

Oxfordshire Joint Health and Wellbeing Strategy 2012-2016

Consultation on revisions proposed for 2013-14

Background

Oxfordshire's Joint Health and Wellbeing Strategy was adopted by the Health and Wellbeing Board in July 2013 following extensive public consultation.

You can see the current version of the Oxfordshire Joint Health and Wellbeing Strategy here:

<http://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/plansperformancepolicy/oxfordshirejointhwbstrategy.pdf>

In the last year there has been regular monitoring of all the outcomes set out in the document. This shows some good progress in improving health outcomes and in how organisations work together. This has been reported to the Health and Wellbeing Board on a regular basis. The latest performance report (March 2013) can be seen here:

http://mycouncil.oxfordshire.gov.uk/documents/s20020/HWB_MAR1413R02.pdf

Review of the Priorities

The Health and Wellbeing Board (H&WB) considered the latest information on the health of the population as set out in the Joint Strategic Needs Assessment. The needs identified in a report to the Board in March 2013 confirmed that the current priorities set out in the Joint Health and Wellbeing Strategy are still relevant.

Discussion on continuing to address these priorities has taken place among members of each of the Partnership Boards who deliver the work of the H&WB. These Partnership Boards are

- Children and Young People Board,
- Adult Health and Social Care Board and
- Health Improvement Board.

The Partnership Boards have

1. considered the progress that has been made in delivering the outcomes set out in the strategy
2. identified unmet need on this issue within Oxfordshire.
3. made some recommendations on the outcomes that should be set for the year ahead

Proposal

It is now proposed that new outcomes are set for 2013-14. The table below sets out proposals for each priority in the Joint H&WB Strategy

1. Rationale for why this remains a priority
2. A summary of where we are now – what is going well and challenges that remain
3. Proposals for further improvement in 2013-14.

Consultation

The proposals are posted on the consultation website and responses can be made for each priority in turn. All responses will be used to make final proposals for discussion at the Oxfordshire Health and Wellbeing Board in July 2013. The closing date for responses is Wednesday 3rd July at 5pm.

Proposed updates to the Oxfordshire Joint Health and Wellbeing Strategy 2013-14

Priority 1 All children have a healthy start in life and stay healthy into adulthood (Children and Young People Board)

Why we are keeping this priority

A healthy start in life begins at conception, runs through pregnancy and on into the first few years of life. Where problems occur, we aim to provide the wide range of services that parents need to support them. There is increasing evidence that demonstrates that outcomes across health, education and social care are determined from very early on in life – even as early as the first stages of pregnancy. For this reason we would like to monitor two new areas that focus on a healthy pregnancy and progress up to the age of 2 years.

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

This priority should be read together with priorities 9 and 11 in the Health and Wellbeing Strategy which proposes the promotion of breastfeeding and improved immunisation for children as further priorities.

Where are we now?

- Although there are more children being admitted to hospital for infections the rate of admission is stable. Numbers have increased in proportion with the increase in population of under 5's. There is also evidence that the length of time spent in hospital is beginning to decrease but we need to maintain a focus on this issue.
- There were 20 less young people admitted to hospital for self-harm in 2012/13.
- From September 2013 up to 20 of the most vulnerable young people with mental health problems will be managed throughout the transition via Children and Adolescent Mental Health Services until they recover.
- Oxfordshire continues to perform primarily well against a range of indicators important for a healthy start in life monitored by the Health Improvement Board. This includes breastfeeding and immunisation. The increasing level of obesity in Year 6 children remains a cause for concern.

Proposed outcomes for 2013-14

- 1.1 High % of women who have seen a midwife or a maternity health care professional by 13 weeks of pregnancy (currently 85%)**
- 1.2 Maintain at least 90% coverage for health visitor progress checks of all 2 year-olds across Oxfordshire**
- 1.3 Reduce the rate of emergency admissions to hospital with infections by 10%**

Priority 2 Narrowing the gap for our most disadvantaged and vulnerable groups (Children and Young People Board)

Why we are keeping this priority

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 lesser 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' is seen as a key way of improving outcomes for children and families. We would therefore like to propose to monitor the take up of free early education places for 2 year olds.

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

There are attainment gaps for many 'vulnerable groups' of pupils at all key stages. Persistent absence from school is a key factor impacting on educational attainment of the most vulnerable groups of children and young people. Persistent absence rates in secondary schools are higher than the national average. The attainment gap at all key stages and the number of 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.

Where are we now?

