Oxfordshire's Joint Health & Wellbeing Strategy

2015 - 2019

Version 5, July 2016

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

Oxfordshire Clinical Commissioning Group

healthwatch Oxfordshire

OXFORDSHIRE COUNTY COUNCIL

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

This revised strategy is the work of a mature partnership with a long term perspective on improving health and social care in Oxfordshire. We have now completed four years of work addressing a range of priorities and have kept our focus on measuring the difference that is being made. Progress has been demonstrated in many areas of work. Where we have cause for concern we have been able to keep a focus and renew our resolve to work on those issues together.

As in previous years, revision of this strategy has built on performance in the previous year and the emerging issues highlighted in the Joint Strategic Needs Assessment. In this way we continue to prioritise our work and ensure that the focus for the partnership is directed to the biggest issues.

We have continued the approach of setting outcomes for all our Health and Wellbeing priorities and of receiving updates on performance each time we meet. This revised strategy sets out our ambition for the year ahead. This helps us to drive improvement on the issues that need a partnership approach.

Particular successes in the last year have included

- Many children have a healthy start to life, demonstrated by higher than average rates for breastfeeding and good coverage of immunisations – though there is still room for more improvement.
- More young carers have been identified and are receiving support.
- Progress is being made on the integration of health and social care services.
- Over 30,000 people had information and advice about areas of support through the Community Information Networks
- Uptake of invitations to attend NHS Health Checks has remained steady during the year
- The percentage of children who were overweight or obese in Year 6 last year was lower than in the previous year, helping us towards the target of stalling the general rise in obesity rates and going against the national trend.
- The Affordable Warmth Network has reported full take up of grant aided schemes and also a growth in referrals from health services

There are new developments this year which will inform the work of the Health and Wellbeing Board and which may also bring challenges. This includes the work to produce a Sustainability and Transformation Plan across the health and care system. We look forward to the public consultation on this in the autumn of 2016 and will assimilate responses received in our own strategic approach. The Health Inequalities Commission sponsored through this Board will also be reporting in the autumn and will also inform and challenge us.

We look forward to continuing our work together and building on the solid foundations of the last few years. People in Oxfordshire want and deserve services where and when they need them, to be helped to stay well and to be supported in their own community. The emphasis for all organisations is to focus on efficient, high quality services, to shift to prevention of ill health and to tackle inequalities.

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

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

2. Introduction

A Health and Wellbeing Board was set up in Oxfordshire in 2011 to make a measurable difference to the health and wellbeing of its people. Oxfordshire has a rich history of partnership working which strives to improve the health of Oxfordshire's people and the care they are offered. This Board was, therefore, very much the next logical step for Oxfordshire to take, and through it we also fulfil a key requirement of the Health and Social Care Act (2012).

The Health and Wellbeing Board is the principal structure in Oxfordshire responsible for improving the health and wellbeing of the people of the County through partnership working. The Board is a partnership between Local Government, the NHS and the people of Oxfordshire. Members include local GPs, Councillors, Healthwatch Oxfordshire and senior officers from Local Government. It meets in public, sets out a strategic plan and monitors progress at every meeting. It is also a forum for discussion on new developments.

Early tasks for the board were to look at the biggest challenges facing the wellbeing of Oxfordshire's people and to set out the Board's initial ideas in this strategy for improving the situation. This formed the basis for the Joint Health and Wellbeing Strategy and it has been updated annually since 2012-13.

This strategy is the main focus of the Health and Wellbeing Board's work. We strive to make this a 'living document'. As priorities change, our focus for action will need to change with it. It is for this reason that, at the end of each year of operation, we review our performance, assess local need and propose revised outcomes for the year ahead. We want to make sure that our planning stays 'alive' and in touch with the changing needs of Oxfordshire's people.

3 Vision

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

By 2019 in Oxfordshire:

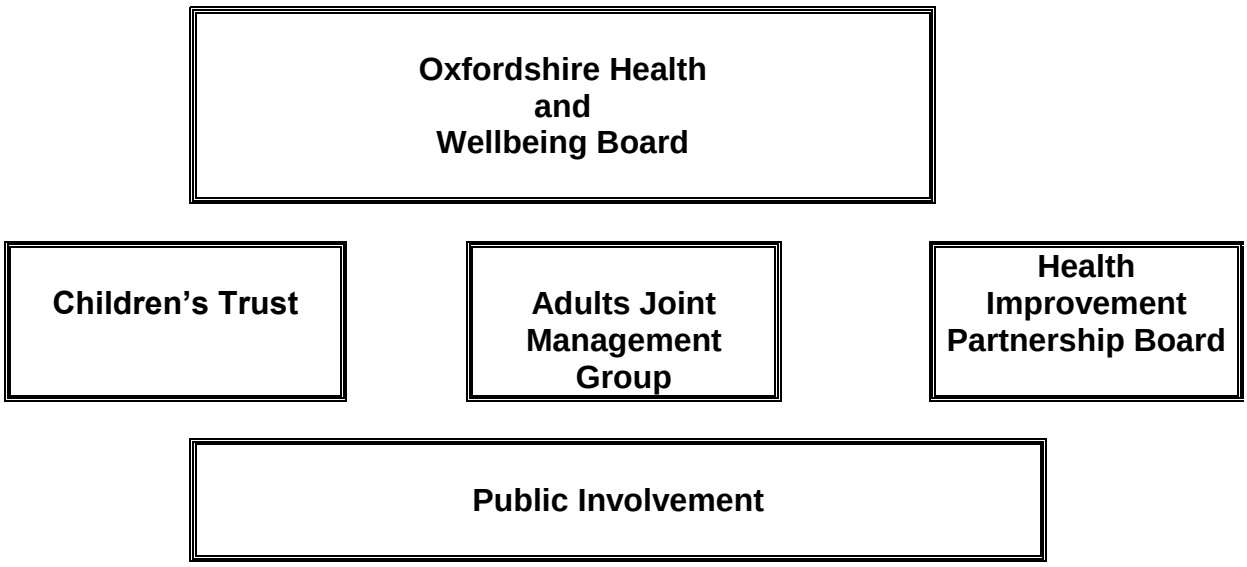
- more children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential;
- more adults will have the support they need to live their lives as healthily, successfully, independently and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

The priorities set out in this document put flesh on these themes. The priorities will continue to run for the medium term (2015-19), 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, Joint Management Group and for Public Involvement is outlined below:

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

4.2 How do decisions get made?

The Health and Wellbeing Board is ultimately responsible for setting a direction for the County in partnership. Its members are committed to working with its Partnership Boards, Joint Management Groups and Public Involvement bodies to agree that direction. They are also accountable to their constituent organisations – the Oxfordshire Clinical Commissioning Group, County, District and City Councils and Healthwatch Oxfordshire.

In turn, the Partnership Boards and Joint Management Groups are committed to working with a wide range of health and social care providers, voluntary agencies, carers, faith groups, members of the public and advocacy groups. We invite these partners to formal

meetings as 'expert witnesses' and to workshops during the year as a means of engagement. In this way, the decisions of the Health and Wellbeing Board aim to be truly inclusive.

The Health and Wellbeing Board meets in public three times a year and the Health Improvement Board meets in public. The partnership boards also host workshops which include many more service providers, partners, informal/ volunteer carers, faith groups, voluntary sector representatives, the public and advocacy groups.

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

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

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

4.3 The Work of Other Partnerships and Cross-Cutting themes

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

- Better Care Programme Board
- Transformation Board and System Leadership Group
- Better Mental Health in Oxfordshire
- Urgent Care Programme Board that covers the A&E Recovery Plan
- Civilian Military Partnership
- Corporate Parenting Panel
- Alcohol and Drugs Partnership
- End of Life Care Strategy
- Oxfordshire Children's and Adults Safeguarding Boards
- Oxfordshire Domestic Violence Strategy Group
- Safer Oxfordshire Partnership
- Oxfordshire Stronger Communities Alliance
- Oxfordshire Sports Partnership
- Joint commissioning strategies for people with Physical Disability, Learning Disability, mental health issues, dementia or autism, and for older people
- Schools Strategic Partnership Education Commissioning Board
- Young People's Lifestyles and Behaviours Steering Group
- 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.

During 2015-16 the Health and Wellbeing Board signed a joint protocol outlining the relationship between the Oxfordshire Health and Wellbeing Board, the Oxfordshire Safeguarding Children Board, the Oxfordshire Safeguarding Adults Board, Oxfordshire's Community Safety Partnerships and the Oxfordshire Safer Communities Partnership. The protocol outlines the distinct role of each partnership board along with their responsibilities and governance arrangements and refers to their relationship with other partnership forums in Oxfordshire. it was developed in response to concerns raised in a Serious Case Review about unclear governance arrangements and lines of accountability

This protocol can be found here:
http://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=897&MId=4525

5. A strategic focus on Quality.

Discussion at the Health and Wellbeing Board has continually fuelled our intention to build a strategic focus on quality issues. The role of the Health and Wellbeing Board is to set strategic concerns for the whole system and to receive assurance of good practice. We have been monitoring a range of quality outcome measures and see a fairly good picture overall, but believe there is more to do.

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

The intention is to ensure that governance and assurance systems are joined up between organisations across the County. Performance measures which show patient and public satisfaction or dissatisfaction with services are embedded in our performance framework. The 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. These patient outcome measures are regularly reported to the Health and Wellbeing Board and to the Joint Management Group. 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. These Quality Accounts are also discussed and scrutinised by the Health Overview and Scrutiny Committee.

