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NHS Oxfordshire Clinical Commissioning Group | OXFORDSHIRE COUNTY COUNCIL | healthwatch Oxfordshire

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 7 July 2016 at 2.00 pm

Town Hall, Oxford

Peter G. Clark
County Director

29/06/2016

Contact Officer: ***Katie Read, Policy & Partnership Officer***
Tel: 07584 909530*; Email: katie.read@oxfordshire.gov.uk*

Membership

Chairman – District Councillor Anna Badcock
Vice Chairman - District City Councillor Ed Turner

Board Members:

Cllr Jeanette Baker	West Oxfordshire District Council
Ian Davies	Cherwell & South Northants District Council
Cllr John Donaldson	Cherwell District Council
Laura Epton	Healthwatch Ambassador
Emma Henrion	Healthwatch Ambassador
Cllr Hilary Hibbert-Biles	OCC – Cabinet Member for Public Health
Cllr Monica Lovatt	Vale of White Horse District Council
Dr Jonathan McWilliam	Director of Public Health
Dr Paul Park	Vice Clinical Chair of Oxfordshire Clinical Commissioning Group
Jackie Wilderspin	Public Health Specialist

Notes:

- ***Date of next meeting: 20 October 2016***

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned….."*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes"*any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or contact Glenn Watson on (01865) 815270 or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

1. Welcome by Vice-Chairman, City Councillor Ed Turner

2. Apologies for Absence and Temporary Appointments

3. Declaration of Interest - see guidance note opposite

4. Petitions and Public Address

5. Minutes of last meeting (Pages 1 - 6)

2.05pm
5 minutes

To approve the minutes of the meeting held on 18 February 2016 and to receive information arising from them.

6. Healthy Weight Action Plan (Pages 7 - 12)

2.10pm
20 minutes

Report presented by: Donna Husband, Oxfordshire County Council

An update on the revision of Oxfordshire's Healthy Weight Action Plan following a workshop with key partners in April 2016.

7. Housing Related Support

2.30pm
15 minutes

Verbal update from: Cllr Ed Turner, Vice-Chairman of the Health Improvement Board

A verbal update on next steps for commissioning housing related support services.

8. Young People's Supported Housing Pathway (Pages 13 - 16)

2.45pm
15 minutes

Report presented by: Eleanor Stone, Oxfordshire County Council

A report that provides an overview of the Supported Housing Pathway for young people

and recommends a new indicator for the Health Improvement Board to monitor the performance of the pathway in 2016-17.

The Health Improvement Board is recommended to agree the revised outcome measure for young people's supported housing that will be monitored by the Board under priority 10 of the revised Health and Wellbeing Strategy for 2016-17.

9. Performance Review 2015-16 (Pages 17 - 36)

3.00pm
25 minutes

Performance report presented by: Jonathan McWilliam, Oxfordshire County Council

A report on progress against the targets of the Health Improvement Board in 2015-16.

Annual Basket of Housing Indicators Report presented by: Phil Ealey, South and Vale District Councils & Chairman of the Housing Support Advisory Group

An annual report on performance against the housing indicators monitored by the Health Improvement Board under priority 10 and suggested revisions to housing indicators for the year ahead.

10. Draft Health and Wellbeing Strategy 2016-17 (Pages 37 - 70)

3.25pm
20 minutes

Report presented by: Jonathan McWilliam, Oxfordshire County Council

A draft revision of the Health and Wellbeing Strategy 2015-19, including proposed measures for 2016-17 under the Health Improvement Board priorities 8-11, to be agreed at the Health and Wellbeing Board on 14 July.

11. Forward Plan (Pages 71 - 72)

3.45pm
5 minutes

Presented by: Cllr Ed Turner, Vice-Chairman

A discussion about the forward plan for the Health Improvement Board.

12. ITEMS FOR INFORMATION ONLY (Pages 73 - 78)

The Oxfordshire Health Inequalities Commission June briefing is attached for information only.

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NHS Oxfordshire Clinical Commissioning Group

OXFORDSHIRE COUNTY COUNCIL

healthwatch Oxfordshire

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on Thursday 18th February commencing at 2.00 pm and finishing at 4.00 pm.

Present:

Board Members:	Councillor Ed Turner (Chairman), Oxford City Council Councillor James Mills, West Oxfordshire District Council Councillor Monica Lovatt, Vale of White Horse District Council Councillor Hilary Hibbert-Biles, Oxfordshire County Council Dr Paul Park, Oxfordshire Clinical Commissioning Group Ian Davies, Cherwell and South Northants District Council Jackie Wilderspin, Public Health Specialist Dr Jonathan McWilliam, Director of Public Health Laura Epton, Healthwatch Ambassador (job share)
Officers:	
Whole of meeting:	Val Johnson, Oxford City Council Katie Read, Oxfordshire County Council
Part of meeting:	
Agenda item 6	Eleanor Stone, Oxfordshire County Council Nisha Jayatilleke, NHS England Heather Ducan, NHS England
Agenda item 7	Eunan O'Neill, Public Health, Oxfordshire County Council
Agenda item 8	Kate Eveleigh, Oxfordshire County Council
Agenda item 10	Ian Halliday, Oxford City Council Ian Wright, Oxford City Council
Agenda item 11	Tan Lea, Oxfordshire County Council

These notes indicate the outcomes of this meeting and those responsible for taking the agreed action. For background documentation please refer to the agenda and supporting papers available on the Council's web site (www.oxfordshire.gov.uk.)

If you have a query please contact Katie Read (Tel 01865 328272; Email: katie.read@oxfordshire.gov.uk)

ITEM	ACTION
1. Welcome The Chairman, City Councillor Ed Turner, welcomed all to the meeting.	
2. Apologies for Absence and Temporary Appointments Apologies were received from: Councillor Anna Badcock.	
3. Declaration of Interest No declarations were received.	
4. Petitions and Public Address No petitions or public addresses were received.	
5. Minutes of Last Meeting The minutes of the October meeting were approved. As matters arising the Board was informed of the following: • A workshop is planned for April to contribute to the development of a revised multi-agency Healthy Weight Strategy and action plan. • A second workshop is planned for April / May for partners to consider a way forward for housing related support services in light of County Council budget reductions.	
6. Performance Report Jonathan McWilliam presented the performance report and provided detail on the indicators that are not meeting targets. At 8.3 – Low performance could be attributed to the fact that many health check invitations are sent out at the start of the calendar year, which would affect quarter 4 data. Oxfordshire is performing well when compared with national figures. At 8.6 and 8.7 – The data on opiate and non-opiate users reflects the performance of the previous provider and does not yet demonstrate the impact of the new contract for drug services. At 10.5 – HIB members expressed concern at the levels of rough sleeping and the impact that County Council budget cuts to housing related support will have on this. **An update on the future of housing related support services and the impact of budget reductions will be presented at the next meeting.** At 10.6 – Eleanor Stone provided information on current activity within the young people's supported housing pathway and recommended a	**Cllr Turner**

performance target for the Board based on positive 'move-ons' for young people that would support efforts to target people with complex needs. Work is underway with providers to further define the term 'positive move-on' which currently covers: • Becoming a lodger • Moving back to the family home or to live with relatives • Securing a formal tenancy The Board was reluctant to agree a performance indicator until this definition is agreed. **Further information / data will be presented to the Board on activity within the pathway, including costs and outcomes by package type and a view from the Director of Children's Services on the suggested target.** <u>Report card – Immunisation</u> Nisha Jayatilleke and Heather Ducan presented the report card on immunisation. The dip in performance during Q2 was explained by the difficulties of integrating two systems and the need for data cleansing. To address the gap in performance NHS England is funding a community nurse to work alongside GP practices who still have unvaccinated children. This post will identify common themes and map the geographical spread of unvaccinated children. Health Visitors are also important for identifying children from the transient population who are not vaccinated. As qualified clinicians they can vaccinate children immediately with the parents' consent. **The Board requested further information on district / city level immunisation data, including a breakdown by protected characteristics, to understand the local picture.**	**Eleanor Stone** **NHSE**
7. Smoking Cessation Report Eunan O'Neill presented a report on smoking cessation. Smoking cessation remains a challenge as there are already low levels of smoking in Oxfordshire and more people are choosing to use e-cigarettes instead of quitting. There is also evidence that levels of smoking are higher in areas of deprivation. Whilst the Public Health contract currently focuses on smoking cessation, the role of tabacco sales will be considered in a future review of the contract.	