- The Joint Teenage Pregnancy Strategy has led to significant reductions in the teenage pregnancy and conception rates in Oxfordshire so the proposal is that the Health and Wellbeing Board will not continue to monitor this but progress will continue to be monitored by health and social care services.
- The Thriving Families workers are on track to meet their target of working with 100 families. In Year 2 of the programme there will be a much greater focus on outcomes and the effectiveness of the family intervention model. The plan is to evaluate locally and nationally the difference to families by family intervention work.
- Persistent absence rates from school vary across the county but generally improved from 2010/11. Rates in primary schools are lower than the national average but in secondary schools Oxfordshire is higher than the national average.
- The proportion of 'looked after children' who are persistently absent is below the national figure but remains a priority.
- Fixed term exclusions tend to be higher than the national average but the number of fixed term exclusions for terms 1-3 in the current academic year is slightly lower than the corresponding term last academic year, despite being higher in previous terms
- Permanent exclusion rates in Oxfordshire are below the national figure

Proposed outcomes for 2013-14

- 2.1 80% of the 1200 2 year olds eligible for free early education in 2013/14 take up places (including 80% of 2 year-old Looked After children)
- 2.2 Maintain the current low level of persistent absence (15% lost school days or more) from school for children 'looked after' at 4.3% in 2012/13
- 2.3 Maintain the number of looked after children permanently excluded from school at zero
- 2.4 Establish a baseline of all children who are persistently absent from school who are also receiving a service from any of the County Council targeted children's services (e.g. Early Intervention Hubs and Children's Social Care)
- 2.5 Establish a baseline of children and young people on the autistic

	<p>spectrum who have had an exclusion from school (over a school year) and work to reduce this number in future years</p> <p>2.6 Identify, track and measure the outcomes of all 810 families in Oxfordshire meeting the national Troubled Families criteria (improve attendance and behaviour in school; reduce anti-social behaviour and youth offending; increase adults entering work)</p> <p>2.7 Improve the free school meals attainment gap at all key stages and aim to be in line with the national average by 2014 (currently the free school meal attainment gap in Oxfordshire is in line or above the gap nationally in all key stages)</p>
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Priority 3 Keeping all children and young people safe (Children and Young People Board)

Why we are keeping this priority?

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

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

In Oxfordshire we have done a great deal of work along with the Police, Health, District Councils and other organisations to prevent child sexual exploitation and to protect and support its victims. This includes setting up the multi-agency dedicated Kingfisher team and increasing capacity by recruiting additional social workers. Nationally and locally there is growing awareness about young people who are victims of sexual exploitation. We need to do more in Oxfordshire and work together as agencies to prevent this type of crime happening.

We know that going missing is a key indicator that a child might be in great danger and they are at very serious risk of physical and sexual abuse and sexual exploitation. Nationally 10,000 children are estimated to go missing from care in a year (UK Missing Persons Bureau 2012). The number of looked after children reported missing from Oxfordshire care homes fell significantly between 2011 and 2012, from 155 episodes to 63 episodes.

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

Quality assurance audits look at the quality of the casework that agencies deliver to reduce the risk of abuse and neglect of children and young people. In 2012/13 a baseline has been established by working with independent auditors to grade the multi agency audits. These grades will make up the baseline performance on which future progress in 2013/14 will be measured.

Keeping children safe is a key priority for all agencies.

Where are we now?

- The Oxfordshire Safeguarding Children Board has overseen a number of multiagency

audits of practice that demonstrate a step change in the way professional practice is delivered.

- Adjustment to the quality assurance audit target (50%) will be determined by the outcome of the 2012/13 baseline exercise, but will be set at a higher percentage than the attainment in 2012/13.
- The prevention of child sexual exploitation continues to be a key priority in Oxfordshire.
- There is a much greater focus on children who go missing from home
- In Oxfordshire we have a low level of repeat child protection plans which is now better than the national average. This will continue to be monitored by social care teams but given the level of improvement it is proposed that it is no longer a monitoring priority for the Health and Wellbeing Board.

Proposed outcomes for 2013-14

- 3.1 Reduce the risk for 'high risk' victims of domestic abuse in 85% of cases (managed through Multi-Agency Risk Assessment Conferences) in 2013/14**
- 3.2 A prevalence report on Child Sexual Exploitation in Oxfordshire will be produced 6 monthly and every child identified as at risk of Child Sexual Exploitation will have a multi-agency plan in place**
- 3.3 Reduce the episodes/incidents of children and young people who go missing from home (from 1130 episodes involving 654 children in 2012)**
- 3.4 A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire's Safeguarding Children Board covering the following agencies: children's social care; youth offending service; education services; children and adult health services; early intervention services; services provided by the police. Over 50% of these audits will show a positive overall impact.**

Priority 4 Raising achievement for all children and young people (Children and Young People Board)

Why we are keeping this priority?