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 2015-16 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 2016 which provided a comprehensive overview of the county. It can be found here: http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment-report-2016

In addition an in-depth needs assessment of older people was completed in March 2016. This formed the third part of a suite of documents covering the whole population which can be found here: http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

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

6.2 What are the specific challenges?

1. **Demographic pressures** in the population, Oxfordshire's population is growing, and growing older. In mid-2013 the population was estimated to be 666,100, having risen by about 10% since 2001. There is an increasing number of older people, many of whom need care and may be isolated or lonely. This is markedly higher in our more **rural districts** than in the City.
2. The **proportion of older people** in the population also continues to increase which means that every pound spent from the public purse has further to go.
3. Oxfordshire remains the most rural county in the South East of England. Meanwhile, its population is becoming more diverse
4. There are a growing number of people with **dementia** in the County who require access to new emerging treatments.
5. The persistence of small geographical areas of **social disadvantage containing high levels of child poverty**, especially in Banbury and Oxford but also in parts of our market towns. These areas are also the most culturally diverse in the County **containing ethnic minority groups who have specific needs.**
6. The increase in **'unhealthy' lifestyles which leads to preventable disease**.
7. The need to ensure that services for the **mentally ill and those with learning disabilities and physical disabilities** are prioritised.
8. **Increasing demand** for services.
9. The need to support **families and carers of all ages to care.**
10. The need to encourage and support **volunteering**.
11. An awareness that the **'supply side'** of what we provide does not 'mesh' together as smoothly as we would like - (e.g. hospital beds, discharge arrangements, care at home and nursing home care).
12. The continuing **tightening of the public purse** which has knock-on effects for voluntary organisations.

13. The need to work with and through a **wide patchwork of organisations** to have any chance of making a real difference in Oxfordshire.
14. The changing face and **roles of public sector organisations.**

6.3 What are the overarching themes required to meet these challenges?

A number of overarching themes required to improve health in Oxfordshire 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 person's journey through all services smoother and more efficient.
- The need to improve the quality and safety of services.
- The need to streamline financial systems, especially those pooled between organisations, and to align all budgets more closely.

These themes will be overseen by the Health and Wellbeing Board and will be tackled by all of the partnership boards and joint management groups.

6.4 What criteria have been followed in selecting priorities?

The priorities are based on the challenges and themes set out previously. We have also used the following criteria to help us focus our priorities:

a) Is it a major issue for the long term health of the County?
b) Are there some critical gaps to which we need to give more attention?
c) What are we most concerned about with regard to the quality of services?
d) On what topics can the NHS, Local Government and the public come together and make life better for local people?
e) Which issues are most important following consultation with the public?

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

Each of the priorities set out in this strategy has associated outcomes to be achieved in the current year. The Board examines progress against all of these outcomes at each meeting along with any associated areas of concern which are identified. At the end of each year of operation the Board reviews successes, analyses on-going need as identified in the Joint Strategic Needs Assessment and proposes revised outcomes to be achieved in the year ahead. Each of the partnership Boards takes responsibility for delivering several of the priorities, as detailed in the list below:

The Priorities of the Health and Wellbeing Board

Children's Trust

Priority 1: All children have a healthy start in life and stay healthy into adulthood
Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups
Priority 3: Keeping all children and young people safe
Priority 4: Raising achievement for all children and young people

Joint Management Group (for Older People, Mental Health)

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

Priority 6: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

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

Health Improvement

Priority 8: Preventing early death and improving quality of life in later years
Priority 9: Preventing chronic disease through tackling obesity
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness
Priority 11: Preventing infectious disease through immunisation

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

Priorities for Children's Trust

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

The health and wellbeing of women before, during and after pregnancy is crucial in giving children a healthy start in life and laying the groundwork for good health and wellbeing later on.

There is increasing evidence that demonstrates that children's outcomes for physical and emotional health are determined from very early on in life. For this reason we will look at areas that focus on a healthy pregnancy and continued health and wellbeing in the early 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 tackling homelessness and the number of households in temporary accommodation. All of these significantly impact the health and wellbeing of children.

The number of children in Oxfordshire aged 5 and under was 41,545 in December 2015 and had grown by 1.19% since the last census in 2011. 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 prioritising these children as a focus for our services in the community.

The Healthy Child programme delivers a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting. The transfer of responsibility for commissioning the Healthy Child Programme delivered by the Health Visiting Service, which includes the Family Nurse Partnership Programme, from the NHS to the County Council Public Health team in the last year occurred smoothly.

We are also keen to focus not only on the transition into parenthood, but also the transitions that many of our more vulnerable children will face at different life stages and ensuring that all services are working together to prepare children for adulthood.

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 will be a focus for us in the next year.