The Board noted that whilst the current 'preferred option' is to encourage the use of e-cigarettes in place of not quitting, these still contain a high dose of nicotine and little is known about their effect on children. Some authorities have banned the sale of e-cigarettes. **The Public Health team will have a watching brief on the impact of banning e-cigarettes in other areas.** Members agreed that continued and increased education about the negative effects of smoking and shisha is required, as well as an understanding of the factors that influence a young person's decision to start smoking. Members discussed ways of reducing the impact of smoking on children, such as possibly introducing 'smoke free' areas in play parks. **The Public Health team will consider ways to better engage and educate young people on the effects of smoking.**	**Eunan O'Neill** **Eunan O'Neill**
8. Affordable Warmth Network Kate Eveleigh presented a report on the latest activities of the Affordable Warmth Network. Members were pleased to note that despite the end of the government's Green Deal, the Affordable Warmth Network has secured a year's grant funding from British Gas to provide a single point of contact for advice and referral where a person's health is being affected by the inadequate heating of their home. Based on the mid-term outcomes of this initiative a business case will be developed to try and secure future funding. **A report will be presented to the Board in October outlining next steps for the initiative, including a view from social landlords on how they improve heating in older housing stock.** The Board was keen to promote the service and queried whether GPs were aware of it. **Communications will be developed to inform GPs and other partners about the single point of contact.**	**Kate Eveleigh** **Kate Eveleigh with Paul Park**
9. The District Council Contribution to Health & Wellbeing in Oxfordshire Board members noted the report that was presented to the Oxfordshire Health Overview and Scrutiny Committee.	
10. Air Quality Management Ian Halliday and Ian Wright presented the report on air quality management in Oxfordshire and the role of Local Authorities.	

Whilst the air quality in Oxfordshire is good overall, there are 13 air quality management areas oriented around urban centres and busy roads. People can see if they live within one of these areas by visiting the Air Quality Action Group website. District councils also have an obligation to declare these areas. District council air quality management plans differ, but are consistent on the themes of: • Implementing local transport plans • Creating lower emission zones • Encouraging a modal shift • Educating and awareness raising • Supporting lower emission public transport It was recognised that in some cases only changes / improvements to infrastructure will improve air quality, although regulatory controls to reduce emissions are also useful. **The Board agreed it would receive a report on Air Quality Management annually, including an update on the air quality 'hot spots'.**	**Ian Halliday**
11. Joint working Protocol Tan Lea presented the joint working protocol outlining how the Health and Wellbeing Board and its sub-boards will work with the safeguarding boards and the community safety partnership to safeguard and promote the welfare of people in Oxfordshire. The Board agreed the protocol in principle and had no comments or suggested changes.	
12. Forward Plan **From the meeting the following items will be added to the forward Plan**: • Next steps for Affordable Warmth Network • Impact of new development, e.g. Bicester New Town	**Katie Read**
The meeting closed at 4.00pm	

..... in the Chair

Date of signing .....

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OXFORDSHIRE COUNTY COUNCIL

Oxfordshire Health Improvement Board
Healthy weight workshop 12th April 2016
Executive Summary

1) Presentations

Presentations were provided on the following topics;

- Introduction to data — Jackie Wilderspin, Oxfordshire County Council
- Healthy Environments — Ian Davis, Cherwell District Council
- Healthy Eating — Sal Culmer, Oxfordshire County Council
- Physical Activity — Chris Freeman, Oxfordshire Sports & Physical Activity
- Workplace health — Kate King-Hicks, Public Health England
- 'One You' Campaign — Kate King-Hicks, Public Health England

Presentations have been distributed separately to attendees and HIB members

2) Topic Discussions

Three key priorities were identified from the topic discussions:

Healthy Eating

- Pilot healthier vending machines and adoption of Government Buying Standards for Food (GBSF) where possible.
  Leisure centres, schools, District and County Council buildings. Include work with Planning departments to explore fast food restrictions (crosses with environment topic)
- Explore opportunities for deprived communities including cooking courses, access and promotion of food banks and food surplus cafes, and utilise local assets
- Utilise national campaigns to target the 'forgotten middle'
  e.g. through 'One You' campaign and adopt to make locally relevant.

Environment

- Learn from the Bicester NHS Healthy New Towns including the model, transferring principals to new planning developments, and working with community health partnerships.
- Influence local plans and developments to take healthy weight into account, e.g. through development of a simple 'guide to planning process' so partners are aware of how and when to comment on developments and planning applications, and through restriction on fast food developments in deprived communities.
- Build activity into everyday life through the wider environment. This should include routes to school in rural areas.

Physical Activity

- Oxfordshire Sport and Physical Activity (OxSPA) to lead on a physical activity plan for children and young people in Oxfordshire, using best practice from other areas and focusing on most inactive schools
- Use the workplace wellbeing network to engage adults of working age in physical activity using collaborative approach from partners
- Use a vision of 'healthy lifestyles', with a broad physical activity offer that encourages take up from a range of people within our communities.

3) Settings discussions

Workplaces

- Utilise the workplace wellbeing network to share best practice around healthy eating strategies such as healthy vending, the Eatwell plate, and salt and sugar restriction. Also advertise access to services such as weight management and OxSPA programmes.
- Encourage development of workplace wellbeing champions in organisations (beginning with partners around the table at the workshop) who can champion approaches to healthy eating and physical activity within the workplace. This may include development of walking meetings, lunchtime walks, discussions with vending and catering providers, and getting buy in from senior leadership to lead by example.

Schools

- Promote examples of good practice across the County and seek to explore ways of replication where possible e.g. Cropredy growing own food, the 'daily mile' in primary schools.
- Explore possibility of using schools (Primary and Secondary) as a community based asset to use in the evenings for projects such as cooking classes for adults.
- Ensure that where possible catering providers for Primary schools are working towards healthy eating standards such as Food for Life Partnership awards. Explore whether this can be written into catering contracts.
- Continue to facilitate work between Districts, Public Health, OxSPA, Headteachers and Governors to establish positive working relationships around PE Pupil Premium and catering standards.

4) Next steps

- The action plans describe proposed work streams. These will be shared with all partners and will be managed through existing networks and groups.
- Organisations to provide feedback on progress to the Health Improvement Board as requested.

	Healthy Eating for Healthy Weight			
	Action	**Responsibility**	**Time frame**	**Progress**
1	Public Health England (PHE) South East Obesity, Healthy Eating Network and Physical Activity Network to explore the offer a workshop of how to implement the nutrition framework of the Government Buying Standards for Food (GBSF) to District Councils and Leisure providers in Oxfordshire.	PHE and Districts	Summer/Autumn 2016	
2	Learn from other Local Authority's to develop a coordinated approach to introduce GBSF 'healthier vending' standards into Council buildings, Leisure centres, schools and community buildings. This should include consistent communications/campaign strategies across venues.	PHE and Healthy Eating Network	Summer/Autumn 2016	
3	Explore cooking courses for adults utilising community based assets such as community centres, primary schools and leisure centres. Target in areas of deprivation where levels of obesity are highest. Work with local supermarkets to provide food for cooking groups in community venues.	Healthy Eating network	Autumn 2016	
4	Adopt national PHE campaigns to work alongside the above actions. For example; • One You – making a campaign relevant to individuals • Eat well Plate – in local settings Use the opportunity to educate local populations about how long it takes to see a change/establish a maintained behaviour change.	All Partners	On-going 2016	

	Environment and Healthy Weight			
	Action	**Responsibility**	**Time frame**	**Progress**
1	Partners to engage with and comment on relevant Local Plans, Neighbourhood Plans and planning applications via district websites and through engagement with district planning teams (links below): • http://www.cherwell.gov.uk/planning • https://www.oxford.gov.uk/info/20000/planning • http://www.southoxon.gov.uk/services-and-advice/planning-and-building • http://www.whitehorsedc.gov.uk/services-and-advice/planning-and-building • http://www.westoxon.gov.uk/residents/planning-building/ Refer to the TCPA Healthy Weight Checklist (summary on p12&13) http://www.tcpa.org.uk/pages/planning-out-obesity-2014.html, the Oxfordshire JSNA http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment and the County Council 'Neighbourhood Planning Toolkit'. https://www.oxfordshire.gov.uk/cms/content/neighbourhood-planning-toolkit as a source of information and guidance.	All Partners	August 2016	
2	Partners to identify opportunities to encourage building activity into everyday life e.g. encouraging active travel on websites and meeting invites, walking meetings, design of new buildings/towns to encourage health e.g. positioning of stairs.	All partners	On-going	
3	Partners to continue working on the NHS Healthy New Towns programme for Bicester and Barton Park. Learn from these projects and upscale to other new developments.	NHS Healthy New Towns Partnerships	On-going	

	Schools and Healthy Weight			
	Action	**Responsibility**	**Time frame**	**Progress**
1	Children &Young People Physical Activity Plan to be developed. To include increasing physical activity in the most inactive young people.	Oxfordshire Sport and Physical Activity	2016/2017	
2	School Health Nursing Service to include healthy eating initiatives in School Health Improvement Plans (SHIPs) and explore opportunities with the school according to population need. e.g. Increasing School Meals project	Oxford Health NHS Foundation Trust	Academic year 2016/2017	As monitored in SHIPs
3	Explore with schools their experience of catering contracts, spending pupil premium and how they promote and share good practice with relation to healthy eating and physical activity.	Healthy Eating Network and Oxfordshire Sport and Physical Activity	Academic year 2016/2017	