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

Early Years and primary school results are better than the national average and this can be built upon. However we know that specific pupil groups in Oxfordshire do not do as well as their peers in similar Local Authorities. This includes children receiving free school meals, children from some Black and Minority Ethnic Groups and those with special education needs.

In 2011/12 there have been improvements in inspection outcomes and significant improvements in the performance of some schools though Oxfordshire has a greater proportion of schools judged by Ofsted as requiring improvement. There have been some signs of improvement in some subject areas and we need to continue to improve at Key Stage 4 with a particular focus on building on the achievements of vulnerable groups. Overall, the picture shows gradual improvement but there is inconsistency across Oxfordshire and for certain groups of children.

Where are we now?

- There has been significant improvement in reading at Key Stage 1 and achievement at Key Stage 2 maths.
- A higher percentage of pupils in Oxfordshire made expected progress in Key Stage 2 English and maths than nationally
- Pupils achieving 5 or more A*-C GCSEs including English and Maths Oxfordshire has increased slightly in 2011/12 to 57.9%. However, in this measure Oxfordshire is performing below the statistical neighbour and national averages. Overall GCSE results fell below the national average in 2011/12.
- There has been a 0.7% decrease in overall absence levels in both primary and secondary schools in Oxfordshire for the academic year 2011/12. Persistent absence rates from school vary across the council but generally improved from 2010/11. Rates in primary schools are lower than the national average but in secondary schools Oxfordshire is higher than the national average.
- The number of schools falling below the accepted standard fell from 18 to 1
- The percentage of children taught in good/ outstanding primary schools has increased from 59% to 67%
- The proportion of year 12-14s who are Not in Education, Employment and Training is lower than that nationally but we still need to focus on the young people who are 'not known'.

Proposed outcomes for 2013-14

- 4.1 Increase the number of funded 2-4 year olds attending good and outstanding early years settings (currently 80.5%)
- 4.2 80% of children will achieve Level 2b or above in reading at the end of Key Stage 1 of the academic year 2012/13 (currently 78% for the academic year 2011/12)
- 4.3 80% of children at the end of Key Stage 2 will achieve Level 4 or above in reading, writing and maths (currently 78%)
- 4.4 At least 70% of young people will make the expected 3 levels of progress between key stages 2-4 in English and 72% in Maths (currently 65% for English and 71% for Maths)
- 4.5 Increase the proportion of pupils attending good or outstanding primary schools from 59% to 70% and the proportion attending good or outstanding secondary schools to 75% (currently 67% primary and 74% secondary).
- 4.6 Of those pupils at School Action Plus, increase the proportion achieving 5 A* - C to 17% (currently 7%)
- 4.5 To reduce the persistent absence rates in primary schools to 2.6% and secondary schools to 7.2% by the end of 2012/13 academic year. (The current rates are 3.0% for primary schools and 8.0% for secondary schools)
- 4.6 Reduce the number of young people not in education, employment or training to 5% (currently 5.4%)

**Priority 5 Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential
(Adult Health and Social Care Board)**

Why are we keeping this priority?

- There is an increasing number of people with long term conditions, physical disabilities, learning disabilities or mental health problems in Oxfordshire
- These people tell us that they want to be independent, to have choice and control so they are able to live “ordinary lives” as fully participating members of the wider community.
- Ensuring access to good health care for people with learning disabilities is an important issue for people with learning disabilities. The physical health check target we set, of at least 50% for adults with learning disabilities, was seen as a step in the right direction towards at least 60% by the end of 2013/14.
- The rate of people with mental health related conditions (Psychosis, Psychoneurosis, Personality Disorder, Dementia) claiming disability living allowance in February 2013 in Oxford City (8.4 per 1000 people) is above the national rate (7.4)

Where are we now?