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 and will continue to do so in this coming year. During the last year there has been a new service developed for children who have experienced sexual abuse, a new pathway for Autism Spectrum Disorder and Children and Adolescent Mental Health Services (CAMHS) in-reach has been piloted in schools. The CAMHS Transformation Plan will continue to remodel services, working with third sector partnerships and developing new specialist pathways.

We welcome a strong focus on promoting wellbeing and developing resilience, particularly in children and young people and having increasing awareness of mental health and access to support via schools, in partnership with school nurses and CAMHS, is crucial to this work.

Where are we now?

- There are a number of measures relating to a healthy start in life, such as rates of breastfeeding, obesity levels and immunisations that are reported under the Health Improvement Board's priorities 8-11.
- The overall rate for breastfeeding at 6-8 weeks is still higher than the national average and the aspirational target of 63% has been met. This very high level of success needs to be maintained.
- 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%.
- We have had an increase in referrals to CAMHS by 34% from April 2015 to February 2016 and we have not been able to meet our target for waiting times. However, our urgent referrals continue to be seen promptly and we are performing better than national waiting times.
- All secondary schools have a school health improvement plan which is submitted on an annual basis and includes smoking, drug and alcohol initiatives.

Outcomes for 2016-17

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

1.1 Waiting times for first appointment with Child and Adolescent Health Services (CAMHS). 75% of children will receive their first appointment within 8 weeks of referral by the end 2016/17.

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

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 and Oxfordshire began its Troubled Families programme named Thriving Families in 2012. This

first programme was focused on working with children not attending school, young people committing crime or families involved in anti-social behaviour and adults who were out of work. The programme has expanded and aims to effect service transformation with partner services by embedding a whole family approach. Oxfordshire has been provided with a target of 2890 families which it needs to work with in order to achieve "Significant and Sustained Progress" by 2020. Within Oxfordshire we are in the midst of integrating Children's Services, the Troubled Families methodology and Think Family approach will be a key feature of this integration. This continues to be a vital strand in the on-going work locally to 'narrow the gap'.

The Family Nurse Partnership is an intensive home visiting service for first time teenage mothers, their partners and their children that starts in pregnancy and continues until the child is two years old. The programme provides 200 places a year to families throughout Oxfordshire that meet the eligibility criteria. Family nurses are trained to provide support on a broad range of issues including parenting, attachment, child development, maternal mental health and makes an important contribution to the Council's aim of 'narrowing the gap' for our most vulnerable children.

The attainment gaps for many vulnerable groups of pupils in Oxfordshire continues to be wider than the attainment gap nationally and remains a focus 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 continue to be amongst the highest in the country. The number of permanent exclusions from Oxfordshire schools has risen considerably over the last two years. 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 percentage of children in poverty has reduced and continues to be significantly better than the England average.
- Although our number of children looked after children (LAC) placed out of county is just above our target the number of children looked after has increased in the last year so the proportion of children placed out of county has decreased.
- During the academic year 2014/15, 17% of Children in Need (defined as those with a current Children in Need plan) and 18% of those subject to a Child Protection Plan in Oxfordshire were classed as persistently absent from school (i.e. missing 15% of sessions throughout the year). This is an increase from the previous year and remains higher than from the same cohorts nationally. The overall persistent absence rate for all pupils in Oxfordshire in 2013/14 was 4%.
- We have increased our number of young carers identified and worked with substantially in the last year.
- We have reduced the proportion of children with Special Educational Needs and disability (SEND) with at least one fixed term exclusion in the academic year.
- We have increased the proportion of children with a disability who are accessing short breaks who are eligible for free school meals.
- The disadvantaged gap is the gap between attainment between disadvantaged pupils and other pupils nationally. Disadvantaged pupils are identified as those who

are known to have been eligible for free school meals in the last six years, are adopted from care or looked after children. The disadvantaged attainment gap in Oxfordshire remains a priority at all key stages with the gap continuing to be wider than that nationally. A Strategy for Equity and Excellence in Education has been launched which takes 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).

- At the end of the Early Years Foundation Stage the disadvantaged gap narrowed from 25 %points in 2014 to 22 %points in 2015. The national gap is 18 %points.
- At key stage 2 the disadvantaged attainment gap widened slightly from 18 %points to 19 %points in 2015 and remains noticeably wider than the national gap of 15 %points.
- At key stage 4 the disadvantaged gap narrowed from 34%points to 30%points in 2015.

Outcomes for 2016-17

2.1. Reduce the number of looked after children and young people placed out of county and not in neighbouring authorities.
Baseline: 77 children in 2015-16

2.2 Reduce the care leavers not in employment, education or training.
Baseline: 45% in 2015-16

2.3 Reduce the proportion of children with Special Educational Needs and Disability (SEND) with at least one fixed term exclusion in the academic year.
Baseline: 6.7% in 2015-16

2.4 Increase the proportion of children with a disability who are eligible for free school meals who are accessing short breaks services.
Baseline: 42% in 2015-16

2.5 Reduce the persistent absence of children subject to Child In Need and a Child Protection plan.
Baseline: Child in Need 18% in 2015-16
Child Protection Plan 17% in 2015-16
(Compared to 4% of all children)

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”.