	Workplaces for Healthy Weight			
	Action	**Responsibility**	**Time frame**	**Progress**
1	Utilise workplaces to adopt national and local Public Health campaigns around healthy weight issues.	Workplace wellbeing network	On-going	
2	Encourage workplaces to sign up to the Workplace Wellbeing Charter – a free, national framework for workplaces to self-assess against demonstrating commitment to employee health.	Workplace wellbeing network	Summer 2016	
3	Influence workplaces to sign up to Government Buying Standards for Food (GBSF) to adhere to nutrition and vending guidelines providing a standardised approach across the County as far as possible.	Workplace wellbeing network	Summer/Autumn 2016	
4	Scale up existing resources and initiatives to be advertised and delivered in workplaces	Workplace wellbeing network Service providers	On-going	Green
5	Make offers to small and medium-sized enterprises similar to those of larger business (e.g. corporate membership discounts at gyms)	Leisure Providers and Districts		
6	Encourage workplaces to have wellbeing champions. Demonstrate evidence of best practice via the network	OxSPA Workplaces & network	On-going	
7	Workplaces to encourage healthy weight behaviours; • Walking meetings • Healthy snacks • Walking lunch breaks • Social eating (not at desks) • Inter-company competitions • Organisational support for staff to attend health related benefits • Cycle storage, showers	Workplace wellbeing network Businesses Workplaces Senior management HR	On-going	

Health Improvement Board

Young People's Supported Housing Report

Working together to promote successful and sustainable housing

1. Oxfordshire County Council and District partners understand the supportive impact of stable and successful housing on the other aspects of a young person's life. Housing is a critical component for securing education, employment and training and sustaining good health. We also recognise the reciprocal impact of these factors on a young person's ability to secure and maintain stable and successful housing.

2. Oxfordshire's Young People's Supported Housing Pathway is envisioned working as a comprehensive whole, of which supported housing providers are one very significant part. Safeguarding young people and promoting their well-being and aspiration is a responsibility shared by a range of agencies under arrangements set out in Working Together 2013. We therefore require partners working within the Pathway to take a holistic approach to a young person's needs and support, working in partnership with these agencies, even if they are not directly delivering the intervention to address these needs.

3. Within the context described above, the primary task of the housing provider is to ensure timely and successful progression out of the Pathway into positive and sustainable accommodation for each individual entering the Pathway. We are aspirational for young people in Oxfordshire and support them to have high expectations for their long-term options while recognising that there may be several steps on the way that a young person needs to navigate to achieve their ultimate goals. The Pathway must prepare young people for all appropriate options to ensure they make a smooth transition.

4. The Young People's Supported Housing Pathway provides accommodation, housing management services and housing related support. It is recognised that care, specialist input and therapeutic intervention sit more appropriately in other services, such as health and education. Supported Housing Providers work closely in partnership with these and other services to dovetail support and deliver a seamless Service to young people.

Commissioning Young People's Supported Housing

5. The Pathway commissioned from March 2015 contracted 5 supported housing providers to deliver 222 beds spaces across 4 service packages in Oxfordshire for young people aged 16 to 24 years inclusive, who are homeless or at risk of homelessness.

6. In addition, the County Council developed an internally delivered service providing a minimum of 8 beds across the County. In total the Pathway delivers 230 beds across 5 service packages across Oxfordshire.

7. 4 of the service packages provide supported housing for single young people. The 5th service package is for families i.e. parents aged 16 to 24 years, who are homeless or at risk of homelessness who are also pregnant or who have children. The supported accommodation within these packages is delivered within:
    - shared accommodation comprised of small shared houses
    - hostel accommodation
    - supported lodgings within a family home
    - self-contained accommodation for those who are unable to be supported with other young people due to risk issues
    - bespoke provision which includes a live-in carer for example where this is needed to meet particular needs. This includes a package to support newly arrived Unaccompanied Asylum Seekers. Support within the accommodation in these packages is provided by either on-site staff or through floating support.

8. The total budget envelope for the Pathway is £2.7m per annum. Of this, the cost of the annual contract value is £2.4m. The remainder funds wrap around services aimed at meeting the needs of an increasingly complex cohort, as well as additional supported housing provision needed to meet fluctuating demand.

9. The funding for services reflects a pooled budget comprising the reduced funds of what was previously a ring-fenced 'Supporting People' budget and funding from the County Council's Children's Social Care budget. The new services were commissioned in close partnership with the City and District Councils.

10. The commissioning arrangements are overseen by the Joint Housing Steering Group which reports to the Health Improvement Board.

Positive move-on from the Pathway

11. The target for positive move-on from the Pathway was commissioned at 95%. This is a highly aspirational target.

12. The current indicator for positive move-on is defined as: "achieved or maintaining (more) independent living" as set out by the Sitra national data framework. This definition is no further refined by Sitra and is open to interpretation.

13. Over the first year of the contracts in 2015-16 the overall rate of departure to a positive move-on was recorded as 68%. The table below breaks this down by service package. Service Package 5 Supported Lodgings is not shown here as it is monitored elsewhere and the numbers are extremely small currently.

	Year 2015-16		
	All departures	**To independent living**	**% of departures to Independent living**

SP1 - families	32	31	**97%**
SP2 - singles shared	135	91	**67%**
SP3 - singles self-contained	7	0	**0%**
SP4 - bespoke and newly arrived UASCs	13	5	**38%**
Total	187	127	**68%**

14. Housing options for young people are becoming ever more limited and the rationale for the additional monitoring described above is to provide a better understanding of exactly where young people are moving on to from the Pathway and what factors might affect whether the move is considered 'positive'. This might for example, not include a secure tenancy for the young person, but might include engagement in education or employment for example.

15. From Quarter 1 of 2016, this indicator will be replaced with a local indicator defined as 'positive and planned' move. This will ask the provider to provide a judgment for each departure as to whether the move was a positive one. The definition for this indicator will be refined over time in partnership with the supported housing providers. To support the monitoring and refinement of this indicator, as well as to mitigate the subjectivity of the assessment, providers will also be required to record the specific housing destination for each of these departures. This will enable us to drill down into the data to differentiate progression in terms of tenancy type for example.

Recommendation

16. The proposed target for the new indicator is that is does not fall below the previous year's achieved rate. We would therefore set the target at 68% for 2016-17. As a note of caution, it is as yet unclear what the change in indicator will do to the baseline. However, as individual destination types will be recorded, the data can be provided over a number of domains. The aspiration will continue to be achieving a 95% rate of positive move-on.

17. It is important to note that we continue to see an increasing trend in the complexity of the young people moving into the Pathway. This, in addition, to the increasingly limited housing and employment options available to young people will continue to present an increasing challenge for those leaving the Pathway to achieve a positive progression.

Eleanor Stone, Placement Service Manager.
28th June 2016.

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Health Improvement Board
June 2016

Q3 & Q4 Performance Report

Background

1. The Health Improvement Board is expected to have oversight and of performance on four priorities within Oxfordshire's Joint Health and Wellbeing Strategy 2012-2016, and ensure appropriate action is taken by partner organisations to deliver the priorities and measures, on behalf of the Health and Wellbeing Board.

2. The four priorities the Board has responsibility for are:

   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

Current Performance

3. A table showing the agreed measures under each priority, expected performance and current performance is attached as appendix A.

4. There are some indicators that are reported on an annual basis and some on a half-yearly basis - these will be reported in future reports following the release of the data.

5. For the indicators that can be regularly reported on, current performance (at Q4) can be summarised as follows:

   6 indicators are Green.
   1 indicator is Amber (defined as within 5% of target).
   6 indicators are Red

6. The indicators that are red are:

   8.3 At least 66% of those invited for NHS Health Checks will attend (ages 40-74) and no CCG locality should record less than 50% with all aspiring to 66% (Baseline 46% April 2014) – Q4 reached 50.2%
   8.4 At least 3650 people will quit smoking for at least 4 weeks (Achievement in 2014/15 = 1955) – Q4 achieved 1562
   8.6 The target for opiate users by end 2015/16 should be at least 7.6% successfully leaving treatment and not representing within 6 months (baseline 7.8%) – Q4 reached 4.5%
   8.7 At least 39% of non-opiate users by 2015/16 should successfully leave treatment and not represent within 6 months (baseline 37.8%) – Q4 reached 26.2%
   10.5 Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 70 (2014/15) – final figure is 90 (of which 56 in Oxford City)
   11.2 At least 95% children receive dose 2 of MMR vaccination by age 5 and no CCG locality should perform below 94% - Q4 achieved 92.5%

Sue Lygo
Health Improvement Practitioner
June 2016

Oxfordshire Health and Wellbeing Board
Performance Report

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Locality spread	Notes
Priority 8: Preventing early death and improving quality of life in later years											
8.1 NHS England	At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years)	**Expected** 60% **Actual** 59.2%	A	**Expected** 60% **Actual** 57.1%	A	**Expected** 60% **Actual**		**Expected** 60% **Actual**			Data for Q3 not available.
8.2 OCC	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%	**Expected** 3.75% **Actual** 5%	G	**Expected** 7.5% **Actual** 11.1%	G	**Expected** 11.25% **Actual** 15.7%	G	**Expected** 15% **Actual** 20%	G	Cumulative Q4: North East: 14.2%; North: 18.4%; City: 21.2%; South East 24.6%; South West 21.7%; West 17.3%	
8.3 OCC	At least 66% of those invited for NHS Health Checks will attend (ages 40-74) and no CCG locality should record less than 50% with all aspiring to 66% (Baseline 46% Apr 2014)	**Expected** 46% **Actual** 42.2%	A	**Expected** 50% **Actual** 45.7%	R	**Expected** 58% **Actual** 48%	R	**Expected** 66% **Actual** 50.2%	R	Cumulative Q4: North East: 54.5%; North: 56.7%; City: 45.2%; South East 40.7%; South West 52.3%; West 58.6%	