- Overall the proportion of people who use adult social care who said they found information very or fairly easy to find rose from 71.5% to 73.5%. However for working age adults the figure fell from 71.3% to 69.4%.
- The current measures for people with a severe mental illness receiving a health check are not part of national outcome frameworks and have been difficult to measure, and do not necessarily provide the best indicators of improved outcomes

Proposed outcomes for 2013-14

- 5.1 75% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 69%)**
- 5.2 Number of people with a long-term condition feel supported to manage their condition (baseline and target to be confirmed)**
- 5.3 All patients within the schizophrenia cohort are supported to undertake a physical health assessment during 2013/14 (current figure to be confirmed)**
- 5.4 At least 60% of people with learning disabilities will have an annual physical health check by their GP (current figure to be confirmed)**
- 5.5 Reducing the number of emergency admissions for people with long term conditions (baseline and target to be confirmed)**

**Priority 6 Support older people to live independently with dignity whilst reducing the need for care and support
(Adult Health and Social Care Board)**

Why are we keeping this priority?

- 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.
- The proportion of older people in the population continues to increase and the cost of caring for older people increases markedly with age. This is true for both health care and social care.
- The number of referrals to adult social care has grown at a higher rate than that which would be expected through the effects of an aging population.
- 29% of people aged over 65 were living alone at the time of the census. Across districts, it is estimated that the rate is highest in Oxford City, at 36% of the population.

Where are we now?

- 77.7% of older people who use adult social care say that information is very or fairly easy to find
- A reduced number of people were placed permanently in care homes from October 2012 onwards
- 40 new Extra Care Housing places have opened at Thame, 70 at Banbury (Stanbridge) and 20 at Bicester.
- The number of people starting reablement increased in the year and by over 20% on last year's level, but is below the expected level.
- Delayed transfers of care remain high and Oxfordshire is still the worst of any authority nationally.
- 89.9% of people living at home consider they are treated with dignity, down slightly on 2011/12 (91.6%).

Proposed outcomes for 2013-14

- 6.1 A reduction in delayed transfers of care so that Oxfordshire's performance is out of the bottom quarter (current ranking is 151/151)**
- 6.2 Develop a model for matching capacity to demand for health and social care, to reduce delays in transfers of care, by September 2013**
- 6.3 No more than 400 older people per year to be permanently admitted to a care home from October 2012 (currently 546)**
- 6.4 Increase the proportion of older people with an ongoing care package supported to live at home (baseline and target to be confirmed)**
- 6.5 60% of the expected population with dementia will have a recorded diagnosis (currently 49.6%)**
- 6.6 3250 people will receive a reablement service (currently 2197)**
- OR**
- 6.7 Increase proportion of people who complete reablement who need no on-going care from 50% to 55%**
- 6.8 Maintain the current high standard of supporting people at home with dignity as measured by people themselves (currently 89.9%).**

	<p>6.9 Commission an additional 523 Extra Care Housing places by the end of March 2015, bringing the total number of places to 930</p> <p>6.10 Produce an analysis of demand for alternative housing options for older people within Oxfordshire to inform future targets and planning by March 2014</p> <p>6.11 Maintain the high number of older people who use health and adult social care and say that they find information very or fairly easy to find (currently 77.7% for adult social care)</p> <p>6.12 Reduce number of emergency admissions for older people (baseline and target to be confirmed)</p> <p>6.13 Bereaved carers' views on the quality of care in the last 3 months of life (baseline and target to be confirmed)</p> <p>6.14 Proportion of adults who use health and social care that say they receive their care and support in a timely way (baseline and target to be confirmed)</p>
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**Priority 7 Working together to improve quality and value for money in the Health and Social Care System
(Adult Health and Social Care Board)**

Why are we keeping this priority?

- Greater integration of health and social care remains a high priority nationally and locally, as it offers a range of benefits including:
 - Improved access to, experience of, and satisfaction with, health and social care services that place people at the centre of support.
 - Development of different ways of working, including new roles for workers who work across health and social care.
 - Ensuring that all health and social care providers deliver high quality safe services which ensure 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.

Where are we now?

- Oxford Health Foundation Trust and the County Council have been working in partnership to deliver integrated community services throughout 2012/13 with significant progress being made with the development of an integrated Single Point of Access and the implementation of the Oxfordshire Discharge to Assess Policy.
- A single section 75 agreement is in place covering all the pooled budget arrangements between the County Council and Clinical Commissioning Group
- The Older People's Joint Commissioning Strategy has been developed by a multi-agency working group, and following public consultation will be reported to County Council Cabinet and Clinical Commissioning Group Executive Board in June 2013.
- Oxfordshire Clinical Commissioning Group has been formally authorised to take on commissioning responsibilities for Oxfordshire from 1 April 2013.
- 61.7% of people who use social care services in Oxfordshire say they are very

satisfied with their care and support, an increase in overall satisfaction for the third successive year.