Young people have previously told us that the five big safeguarding issues they face are:

- Fear of speaking up
- Feeling safe at home
- Boundaries and safe relationships
- Mental Health and Suicide
- Drugs

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 by having better joined up services. We know that we need to ‘Think Family’ and support the network of support around the child.

In the last year increased levels of child protection activity have been seen across all organisations in Oxfordshire and all are working to ensure that children and young people are kept as safe as possible despite the increased pressures and reduced budgets. Seventeen organisations have completed impact assessments at a senior level regarding the increased child protection activity and the three overarching themes were managing demand in a collaborative manner, supporting the workforce as they hold potentially more complicated cases and identifying the impact of changes in housing support and how these can be mitigated.

Child Sexual Exploitation, neglect, domestic abuse and transitions for vulnerable children have been highlighted in recent Serious Case Reviews in Oxfordshire and we will continue to look at what is happening to improve work in these areas.

Child Sexual Exploitation continues to be a priority and there has been much work to ensure that there is increased recognition, detection, prevention and protection for children who may be at risk of Child Sexual Exploitation. We have also developed more support services for those children, young people and adults that have been subjected to Child Sexual Exploitation.

A Joint Thematic Area Inspection took place during March 2016 which concluded that Oxfordshire is working well together across all agencies to tackle Child Sexual Exploitation. A significant strength was the ability to learn from previous investigations and work closely with children and young people to help keep them safe.

We know that going missing is a key indicator that a child might be in great danger and missing children are at very serious risk of physical and sexual abuse, and sexual exploitation. We have developed robust processes across the county to identify and respond to children that go missing.

Domestic abuse continues to be a concern in Oxfordshire with increasing numbers of domestic abuse reports to police including children resident in the house in Oxfordshire in the last year. A strategic review of domestic abuse in Oxfordshire will continue this year and

hearing from children will be central to this review, so we can make sure we provide the right services to help keep children safe.

Where are we now?

- A new domestic abuse pathway for young people has been developed by a range of partners and is being implemented in Oxfordshire.
- The number of hospital admissions caused by unintentional and deliberate injuries in young people aged 15-25 has decreased.
- More than 146 schools have received direct support to implement Anti-Bullying strategies, doubling the target of 70 that was set last year.
- Child Protection activity across all agencies including police, children's social care and health has increased, as monitored through the MASH.

Outcomes for 2016 -17

To be confirmed.

All partners are currently being consulted to incorporate the OSCB Data set and Children's Trust into one data set and the performance measures that go forward under this priority into the Health and Wellbeing Strategy will be decided once this dataset is agreed.

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

The Performance Audit Quality Assurance Group is a sub group of the Safeguarding Children Board and the Children's Trust and reports to both, highlighting pressure points and related actions, as well as reporting on performance.

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 in line with or better than the national average and this can be built upon. At key stage 4 the proportion of young people in Oxfordshire reaching key threshold measures continued to be above the national average. There continues to be a wide variation in performance between schools at all key stages and also of specific groups of pupils. 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 educational needs.

There have been improvements in inspection outcomes, in particular the proportion of schools judged by Ofsted as requiring improvements has decreased from 20% in August 2013 to 10% in March 2016. The proportion of outstanding schools remains below the national average. 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 3.9% 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 Hub area.
- 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%.
- At the end of March, 87% of Oxfordshire schools were judged by Ofsted to be good or outstanding, slightly above the national average of 86%. There are over 76,500 young people attending schools that are good or outstanding, an increase of 9,000 since August 2013.

Outcomes for 2016-17

The Education Strategy monitors the levels of attainment and quality across all primary and secondary schools in Oxfordshire. The ambition for the county is to be in the top quartile of local authorities on all performance measures by the end of the 2017/18 academic year.

4.1 Improve the disadvantaged attainment gap at all key stages and aim to be in line with the national average by 2018 and in the top 25% of local authorities. Key stage 2 and key stage 4 are new national performance indicators so there are no available baselines from the previous year.

a) Early Years
b) Key stage 2
b) Key stage 4

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

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

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.

The indicators used to measure these outcomes are to be confirmed

B. Priorities for Adults

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;
- 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 development of integrated health and social care teams in local areas. The Five Year Oxfordshire Sustainability and Transformation Plan is developing and will describe how to achieve the aims of the Five Year Forward View for the NHS.