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Locality spread	Notes
8.4 occ	At least 3650 people will quit smoking for at least 4 weeks (Achievement in 2014/15 = 1955)	**Expected** 913 **Actual** 477	R	**Expected** 1825 **Actual** 992	R	**Expected** 2738 **Actual** 1364	R	**Expected** 3650 **Actual** 1562	R		
8.5 occ G	The number of women smoking in pregnancy should decrease to below 8% (recorded at time of delivery). (Baseline 2014/15 = 8.1%)	**Expected** <8% **Actual** 7.8%	G	**Expected** <8% **Actual** 8.5%	A	**Expected** <8% **Actual** 8.8%	A	**Expected** <8% **Actual** 7.2%	G		
8.6 occ	The target for opiate users by end 2015/16 should be at least 7.6% successfully leaving treatment and not representing within 6 months (baseline 7.8%)	**Expected** 7.6% **Actual** 6.2%	R	**Expected** 7.6% **Actual** 5.6%	R	**Expected** 7.6% **Actual** 4.7%	R	**Expected** 7.6% **Actual** 4.5%	R		Please note that the completion data is from 01/10/2014 to 30/09/2015, Re-presentations up to: 31/03/2016 (Q4)
8.7 occ	At least 39% of non-opiate users by 2015/16 should successfully leave treatment and not represent within 6 months (baseline 37.8%)	**Expected** **39%** **Actual** 29%	R	**Expected** **39%** **Actual** 27.9%	R	**Expected** **39%** **Actual** 27.4%	R	**Expected** **%** **Actual** 26.2%	R		
Priority 9: Preventing chronic disease through tackling obesity											
9.1	Ensure that the obesity level in Year 6 children is held at no more than 16% (in 2013/14 this					**Expected** 16% or less	A			Cherwell 19.7% Oxford 19.2% All other districts	

OCC	was 16.9%). No district population should record more than 19%					**Actual** 16.2%				under 15%	
No	**Indicator**	**Q1 Apr-Jun**	**RAG**	**Q2 Jul-Sept**	**RAG**	**Q3 report Oct-Dec**	**RAG**	**Q4 report Jan-Mar**	**RAG**	**Locality spread**	**Notes**
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)			**Expected** 22% or less							
Distri ct				**Actual** 21.9%	**G**						
9.3	63% of babies are breastfed at 6-8 weeks of age (currently 60.4%) and no individual CCG locality should have a rate of less than 50%	**Expected** 63%		**Expected** 63%		**Expected** 63%		**Expected** 63%		No CCG locality under 50% (Q1 & Q2). However, some practices across most localities have less than 50%	Problems with Oxford Health IT system – unsure data for Q3 and Q4 are correct – are checking.
England & CCG		**Actual** 60.9%	**A**	**Actual** 63.8%	**G**	**Actual** 57.5%	**A**	**Actual** 58.2%	**A**		
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness											
10.1	The number of households in temporary accommodation on 31 March 2016 should be no greater than level reported in March 2015 (baseline 192 households)			**Expected** 192 or less				**Expected** 192 or less			
District Councils				**Actual** 218	**R**			**Actual** 190	**G**		
10.2	At least 75% of people receiving housing related support will depart services to take up independent living (baseline 91% in 14/15)	**Expected** 75%		**Expected** 75%		**Expected** 75%		**Expected** 75%			Final annual figure for 2015/16 = 87.2% (1491 / 1710)
OCC		**Actual** 84.8%	**G**	**Actual** 86.1%	**G**	**Actual** 88%	**G**	**Actual** 87.2%	**G**		

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Locality spread	Notes
10.3 District Councils	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 when there were 2454 households known to services). Reported 6-monthly			**Expected** 80% **Actual** 82%	**G**			**Expected** 80% **Actual** 85%	**G**		
10.4 Affordable Warmth	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.					**Expected** >700 **Actual** 1427	**G**	**Expected** >700 **Actual**			This represents a cumulative figure for Q1, Q2 and Q3.
10.5 District Councils	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 70 (2014/15)					**Target** < 70 **Actual** 90	**R**				
10.6	A measure will be included in the performance framework to										Baseline to be established and outcome to be discussed in March 2016

OCC	monitor the success of supporting vulnerable young people in appropriate housing following monitoring to establish a baseline.										

Priority 11: Preventing infectious disease through immunisation

No	Indicator	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Locality spread	Notes
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%	**Expected** 95%	G	**Expected** 95%	A	**Expected** 95%	G	**Expected** 95.4%	G	Q2 North Oxfordshire 93.8 Oxford City 92.7%	Data for CCG localities are not available for Q3
England		**Actual** 95.1%		**Actual** 94.5%		**Actual** **95.1%**		**Actual**			
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.5%) and no CCG locality should perform below 94%	**Expected** 95%	A	**Expected** 95%	R	**Expected** 95%	R	**Expected** 95%	R	Q2 Only South West achieving over 94% (96.6%)	Data for CCG localities are not available for Q3+Q4
NHS England		**Actual** 92%		**Actual** 91%		**Actual** 91.9%		**Actual** 92.5%			
11.3	At least 60% of people aged under 65 in "risk groups" receive flu vaccination (2014/15 = 51.9%)							**Expected** 55%	R		
NHS England								**Actual** 45.9%			
11.4	At least 90% of young women will receive both doses of HPV							**Expected** Over 90%			Final figure for 2015/16 not yet available as

	vaccination. (2014/15 =91.7%)										Dose 2 being delivered during summer term 2016.
NHS England								**Actual**			

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Supplementary Housing data to report to Health Improvement Board in 2015-16

Regular Performance reporting – outcomes for 2015-16 on priority 10 in the Joint Health and Wellbeing Strategy 2015-19:
Tackling the broader determinants of health through better housing and preventing homelessness

Data collection (Housing Support Advisory Group Chairman):

Collecting	Phil Ealey, South Oxfordshire and Vale of the White Horse District Councils	phil.ealey@southandvale.gov.uk
Coordinating	Katie Read, Oxfordshire County Council	Katie.Read@oxfordshire.gov.uk
For performance report written by:	Sue Lygo, Oxfordshire County Council	sue.lygo@oxfordshire.gov.uk

District contact to provide data:

District	*Name*	*Email*
Cherwell	Chris Weight	Chris.weight@cherwell-dc.gov.uk
City	Lena Haapalahti	lhaapalahti@oxford.gov.uk
South	Jaffa Holland or Melissa Cripps	Jaffa.holland@southandvale.gov.uk or Melissa.cripps@southandvale.gov.uk
Vale	Jaffa Holland or Melissa Cripps	Jaffa.holland@southandvale.gov.uk or Melissa.cripps@southandvale.gov.uk
West	Sarah Whitcombe	Sarah.Whitcombe@westoxon.gov.uk

Measure 10.1

10.1	The number of households in temporary accommodation on 31 March 2016 should be no greater than the level reported in March 2015 (baseline 192 households in Oxfordshire in 2014-15) ***Responsible Organisation: District Councils*** **Proposal agreed:** **Separate out the number in bed and breakfast accommodation** **Six monthly instead of annually**	6-monthly Quarter 2 Quarter 4	Housing Support Advisory Group District representatives Collated by the Chairman of the Housing Support Advisory Group (rotates amongst Districts each year) Phil Ealey, South Oxfordshire and Vale of the White Horse District Councils (via Katie Read)

Quarter: 4

Data:

		Cherwell	**City**	**South**	**Vale**	**West**	**Total**
1	The number of households in temporary accommodation	39	115	18	8	10	**190**
2	The number of households in temporary accommodation, housed in bed and breakfast accommodation	0	4	1	1	2	**8**

Measure 10.3

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 86% in 2014 - 2015). This can now be reported 6 monthly. ***Responsible Organisation: District Councils***	6-monthly Quarter 2 Quarter 4	Housing Support Advisory Group District representatives Collated by the Chairman of HSAG Phil Ealey, South Oxfordshire and Vale of the White Horse District Councils (via Katie Read)

Quarter: 4

Data:

			Cherwell	**City**	**South**	**Vale**	**West**	**Total**
1 (E1)	Total number of applicant households who were homeless as defined by the Housing Act 1996, comprising the following categories	**A**	33	69	13	9	20	**144**
1a (E1,1)	Eligible, unintentionally homeless and in priority need		22	51	10	3	9	**95**
1b (E1,2)	Eligible, homeless and in priority need but intentionally so		3	12	0	2	5	**22**
1c (E1,3)	Eligible, homeless and not in priority need		8	6	3	4	2	**23**
2 (E,10,1)	Total number of cases where positive action was successful in preventing homelessness of which	**B**	227	269	147	143	37	**823**
	The Measure		87.30%	79.6%	92%	94%	54%	**85.1%**

References are to P1E return
Outcome indicator is calculated by expressing B as a percentage of A + B

Measure 10.5

10.5	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2014-15 (baseline: 68) ***Responsible Organisation: District Councils***	Annually Quarter 3 (November)	Housing Support Advisory Group District representatives Collated by the Chairman of HSAG Phil Ealey, South Oxfordshire and Vale of the White Horse District Councils (via Katie Read)

Quarter: 3

Data:

		Cherwell	**City**	**South**	**Vale**	**West**	**Total**
1	The number of people estimated to be sleeping rough	21	56	5	5	3	**90**

For 10.5 - from November 2014, all Districts will report their November estimate (according to the methodology set out by Homeless Link – so Oxford City will do an estimate according to this methodology, as well as their count).