- Achieved above the national average of people satisfied with their experience of hospital care (78.7%), and above the national average of people 'very satisfied' with their experience of their GP surgery (90.1%)
- 881 carers' breaks have been jointly funded and accessed via GPs, but carers satisfaction with services (39%) is significantly lower than service users levels of satisfaction. However, a similar picture is emerging nationally.

Proposed outcomes for 2013-14

- 7.1 Implement a joint plan for fully integrated health (community and older adult's mental health) and social care services in GP locality areas by March 2014, leading to improved outcomes for individuals.**
- 7.2 More than 65% of people who use health and social care services in Oxfordshire will say they are very satisfied with their care and support (currently 64% for adult social care)**
- 7.3 Achieve above the national average of people satisfied with their experience of hospital care (currently 78.7% against 2011/12 national figure of 75.6%)**
- 7.4 Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (currently 90.1% against 2012/13 national figure of 87.6%)**
- 7.5 Increase the number of carers known and supported (baseline and target to be confirmed)**
- 7.6 Increase the number of carers who say they are very satisfied with services to at least the national average (once comparative data is available) (currently 39%)**
- 7.7 800 carers breaks jointly funded and accessed via GPs (currently 881)**
- 7.8 Reduce the number of emergency admissions to hospital (baseline and target to be confirmed)**
- 7.9 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission (baseline and target to be confirmed)**
- Or**
- 7.10 Reduce unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (baseline and target to be confirmed)**

Priority 8 Preventing early death and improving quality of life in later years (Health Improvement Board)

Why are we keeping this priority?

- A gap in life expectancy still remains within Oxfordshire, with women likely to live longer than men and those in more deprived areas likely to die sooner and be ill or disabled for longer before death.
- Promoting healthy lifestyles and access to screening programmes is a cost effective way of reducing the risk of chronic disease and premature death

Where are we now?

- Over 2500 people in Oxfordshire had quit smoking for at least 4 weeks by the end of Q3
- The number of 40-74 year olds invited for NHS Health Checks was on target
- Bowel screening invitations were below target at the end of Q3

Proposed outcomes for 2013-14

- 8.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-69 years)
- 8.2 Number of invitations sent out for NHS Health Checks to reach the target of 39,114 people aged 40-74 (Invitations sent in 2012-13 = 40914)
- 8.3 At least 50% of those invited for NHS Health Checks will attend (ages 40-74)
- 8.4 Smoking cessation outcome to be set (baseline data not yet available)

Priority 9 Preventing chronic disease through tackling obesity (Health Improvement Board)**Why are we keeping this priority?**

- The 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 link between obesity and chronic conditions like diabetes and physical disability are proven.
- The rates for breastfeeding initiation soon after birth and continuation to at least 6-8 weeks are good in Oxfordshire. These higher rates need to be maintained.
- Measurement of children shows the numbers who are deemed to be overweight or obese at both Reception Class and Year 6 are generally lower than England rates, but show over 15% obesity at year 6. These are year on year snap shot measures so trends cannot be identified.

Where are we now?

- The ambitious target of halting the rise in childhood obesity was not met, though the Oxfordshire rate is still lower than the national rate.
- Breastfeeding rates for babies aged 6-8 weeks showed good progress but dipped at the end of the year.
- The rates of adults undertaking the recommended level of physical activity continued to increase.

Proposed outcomes for 2013-14

- 9.1 Ensure that the obesity level in Year 6 children is held at no more than 16% (in 2012 this was 15.6%)
- 9.2 An increase to 28% of adults who are physically active for at least 30 minutes 3 times a week on average (currently 27.4%)
- 9.3 60% of babies are breastfed at 6-8 weeks of age (currently 59.1%)

Priority 10 Tackling the broader determinants of health through better housing and preventing homelessness (Health Improvement Board)

Why are we keeping this priority?

- Changes to the welfare benefit system have potential to put more households at risk of homelessness
- New ways of working to provide Housing Related Support need time to develop
- Fuel poverty is still a risk for a large number of households. New systems for improving energy efficiency of homes have been introduced and need to be established.
- Fuel Poverty work is not funded sustainably.

Where are we now?