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.
- Better Care Fund national requirements for closer working of health and social care are all continuing in 2016/17.
- We are continue to monitor the number of avoidable emergency admissions to hospital for older people per 100,000 population as in the last year the number has exceeded our baseline from 2013/14 continuing to rise
- Over 17,000 carers are now known to adult social care which is an increase of 968 over last year
- This year's figures for the number of carers receiving a service was below target due to unforeseen consequences of the Care Act. Only carers of people with a personal budget or direct payment can be counted as receiving a service. Our figures exclude over 4000 people who receive the Alert Service which a recent review showed that such services reduce carers' levels of stress and anxiety levels by 88 %.
- We will continue to monitor the percentage of people waiting a total time of less than 4 hours in A&E as the target of 95% was met only in one quarter
- The target of increasing the percentage of people waiting less than 18 weeks for treatment following a referral was not met due to pressures in a number of specialities and we will continue to monitor this closely.

Outcomes for 2016-17
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.

5.1. Deliver the six 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 people 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 National Guidance.
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 for acute conditions that should not usually require hospital admission for people of all ages (2015/16 baseline 996.6)

5.3. Increase the number of carers receiving a social care assessment from a baseline of 7,036 in 2015/16 to 7,500 in 2016/17.

5.4. Increase the percentage of carers, as reported in the 2016 Carers Survey, who are extremely satisfied or very satisfied with support or services received (from a baseline of 43.8% in 2014).

5.5. Increase the percentage of people waiting a total time of less than 4 hours in A&E. Target 95 %.

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

- Admitted patients target 90% (2015-16 baseline: 86.9%)
- Non-admitted patients target 95% (2015-16 baseline: 94.8%)
- Incomplete pathway target 92% (2015-16 baseline: 93.6%)

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

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

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 will also continue to measure access to psychological therapies and we know that this makes a difference for people to move towards recovery.

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 have set, of at least 60% for adults with learning disabilities, will continue to be a target for 2016/17. 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 30,000 people had information and advice about areas of support through the Community Information Networks, against a target for the contract year of 20,000
- We will continue to monitor from last year the target of improving access to psychological treatment as the target was not met in every quarter.
- People with Learning Disabilities still do not have good enough access to physical health checks and only 33% received these checks in 2015-16 (national average 35%).
- We have continued to reduce the number of assessment and treatment hospital admissions for adults with learning disabilities.
- Emergency hospital admissions for acute conditions are higher than the target of 951.4 per 100,000 population although Oxfordshire continues to develop its Ambulatory Care Pathways and we will continue to monitor this closely.

Outcomes for 2016-17

6.1. 20,000 people to receive information and advice about areas of support as part of community information networks. (baseline from Q3 of 2015-16: 28,220)

6.2. 15% of patients with common mental health disorders, primarily anxiety and depression, will access treatment. (baseline from 2015-16: 18%)

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. (Baseline from 2015-16: 51%)

6.4. At least 60% of people with learning disabilities will have an annual physical health check by their GP. (Baseline from 2015-16: 33%)

6.5. Increase the employment rate amongst people with mental illness from 2015/16. (baseline from 2015-16: 17.6%).

6.6. Reduce the number of assessment and treatment hospital admissions for adults with a learning disability. (baseline data to be confirmed).

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 services to more people, and will be re-commissioning the reablement services in 2016 to increase capacity.

For all these reasons our priority is to support older people to live at home whilst reducing the need for care and support. The Closer to Home Health and Care Strategy has the aim of enabling people in Oxfordshire to access more care at/or closer to home, achieving a step change in developing community services by

- Increasing their ability for self-care
- Building on the successful UK General Practice model
- Delivering more integrated primary, community, acute and social care
- Managing population health to improve outcomes
- Increasing the capacity of the out of hospital care workforce to provide more care.
- Bringing together organisations to develop a ‘whole Oxfordshire’
- Delivering outcomes based commissioning

In the next year 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 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 2016/17 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 however in the last month delays averaged 112 patients compared to last year where there were 155 patients delayed on average.
- The rate of permanent admissions to care homes has dropped, though the overall number exceeded the target set for the year which is due to the capacity issue within the market for home care provision as care homes are used as an alternative to home care.
- The proportion of older people (65 and over) with on-going care supported to live at home has not reached the target set for the year of 63.0%. We will continue to monitor this closely.
- The percentage of the expected population with dementia with a recorded diagnosis has increased.
- The targets for the number of people accessing the reablement pathway have not been reached due to lack of referrals and service capacity. A new strategic care pathway for non-bed based short term care services has been agreed for 2016/17.
- The number of people supported through home care by social care in extra care housing has continued to rise.

Outcomes for 2016 - 17

7.1. Reduce the number of people delayed in hospital from a baseline of 136 in April 2016 to 102 by December 2016 and 73 by March 2017.

7.2. Reduce the number of older people placed in a care home from a baseline of 12 per week in 2015/16 to 11 per week for 2016/17.

7.3. Increase the proportion of older people with an on-going care package supported to live at home from a baseline of 60 % in April 2016 to 62% in April 2017.