Health Improvement Board
Basket of Indicators for Housing and Health
Annual Report 2015-16

One of the Joint Health and Wellbeing Strategy Priorities the Health Improvement Board has responsibility for is "Tackling the broader determinants of health through better housing and preventing homelessness" (Priority 10).

At the May 2013 Health Improvement Board, the 'basket of housing indicators' that would be reported annually to the Board meeting were agreed. These were then amended and updated slightly at the May 2014 meeting, which agreed the following measures.

The full dataset of statistics for 2015-16, and the previous two years, are shown on the last page of this report.

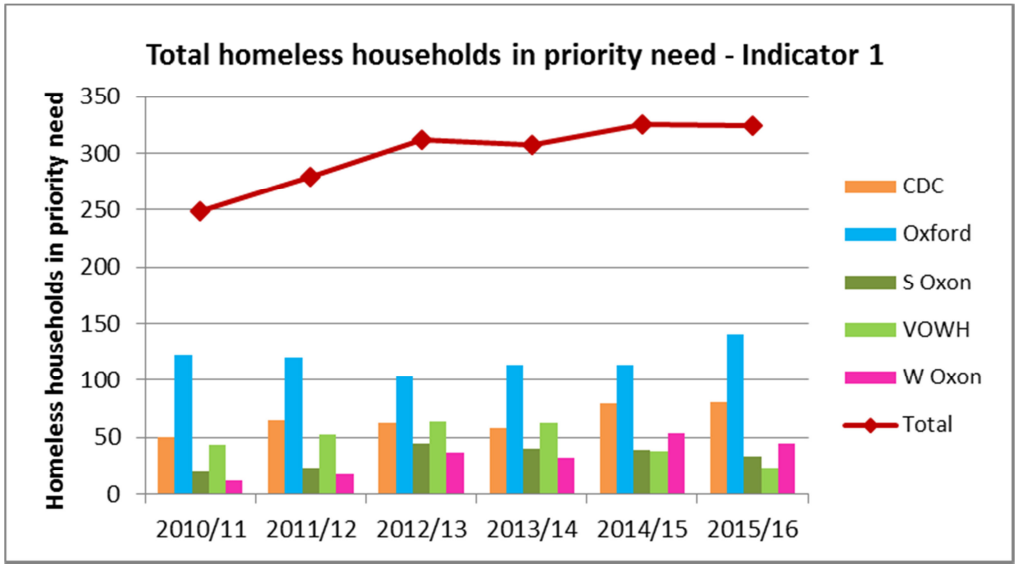
Key:

CDC	Cherwell District Council
Oxford	Oxford City Council
S Oxon	South Oxfordshire District Council
VOWH	Vale of White Horse District Council
W Oxon	West Oxfordshire District Council

Homelessness Presentations (Indicator 1)
There has been an upward trend in people presenting as homeless*, over the whole County, in the past five years, rising from 457 in 2011/12 to 505 in 2015/16, although the total has fallen slightly from 534 in 2013/14. The situation differs across Districts, with some experiencing greater volumes of presentations and some less, over this five year period.

The reasons for homelessness presentations is changing. The loss of private rented accommodation is becoming an increasing cause of homelessness and in some Districts has overtaken exclusion by family or friends as the main reason for homelessness.

There has been an increase in people who are accepted as statutorily homelessness and are in **priority need** in the County since 2011/12 to 2015/16 (279 to 324 households). There was however a marginal reduction in acceptances from 325 in 2014/15. There are differences between Districts however. Over the past year, Oxford has seen a significant rise, Cherwell is broadly stable with West Oxfordshire; South Oxfordshire and Vale of White Horse witnessing a reduction.



** It should be noted that the indicators reported here exclude homeless applicants with a 'not homeless' or a 'not eligible' decision, so the total figure is not entirely the full number of all homeless presentations*
The numbers of people found to be **intentionally homeless** has fallen over the last three years. It has fallen from a total of 141 in 2013/14 to 101 in 2015/16.

The numbers of people presenting as homeless but **not in priority need*** rose during 2015/16. Over the County as a whole, the numbers have increased from 50 in 2011/12 to 80 in 2015/16. As in previous years, there are considerable variations between the Districts with most cases recorded in either Cherwell or Oxford City (25 and 28 households respectively).

** Local housing authorities have a duty to secure accommodation for households who are in priority need under homelessness legislation. Categories of priority need are pregnancy, dependent children, vulnerable as a result of old age, mental illness or handicap, or physical disability or other special reason, homeless as a result of an emergency such as fire or flood, a child aged 16 or 17, vulnerable as a result of having been looked after, accommodated or fostered, as a result of serving in the armed forces or having been imprisoned or ceasing to occupy accommodation because of actual or threatened violence.*

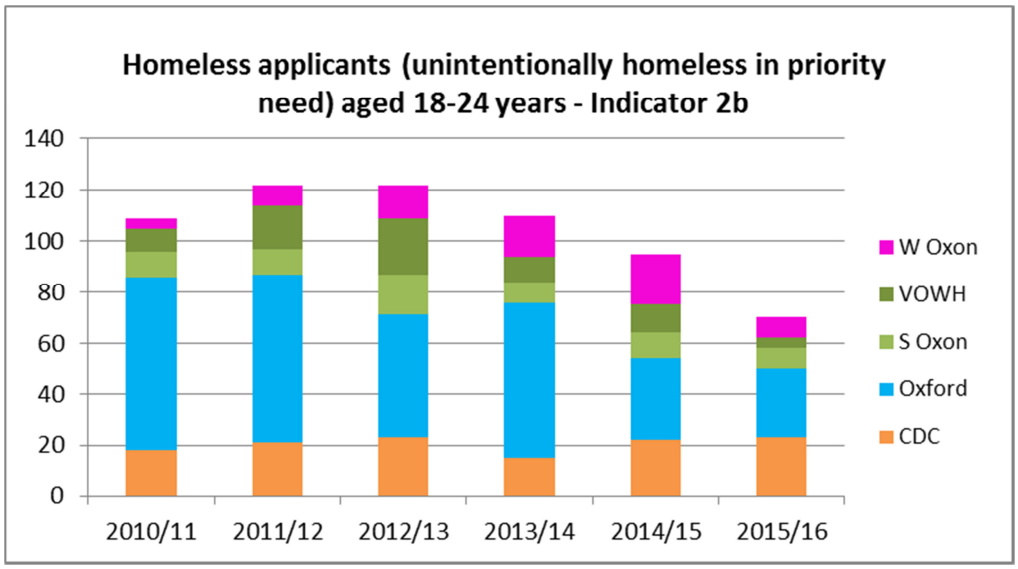
People found to be homeless expressed as a percentage of the number of people of cases where positive action was successful in preventing homelessness was 86%*. This is above the target (10.3) of 'at least 80%' and an improvement on the 14/15 figure of 83%.
(2992 preventions/ 3497 homeless applications plus preventions)*

Homeless applicants who were unintentionally homeless and in priority need (Indicator 2)

In 2014/15, 95 people aged 16 -24 were accepted as homeless in Oxfordshire. There was no–one aged 16 or 17. In 2015/16 that figure fell to 70, the lowest recorded in the past 5 years, with no 16/17 year olds accepted. This figure reflects the effective joint work through the Joint Housing Team with Childrens Services.