- Scoping work and local pilot projects to understand and agree actions to reduce the risk of homelessness are now complete.
- The Housing Related Support Group has been established and several services will have to be re-procured in 2013-14
- The annual report from the Affordable Warmth Network for 2012-13 shows that there has been good take-up of information and advice services. Some energy efficiency improvements were made in 363 households across the county. 400 referrals were made to Warm Front resulting in improvements in 105 households

Proposed outcomes for 2013-14

- 10.1 The number of households in temporary accommodation should be held at the level reported in March 2013 (baseline 216 households in Oxfordshire)
- 10.2 At least 60% of people receiving housing related support will depart services to take up independent living.
- 10.3 At least 86% of households presenting at risk of being homeless and are known to District Housing services will be prevented from becoming homeless (baseline from 2012-2013 when there were 2304 households known to services, of which 1992 households were prevented from becoming homeless. $1992/2304 = 86.5\%$)
- 10.4 Fuel poverty outcome to be determined in Sept 2013

Priority 11 Preventing infectious disease through immunisation (Health Improvement Board)

Why are we keeping this priority?

- It is important that immunisation rates remain high throughout the population to maintain “herd immunity”
- Responsibility for commissioning immunisation services has been taken on by NHS England. This is done locally through the Thames Valley Area Team. High levels of coverage need to be maintained through this transition to new organisations within the NHS.
- The recent epidemic of measles and increased prevalence of whooping cough has caused concern at a national level.

- New immunisations are to be introduced in the next year. From July 2013, a rotavirus vaccination will be offered at 2 months and at 3 months alongside other vaccinations.

Where are we now?

- High coverage rates for most childhood immunisations were achieved across the county.
- Follow up of some families with incomplete immunisation records meant that they were successfully immunised.
- Over 80,000 people aged over 65 received their flu immunisations in 2012-13
- Rates of flu immunisations for people aged under 65 who are at risk of illness are not meeting targets.

Proposed outcomes for 2013-14

- 11.1 At least 95% children receive dose 1 of MMR vaccination by age 2 (currently 95%)
- 11.2 At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.7%)
- 11.3 At least 55% of people aged under 65 in “risk groups” receive flu vaccination (currently 51.6%)
- 11.4 At least 90% 12-13 year old girls receive all 3 doses of human papilloma virus vaccination (currently 88.1%).

New Priority 12: Commission safe, high quality, efficient health and social care services for the people of Oxfordshire. (All Partnership Boards)

Rationale for including this priority

- It is essential that the Health and Wellbeing Board drives a culture of continuous recognition of good practice and potential improvements in the quality of care received by patients and service users. This covers services in the NHS and all other services commissioned by partners.
- The Francis Report (2013) set out a wide range of recommendations for improving quality of services and developing systems of assurance. Most of these are already in place in Oxfordshire and are under review to identify any opportunities for further improvement.
- Oxfordshire Local Healthwatch has now been launched and will establish new perspectives to drive the quality improvement agenda.

Where are we now?

- Existing measures of quality in the Joint Health and Wellbeing Strategy have indicated good performance. We measured the following:
 - Overall the proportion of people who use adult social care who said they found information very or fairly easy to find rose from 71.5% to 73.5%. However for working age adults the figure fell from 71.3% to 69.4%.
 - The proportion of people who use social services and say they are very satisfied with their care and support rose from 61.7% to 64%.
 - People who say they are satisfied with their experience of hospital care –

	<p>performance not yet reported.</p> <ul style="list-style-type: none"> ○ People who say they are very satisfied with their experience of their GP surgery – performance not yet reported. ○ Only 39% of carers are satisfied with support services, significantly lower than service users’ levels of satisfaction, but there is a similar picture emerging nationally. ○ People with long term conditions who feel supported to manage their condition – end of year performance not yet reported. ○ People who say they feel supported at home with dignity fell slightly, from 91.6% to 89.9%. <ul style="list-style-type: none"> ● Discussion at the Health and Wellbeing Board in March 2013 identified the need for review of quality measures and assurance to drive the culture of continuous improvement.
<p>Proposed process for setting additional outcomes for 2013-14</p>	<p>12.1 It is proposed that a range of patient reported outcome measures will continue to be monitored, as in 2012-13. These are listed as proposed outcome measures under the relevant priorities above.</p> <p>12.2 In addition there will be a joint review of current systems of quality assurance. These systems are set up for recognising, monitoring, reporting and acting upon concerns about quality of services. This review will be completed by September 2013.</p> <p>12.3 Recommendations from the review will be the subject of consultation with the public and stakeholders in Oct 2013</p> <p>12.4 Additional proposals for continual quality improvement in Oxfordshire will be discussed and approved by the Health and Wellbeing Board in November 2013.</p>