7.4. Over 67% of the expected population with dementia (5081 out of 7641) with dementia will have a recorded diagnosis (provisional baseline of 66% or 5244 people).

7.5. Increasing the number of reablement service hours delivered to a target of 110,00 hours per year (2115 hours per week) by April 2017.

7.6. 70% of people who receive reablement need no ongoing support (defined as no Council-funded long term service excluding low level preventative service).

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

C. Priorities for Health Improvement

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

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

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

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

The following priorities for action will 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, physical activity smoking, blood cholesterol levels ,diabetes, blood pressure and alcohol consumption.
- Reducing the harm caused by the over-consumption of alcohol is another priority of the Health and Wellbeing Board. It is being taken forward by the Oxfordshire Alcohol and Drugs Partnership and progress will be monitored by the Health Improvement Board.
- To continue to monitor measures of success for those in drugs or alcohol treatment services with the aim of improving recovery rates.
- Delivery of the Oxfordshire Physical Activity Plan – a multi-agency collaborative approach to increasing participation in physical activity within Oxfordshire
- To consider issues affecting mental well-being in the population and what outcomes could be used to monitor it.

In addition to this, our work must address health inequalities and 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. The recommendations of the Health Inequalities Commission in Oxfordshire are awaited and may also influence this work.

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

Where are we now?

- The uptake of bowel screening by people aged 60-74 has improved steadily over the last year but the target of 60% has still not been achieved.
- Uptake of invitations to attend NHS Health Checks has remained steady during the year and all Oxfordshire GPs are working hard to invite 40-74 year olds.
- Smoking quit rates in the county failed to meet the target in the last year by quite a large margin. The Health Improvement Board has considered the potential impact of e-cigarettes on this area of work.
- Smoking rates in pregnancy are lower than the national figures but 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 and there is still cause for concern as Oxfordshire still lags behind national averages.

Outcomes for 2016-17

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 Oxfordshire performance for those taking up the invitation for NHS Health Checks should exceed the national average (baseline 2015-16 was 51.7% nationally) and aspire to 55% in the year ahead. No CCG locality should record less than 50% ***Responsible Organisation: Oxfordshire County Council***

8.4 Oxfordshire performance for the number of people quitting smoking for at least 4 weeks should exceed 2015-16 baseline by at least 10% (baseline 1923 quitters 2015-16) ***Responsible Organisation: Oxfordshire County Council***

8.5 The number of women smoking in pregnancy should remain below 8% recorded at time of delivery (baseline 2015-16 was 7.2%). ***Responsible Organisation: Oxfordshire Clinical Commissioning Group***

8.6 Oxfordshire performance for the proportion of opiate users who successfully complete treatment should improve on the local baseline in 2015-16 (4.5%) and reach 5% in the year ahead with a longer term aspiration to reach the national average (6.8% in 2015-16) ***Responsible Organisation: Oxfordshire County Council***

8.7 Oxfordshire performance for the proportion of non-opiate users who successfully complete treatment should improve on the local baseline in 2015-16 (26.2%) to reach 30% in the year ahead, with a longer term aspiration to reach the national average (37.3% in 2015-16) ***Responsible Organisation: Oxfordshire County Council***

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

After smoking, obesity is the biggest underlying cause of ill health (obesity is defined by a BMI of over 30). It can lead to high blood pressure, heart disease, stroke, diabetes, cancer and early death. It also increases immobility and makes any other disability more severe than it would otherwise be. There is a national trend for rising obesity rates across the population and although Oxfordshire fares better than the national picture, this remains a local priority and needs a long term perspective.

Surveillance of these issues 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 16% obesity at year 6. These are year on year snap shot measures so trends cannot be identified.

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

Promoting breastfeeding
Breastfeeding gives the best start to life and has been proven to lead to fewer overweight children and adults. The national figure for breastfeeding prevalence at 6-8 weeks is just under 44% but in Oxfordshire we want to keep the stretching target of 63% and will only achieve this if we focus on the areas where rates are low.

Halting the increase in childhood obesity
Children in Reception class and Year 6 are weighed and measured every year and results show that around 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 along with some ethnic groups, so some targeting of effort is called for here too.

Promoting physical activity in adults
Physical activity is an important component of maintaining a healthy weight for all ages and there is local encouragement here, with Oxfordshire still doing well according to the 'Active People' survey. However, the survey showed that almost 22% 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?

- The percentage of children who were overweight or obese in Year 6 last year was lower than in the previous year, helping us towards the target of stalling the general rise in obesity rates and going against the national trend.

- The target for reducing the number of inactive people has been met this year.
- The overall rate for breastfeeding at 6-8 weeks is still higher than the national average though the aspirational target of 63% has not been met.