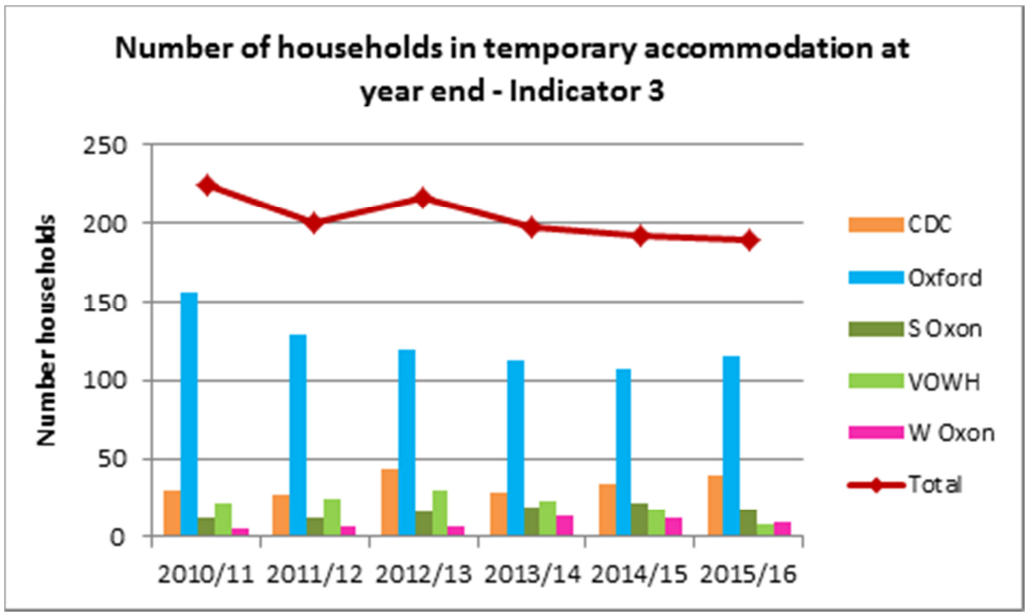
The number of households who are in priority need because of physical disability or mental illness remains moderately low. In 2015/16, there were 20 homeless households where a member had a physical disability and 21 because of mental health.

In 2015/16 there was a marginal increase in the in the number of households accepted as homeless with the main reason being due to rent arrears, from 12 in 2014/15 to 13 households in 2015/16.



Number of households in Temporary Accommodation (Indicator 3)

There were 190 households in temporary accommodation at the end of the financial year 2015/16, a reduction of 2 from the previous year (exceeding target 10.1). There are some local variations within Districts.

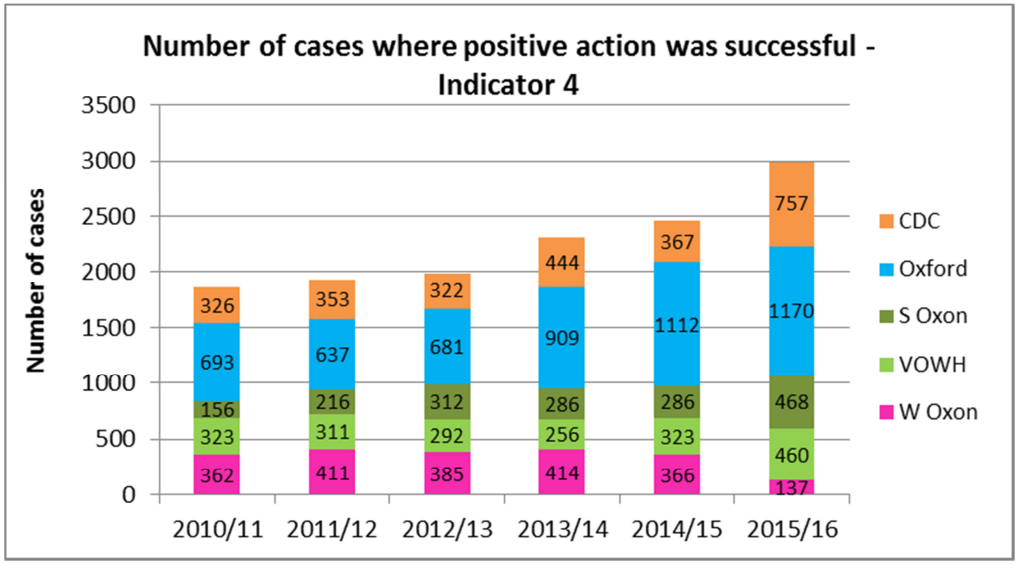


Number of households in Bed and Breakfast accommodation (New indicator)

As at the 31st March 2016, 8 households in Oxfordshire, out of the 190 indicated above, were in bed and breakfast (non-self-contained style) accommodation. This was the same figure as 2014/15.

Positive action preventing homelessness (Indicator 4)

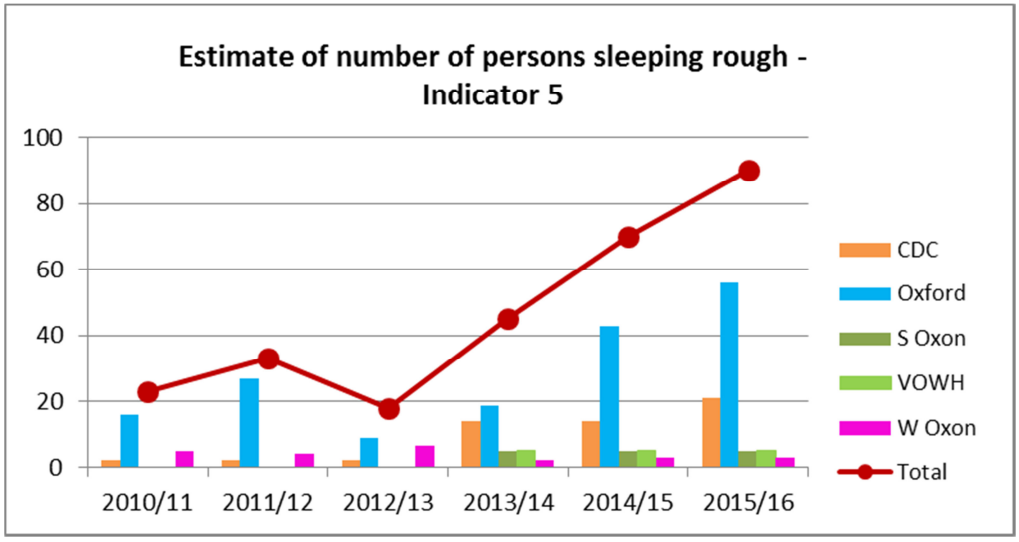
There were 2,992 cases recorded where positive action prevented homelessness, compared to 2,454 in 2014/15. Positive action covers securing accommodation with a housing association or in the private rented sector as well as a result of the provision of advice, support or other intervention.



Rough-Sleeping (Indicator 5)

The estimated number of people rough sleeping in 2015/16 is 90, showing an increase from 70 persons in 2014/15. The rise in rough sleeping occurred in Cherwell and Oxford City.

The rise in rough sleeping reflects a national increase in this indicator. The autumn 2015 England Rough Sleeper Count increased 30% compared to the previous year. (DCLG)



Removal of Spare Room Subsidy

In 2015/16, the number of households who found that their housing benefit has been reduced because of the Social Sector size criteria** was 2,154. This is a reduction from 2,304 households in 2014/15.

***This affects households where the tenants are of working age and do not fall within one of the exception categories and they are assessed as having one or more bedrooms than they require according to the following formula of one bedroom for*

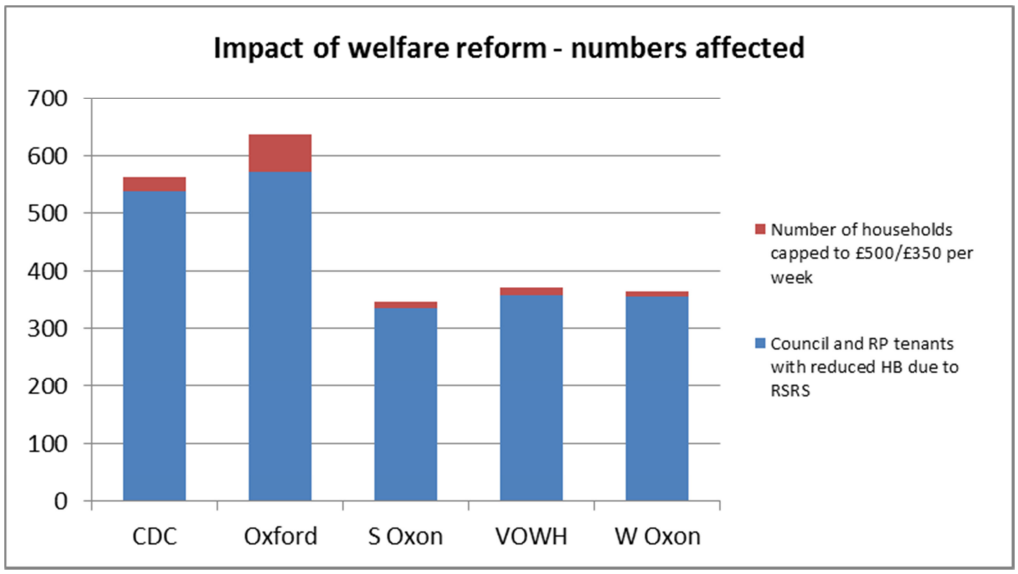
- *each adult couple*
- *any other person aged 16 or over*
- *two children of the same sex under the age of 16*
- *two children under the age of 10 regardless of their sex*
- *any other child*
- *a carer (who does not normally live with the tenant) if the tenant or their partner needs overnight care.*

Tenants who are under occupying by one bedroom, have their benefit reduced by 14% of eligible rent, and tenants who are under occupying by two or more bedrooms have their benefit reduced by 25% of eligible rent.

