will be included in the performance framework to monitor the success of supporting vulnerable young people in appropriate housing (Measure to be discussed at the Health Improvement Board in July 2015) ***Responsible organisation: Oxfordshire County Council***

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

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

It is important that immunisation rates remain high throughout the population to maintain "herd immunity". Responsibility for commissioning immunisation services 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. From July 2013, a rotavirus vaccination was offered at 2 months and at 3 months, flu immunisation is being given to children, (starting with 2-3 year olds and adding more ages each year), and Shingles vaccinations are offered to people aged 70 and 79.

The Oxfordshire Joint Strategic Needs Assessment shows high levels of coverage but some targets are still not being met and there are signs that our high rates have begun to slip a little. The leadership for these services has changed profoundly during the last two 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, immunisation of teenage girls to protect against cervical cancer and flu vaccinations in the elderly and vulnerable.

Where are we now?

- High coverage rates for most childhood immunisations were achieved across the county. This included the number of children receiving their first dose of MMR vaccine which remained above the 95% target, though parts some districts remained below 94%.
- Rates of flu immunisations for people aged under 65 who are at risk of illness did not meet targets last year. It remains important to keep these indicators under surveillance and for the Public Health Protection Forum to ensure that good performance in Oxfordshire is continued.

Outcomes for 2015-16

11.1 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 95.2%) 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 92.5%) and no CCG locality should perform below 94% ***Responsible Organisation: NHS England***

11.3 – At least 60% of people aged under 65 in “risk groups” receive flu vaccination (baseline from 2014-15 to be confirmed) ***Responsible Organisation: NHS England***

11.4 At least 90% of young women to receive both doses of HPV vaccination. ***Responsible Organisation: NHS England***

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

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 Groups (for Older People, Mental Health etc)

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 lving 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

Annex 2: Glossary of Key Terms

Terms

Carer	Someone of any age who looks after a relative, partner, friend or neighbour who has an illness, disability, frailty, or addiction. The help they provide is not paid for as part of their employment.
Child Poverty	Children are said to be living in relative income poverty if their household's income is less than 60 per cent of the median national income.
Child Protection Plan	The plan details how a child will be protected and their health and development promoted.
Commissioning	The process by which the health and social care needs of local people are identified, priorities determined and appropriate services purchased.
Delayed Transfer of Care	The national definition of a delayed transfer of care is that it occurs when a patient is medically fit for transfer from a hospital bed, but is still occupying a hospital bed.
Director of Public Health Annual Report	http://www.oxfordshirepct.nhs.uk/about-us/publications/public-health-annual-report.aspx
Extra Care Housing	A self-contained housing option for older people that has care support on site 24 hours a day.
Fuel Poverty	Households are considered by the Government to be in 'fuel poverty' if they would have to spend more than 10% of their household income on fuel to maintain an adequate level of warmth.
Healthwatch Oxfordshire	Healthwatch is the independent 'Consumer Champion' for health and social care for people of all ages
Joint Health and Wellbeing Strategy	The strategy is the way of addressing the needs identified in the Joint Strategic Needs Assessment and to set out agreed priorities for action.
Joint Strategic Needs Assessment (JSNA)	A tool to identify the health and wellbeing needs and inequalities of the local population to create a shared evidence base for planning.
Not in Education, Employment or Training (NEET)	Young people aged 16 to 18 who are not in education, employment or training are referred to as NEETs.

Oxfordshire Clinical Commissioning Group	The Oxfordshire Clinical Commissioning Group is the new organisation in Oxfordshire that has the responsibility to plan and buy (commission) health care services for the people in the County. It is currently in shadow form until it takes over from Oxfordshire Primary Care Trust in April 2013.
Oxfordshire's Safeguarding Children Board	Representatives from the main statutory agencies who ensure there are suitable robust arrangements for protecting children in Oxfordshire.
Pooled budget	A mechanism by which the partners to the agreement bring money to form a discrete 'fund'. The purpose and scope of the fund is agreed at the outset and then used to pay for the services and activities for the relevant client group.
Quality Assurance Audit	A process that helps to ensure an organisation's systems are in place and are being followed.
Reablement	A service for people to learn or relearn the skills necessary for daily living.
Secondary Mental Health Service	Services for adults with more severe mental health problems and needs requiring the specialist skills and facilities of mental health services.
Section 75 agreement	An agreement made under section 75 of National Health Services Act 2006 between a local authority and PCT(s), NHS trusts or NHS foundation trusts. This can include arrangements for pooling resources and delegating certain functions to the other partners if it would lead to an improvement in the way those functions are exercised.
Thriving Families Programme	A national programme which aims to turn around the lives of 'Troubled' families by 2015.
Transition	This is the process through which a person with special needs transfers from children's services to adult's services.