Outcomes for 2016-17

9.1 Ensure that the obesity level in Year 6 children is held at no more than 16% (in 2015 this was 16.2%) No district population should record more than 19% ***Data provided by Oxfordshire County Council***

9.2 Reduce by 0.5% the percentage of adults classified as "inactive" (Oxfordshire baseline 2015-16 of 21.9%). ***Responsible Organisation: District Councils supported by Oxfordshire Sport and Physical Activity***

9.3 At least 63% of babies are breastfed at 6-8 weeks of age (currently 58.2%) and no individual health visitor locality should have a rate of less than 55% ***Responsible Organisation: NHS England and Oxfordshire Clinical Commissioning Group***

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

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

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

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

These housing issues all have to be tackled in partnership.

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

Concerns remain including

- Changes to local funding and arrangements for commissioning housing related support.
- Changes to the welfare benefit system which have potential to put more households at risk of homelessness

- Fuel poverty is still a risk for a large number of households. New systems for improving energy efficiency of homes have been introduced and need to be established.
- Young people, especially those who have been Looked After, may need support to find and remain in appropriate housing.

Where are we now?

- 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.
- The number of households in temporary accommodation has remained at similar levels to last year with 190 such households reported (192 last year).
- A large proportion of people who had received housing related support services were able to leave the services and live independently. New contracts were awarded during the year and monitoring of outcomes under these new arrangements will continue to be an area of focus.
- The Affordable Warmth Network has reported full take up of grant aided schemes and also a growth in referrals from health services for people whose poor heating or insulation in their homes was affecting their health. This has been possible due to grant funding in 2015 for the Better Homes Better Health programme.
- The number of people estimated to be sleeping rough in the county has increased.
- Contracts for housing related support are showing high levels of positive move-on for vulnerable young people.

Outcomes for 2016-2017

10.1 The number of households in temporary accommodation on 31 March 2017 should be no greater than the level reported in March 2016 (baseline190 households in Oxfordshire in 2015-16). ***Responsible Organisation: District Councils***

10.2 At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.2% in 2015-16). ***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 85% in 2015-16). ***Responsible Organisation: District Councils***

10.4 Outcome measure to be confirmed. ***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 2015-16 (baseline 90) ***Responsible Organisation: District Councils***

10.6 Measure on young people's housing related support to be confirmed at the HIB in July 2016. Proposed measure is "at least 70% of young people leaving supported housing services will have positive outcomes in 16-17, aspiring to 95%". ***Responsible Organisation: Oxfordshire County Council Children, Education and Families Directorate.***

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.

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. The leadership for these services has changed during the last few years and maintaining our current position will be a real challenge.

We are proposing priorities for improving immunisation levels across the board, focussing on childhood immunisation, 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 and Oxfordshire compares very well with other areas. This included the number of children receiving their first dose of MMR vaccine which remained above the national 95% target.
- NHS England has introduced local outreach to improve the coverage of childhood immunisations. It is hoped that this will lead to improvement in the percentage of children receiving the second dose of MMR which is still below the national 95% target.
- Rates of flu immunisations for people aged under 65 who are at risk of illness was still well below targets last year. This has been a national trend but still requires local improvement. The national target has now been set at 55%.
- Coverage of the HPV vaccination for teenage girls remained high.

Outcomes for 2016-17

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 55% of people aged under 65 in "risk groups" receive flu vaccination (baseline from 2015-16 45.9%) ***Responsible Organisation: NHS England***

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

Annex 1: Glossary of Key Terms

Terms

Carer	Someone of any age who looks after a relative, partner, friend or neighbour who has an illness, disability, frailty, or addiction. The help they provide is not paid for as part of their employment, and they do not provide the care as a voluntary member of staff.
Child Poverty	Children are said to be living in relative income poverty if their household's income is less than 60 per cent of the median national income.
Child Protection Plan	The plan details how a child will be protected and their health and development promoted.
Commissioning	The process by which the health and social care needs of local people are identified, priorities determined and appropriate services purchased.
Delayed Transfer of Care	The national definition of a delayed transfer of care is that it occurs when a patient is medically fit for transfer from a hospital bed, but is still occupying a hospital bed.
Director of Public Health Annual Report	http://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=116&MId=4398
Extra Care Housing	A self-contained housing option for older people that has care and support on site 24 hours a day.
Fuel Poverty	Households are considered by the Government to be in 'fuel poverty' if they would have to spend more than 10% of their household income on fuel to maintain an adequate level of warmth.
Healthwatch Oxfordshire	Healthwatch is the independent 'Consumer Champion' for health and social care for people of all ages
Joint Health and Wellbeing Strategy	The strategy is the way of addressing the needs identified in the Joint Strategic Needs Assessment and to set out agreed priorities for action.
Joint Strategic Needs Assessment (JSNA)	A tool to identify the health and wellbeing needs and inequalities of the local population to create a shared evidence base for planning.
Not in Education, Employment or	Young people aged 16 to 18 who are not in

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