Benefit Cap

The number of households affected by the Benefit Cap*** across the County fell significantly from 257 households in 2014/15 to 125 households in 2015/16.

****£350 per week maximum of benefits covered for single adults who don't have children or whose children don't live with them and £500 per week maximum for couples (with or without children living with them) and £500 a week for single parents whose children live with them.*



Joint Working in 2015/16

There have been a number of areas of joint working over the 2015/16 year, between the County Council, District Councils, and other statutory partners such as the Oxfordshire Clinical Commissioning Group and health. This has included:

- Continued engagement with the Health Notification protocol for homeless families placed in temporary accommodation
- Successful implementation of the new Young Person Pathway from April 2015.
- Successful implementation of the new adult homeless pathway following the budget reductions with new contracts issued in February 2016.
- Implementation of new Government-funded initiative working with offenders, led by Cherwell District Council.
- Housing Related Support workshops to manage the reduction in Oxfordshire County Council funding.

Going Forward – Opportunities for joint working in 2016/17

Joint working will be further built upon in 2016/17. Areas of joint work already identified include:

- Continued engagement with the development of the Adult Homeless pathway
- Input into a review of the Domestic Abuse services
- Developing work and initiatives in relation to Public Health and Complex Needs
- Review of the Hospital Discharge policy
- Development of plans for Housing Related Support provision

Recommendations for indicator changes in 2016/17

A new indicator for the number of homeless households accommodated in emergency B&B was introduced in 2015/16.

During 2015/16 it was also agreed that the supplementary housing indicators report presented at HIB will be reviewed at HSAG quarterly meetings. This has now been added as a standing agenda item for the next HSAG meeting. HSAG will also inform HIB of any concerns over service provision in relation to housing related support.

A new indicator for 2016/17 is being proposed at the July HIB meeting. The new measure is “at least 70% of young people leaving supported housing services will have positive outcomes in 16-17, aspiring to 95%”. This indicator will be provided by Oxfordshire County Council Children, Education and Families Directorate.

Annual 'Housing Basket of Indicators' report, for end of year Health Improvement Board meeting																		
	2013/14						**2014/15**						**2015/16**					
Indicator 1 Homeless households																		
	CDC	Oxford	S Oxon	VOWH	W Oxon	Total	CDC	Oxford	S Oxon	VOWH	W Oxon	Total	CDC	Oxford	S Oxon	VOWH	W Oxon	Total
(1a) in priority need	58	114	40	63	32	**307**	80	114	39	38	54	**325**	81	141	34	23	45	**324**
(1b) intentionally	34	67	13	14	13	**141**	25	51	13	11	11	**111**	25	43	9	14	10	**101**
1c) no priority need	24	23	11	11	0	**69**	23	29	2	5	3	**62**	25	28	5	11	11	**80**
	116	204	64	88	45	**517**	128	194	54	54	68	**498**	131	212	48	48	66	**505**
Indicator 2 Homeless applicants who were unintentionally homeless and in priority need who were/had																		
	CDC	Oxford	S Oxon	VOWH	W Oxon	Total	CDC	Oxford	S Oxon	VOWH	W Oxon	Total	CDC	Oxford	S Oxon	VOWH	W Oxon	Total
(2a) aged 16/17yrs	0	0	0	1	5	**6**	0	0	0	0	0	**0**	0	0	0	0	0	**0**
(2b) aged 18 to 24	15	61	8	10	16	**110**	22	32	10	11	20	**95**	23	27	8	4	8	**70**
(2c) physical disability	3	3	2	6	1	**15**	2	7	1	3	2	**15**	6	5	3	1	5	**20**
(2d) mental illness	1	5	7	5	0	**18**	2	7	5	6	2	**22**	2	8	1	3	7	**21**
(2e) rent arrears	0	15	0	2	2	**19**	0	7	2	1	2	**12**	1	10	2	0	0	**13**
Indicator 3 Number of households in temporary accommodation at end of year (10.1 in JHWS)																		
	CDC	Oxford	S Oxon	VOWH	W Oxon	Total	CDC	Oxford	S Oxon	VOWH	W Oxon	Total	CDC	Oxford	S Oxon	VOWH	W Oxon	Total
	28	113	19	23	14	**197**	34	107	21	18	12	**192**	39	115	18	8	10	**190**
Indicator 4 Number of households where positive action was successful in preventing homelessness																		
	CDC	Oxford	S Oxon	VOWH	W Oxon	Total	CDC	Oxford	S Oxon	VOWH	W Oxon	Total	CDC	Oxford	S Oxon	VOWH	W Oxon	Total
	444	916	268	256	414	**2298**	367	1112	286	323	366	**2454**	757	1170	468	460	137	**2992**
Indicator 5 Rough Sleeping (10.5 in JHWS)																		
	CDC	Oxford	S Oxon	VOWH	W Oxon	Total	CDC	Oxford	S Oxon	VOWH	W Oxon	Total	CDC	Oxford	S Oxon	VOWH	W Oxon	Total
Estimate/count of persons sleeping rough	14	19	5	5	2	**45**	14	43	5	5	3	**70**	21	56	5	5	3	**90**
Impact of Welfare Reform																		
Council and RP tenants with reduced HB due to RSRS	633	694	332	425	Not available	**2084**	603	622	332	389	358	**2304**	538	571	334	357	354	**2154**
Number of households capped to £500/£350 per week	33	155	30	43	24	**255**	20	144	22	29	42	**257**	25	66	11	13	10	**125**

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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)**

CONTENTS

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

To be added

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, Healthwatch 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 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.

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:

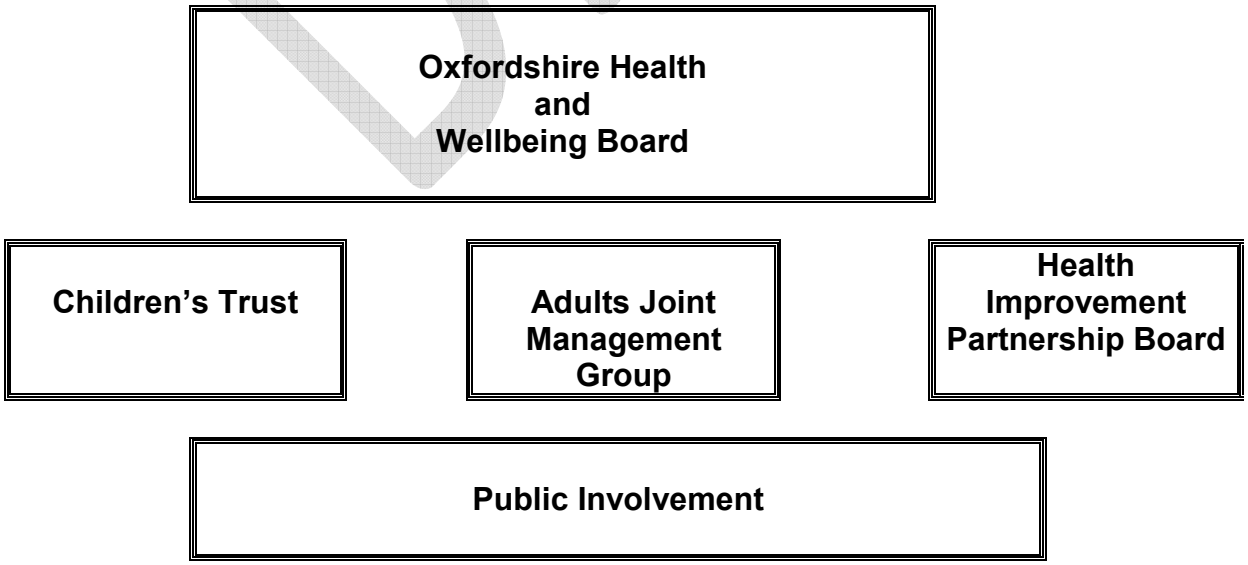
- more children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential;
- more adults will have the support they need to live their lives as healthily, successfully, independently and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

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. 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. 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?

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 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.

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 7-9.
- 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.

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 remain 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 attainment gap in Oxfordshire remains a priority at all key stags 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 children and young people placed out of county and not in neighbouring authorities
Baseline: 77

2.2 Reduce the care leavers not in employment, education or training.
Baseline:
Baseline:
Target in Care Leavers Strategy for 2016 is 18%

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%

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

2.5 Reduce the persistence absence of children subject to Child In Need and a Child Protection plan.
Baseline: Child in Need 18%
Child Protection Plan 17%
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 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.
- Child Protection activity across all agencies including police, children's social care and health has increased.

Outcomes for 2016 -17

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 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.

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

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 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's 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
- Our figures for the number of carers receiving a service was below target due to unforeseen consequences of the Care Act. Only carers 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 only met 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 7,036 in 2015/16 to 7,500 in 2016/17.

5.4. Increase % 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% from the 2014 Carers Survey.

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%
- Non-admitted patients target 95%
- Incomplete pathway target 92%

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 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.
- 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.

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. Increase the employment rate amongst people with mental illness from 2015/16. (baseline to be confirmed).

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 supposed 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 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 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 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 1562 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%). ***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. 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: 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 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

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, 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 Training (NEET)	Young people aged 16 to 18 who are not in education, employment or training are referred to as NEETs.

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

Health Improvement Partnership Board
Forward Plan 2016-17

Date	Item
Thu 20 Oct 2016 2-4pm The Kings Centre	• Update from Affordable Warmth Network • Air Quality Management Annual Report • Health Protection Forum Annual Report • Domestic Abuse Review • Health and Care Transformation
Feb 2017 Tbc	• Housing Related Support
May 2017 Tbc	• Health Improvement Board Priorities 2017-18 • Annual Basket of Housing Indicators
July 2017 Tbc	
Standing items:	
• Minutes of the last meeting and any matters arising • Report from HIB lay representatives • Performance Report (including any report cards) • Forward Plan	
Proposals/periodically:	
To be kept under regular review: • Re-commissioning of housing related support • Welfare reform • Oral Health Needs Assessment • Healthy Weight Action Plan • Oxfordshire Sport and Physical Activity	

29 June 2016

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NHS
Oxfordshire
Clinical Commissioning Group

Oxfordshire Health Inequalities Commission

Briefing June 2016

Background

The Oxfordshire Health Inequalities was set up at the end of 2015 by the Oxfordshire Health and Wellbeing Board to:

- review health inequalities in the county across the whole life course
- gauge what programmes are working well
- identify gaps across the spectrum of influences
- make suggestions for reducing inequalities in the future

The objective of the Commission is to identify health inequalities and identify what can be done to reduce them, including improving the delivery of health and social care in Oxfordshire over the next five years.

The commission is chaired by Professor Sian Griffiths. A full list of members and information about their backgrounds can be found here http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/health-inequalities-commission/members-biographies/

The commission will produce a report and make recommendations to the Health and Wellbeing board in the autumn of 2016.

The report and its recommendations will be informed by the evidence being gathered in writing from members of the public and interested parties, and at four sessions held in public at venues across the county, as well as analysis of existing data.

Perinatal and early years health

The first session took place on Friday 26 February at Exeter Hall in Kidlington.

It welcomed representatives of: Oxfordshire Perinatal Mental Health Network; the Brighter Futures Partnership in Banbury; Oxford Academy; Banbury children's centres; Oxfordshire Sport and Physical Activity (OXSPA); and Oxford community paediatrician Mandy Rose.

The perinatal mental health network highlighted the gaps in provision of specialist care for women with severe mental health illness during pregnancy and immediately after giving birth.

The Brighter Futures Partnership, based in Banbury, works to ensure opportunities and quality of life are accessible to everyone in the area, through training and education, family support and safe communities. They identified the importance of multi-agency working to support families in talking responsibility for their own health and wellbeing through prioritising early years health education and prevention.

Representatives from the Oxford Academy School emphasised the importance of a joined up approach to health and social care to tackle health inequalities and suggested that schools in the county were well placed to become health and social care hubs for young people.

The Banbury children's centre spokesperson expressed concerns about how proposed funding cuts and consequent closure of some centres could increase gaps in access to health and social care for disadvantaged families.

OXSPA outlined the importance of physical activity in the promotion of healthy living. It submitted evidence on the success of martial arts programmes for children, but the expansion of these activities is being hampered by a lack of suitable venues.

Mandy Rose highlighted the role of the community paediatrics team, emphasising the need for joined up working and a proactive creative approach to identifying and addressing support needs.

Living well

The second session took place on Monday 7 March at the John Paul II Centre in Bicester.

Those submitting evidence were: Ian Davies from the Bicester Healthy New Town project; the Luther Street Medical Centre in Oxford; The Terence Higgins Trust; West Oxfordshire District Council; OXSPA; and Unipart.

The objectives of the healthy new towns initiative are to make healthy lifestyles the norm and to ensure digital technology, health innovations and adaptations make independent living and care at home the norm for older people.

The Luther Street Medical Centre outlined its work with Oxford city's homeless people to enable them to access health and social care.

The Terence Higgins Trust expressed its concern at cuts in HIV support services in Oxfordshire and across the UK.

West Oxfordshire District Council and OXSPA highlighted the importance of physical activity for adults and how it should be integrated into health services, for example in the 'prescribing' of being active as part of tackling health issues.

A health and wellbeing strategy for employees was outlined by the representative from the Unipart Group, which encourages staff to take responsibility for their own health by taking advantage of workplace health checks and other initiatives.

Ageing well

The third session took place on Monday 11 April at the Rose Hill Community Centre in Oxford.

The commission heard from Teresa Young, manager at Eynsham Medical Practice, who spoke about the practical difficulties faced by some older people living in rural communities in getting to health services.

She suggested a more flexible and better funded district nurse service might help solve these issues, together with more investment in rural bus routes.

The Friendleys group of older people living in Blackbird Leys appeared in a video film made with Age UK Oxfordshire and shown to commissioners. Several members of the group came to the session in person to talk about their experiences of health care in Blackbird Leys. They highlighted difficulties in getting GP appointments and a lack of public transport services.

Penny Thewlis from Age UK focused on the work being done by volunteers, health and social care professionals to offer support to people with dementia and their carers, who often feel isolated by their responsibilities.

Alistair Thomas, from the Age UK Generation Games project, spoke about encouraging physical activity among older people, and the barriers to getting more people active. He outlined the importance of engaging with communities to find out what they want, rather than imposing services on them.

Carol Ball, from Healthwatch UK, presented a short video film about dignity in care and the results of a survey among older people in Oxfordshire which revealed the majority of people received these services with dignity, although there were some instances where standards fell short.

Cross cutting themes

The final session in public took place on Monday 23 May at Oxford Town Hall.

Housing, public transport, migrant health and poverty were among the themes discussed.

The commission noted the county did poorly on the indicator which measures school achievement in children receiving free school meals when they enter reception class.

The commission went on to hear from Dr James Porter about the work of Luther Street Medical Practice which looks after homeless people in the centre of Oxford, many of whom suffer from mental health issues, and alcohol and substance misuse.

Dr Porter said the lack of suitable, affordable housing in the city must be addressed by large and small organisations and statutory bodies acting together.

The need for better joined-up working and partnership was a recurrent theme voiced by many of the contributors to the session, together with anxiety about the funding reductions to services.

The Connection Floating Support charity, which offers practical and emotional help to people who want to regain control of their lives, highlighted reduction in the length of time people are supported as funding priorities shift.

Oxford City Council outlined its housing strategy to help people stay in their homes and avoid homelessness. Oxford's housing strategy manager Frances Evans told the commission that a collective strategic review by public sector partners should be carried out to identify assets (properties and land) which could be regenerated to provide more affordable homes in the city and county.

The reduction in supported bus services across the county was outlined by Oxfordshire County Council (OCC), which also explained how steps were being taken to mitigate the effects.

OCC service manager Alexandra Bailey spoke about the launch of the Oxfordshire Comet to allow the council's own fleet of accessible vehicles to be booked by community groups or individuals during 'downtimes' in the middle of the day. This initiative could help people access hospital or health services or help transport them home after discharge from hospital.

The session heard how access to transport is a particularly important issue facing older people living in rural areas, not just for access to health services but for their independence and wellbeing.

Age UK showed a video as part of its 'Getting the picture' project, made at Oxford's Older People Chinese Centre (Happy Place). It emphasised the centre's importance to the community it serves, and how good translators and cultural understanding were key to giving the Chinese community (one per cent of Oxfordshire's population) access to health services.

The same points were made by the Refugee Resource and Asylum Welcome voluntary organisations which have investigated how refugees, migrants and asylum seekers gain access to primary health care services. They described how migrants, particularly those who have recently come to the UK, need specialist help for complex mental and physical health issues. This help is also needed for at the immigration detention centre at Campsfield House, Bicester.

The Citizens Advice Bureau (CAB) told the commission of the increasing numbers of people seeking advice, coupled with reductions in benefits and resources in the

services they are directed to. CAB said increasing incomes of the poorest households was a priority while highlighting how services which provide advice and support such as CAB were under pressure.

OCC presented its vision for older persons' housing schemes, which will continue to build and provide extra care homes in a bid to keep people independent in the community for longer and reduce the numbers needing residential or nursing home care.

Oxford Health NHS Foundation Trust's associate director Daniel Leveson told the commission that Oxfordshire's population of frail older people was increasing faster than the national average, together with the need for specialist services to support them. In addition, there were more older unpaid carers who need respite and support; and it is also important to support those people who work in home care services.

Andy Blackman from the Clockhouse project, which runs dementia clubs in Blackbird Leys, said there were not enough services for carers looking after their loved ones at home, nor for people with dementia who are living on their own.

And the Association for the Blind pointed to the isolation experienced by people with visual impairments, the difficulties they have in getting information about the support and services available to them, the difficulties they face in getting access to health care when they are unable to drive. Technology could offer potential solutions to these issues.

For more information go to http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/health-inequalities-commission/

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