Oxfordshire's Joint Health & Wellbeing Strategy

2012 - 2016

Final Version July 2012, Amended July 2013

Oxfordshire Clinical Commissioning Group

healthwatch Oxfordshire

OXFORDSHIRE COUNTY COUNCIL

CONTENTS

1. Foreword to the Revised Version of this strategy, July 2013

The Oxfordshire Health and Wellbeing Board has made the transition from being a "shadow" board to taking on statutory status as a sub-committee of Oxfordshire County Council. We used our existence as a shadow board to establish good working practices and to develop the ways we work together across organisations. This was all encapsulated in the Joint Health and Wellbeing Strategy which was finalised and adopted a year ago.

We made great progress in 2012-13. We believe Oxfordshire is unique in setting outcomes for all our Health and Wellbeing priorities and for receiving updates on performance each time we meet. This has enabled us to keep our focus on the issues that matter and to drive improvement. It was a year of great change in the health service and the Board provided a forum for discussion and development of working relationships with the new NHS organisations. We are now able to build on this success.

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

- Fewer children and young people were admitted to hospital for self harm, better transitions to adult mental health services were introduced, teenage pregnancy rates continued to fall and the "Thriving Families" programme was established
- High numbers of people said they were happy with health and social care services in the county, we took more steps forward in establishing integrated, patient-centred services and we worked together on an older people commissioning strategy which is now being implemented.
- There was good take up of screening and immunisation programmes, especially the winter flu immunisations for older people. We saw even higher percentages of people who are physically active, who breastfeed their babies and who succeed in quitting smoking.
- The Public Involvement Network has established good two-way communication and has a wide range of people participating in consultation and making their views known.

However, there is still a lot to do. This revised strategy sets out our renewed intentions for the year ahead. We have proposed and consulted on outcome measures so that we can continue to monitor improvements in 2013-14. We will hold each other to account, expect good results and continue to strive for good quality in all health and social care services.

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

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

2. Introduction

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

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

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

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

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 the first full year of operation as a shadow Board, we have reviewed our performance, assessed local need and are proposing revised outcomes for the year ahead. We want to make sure that our planning stays 'alive' and in touch with the changing needs of Oxfordshire's people.

3. Vision

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

By 2016 in Oxfordshire:

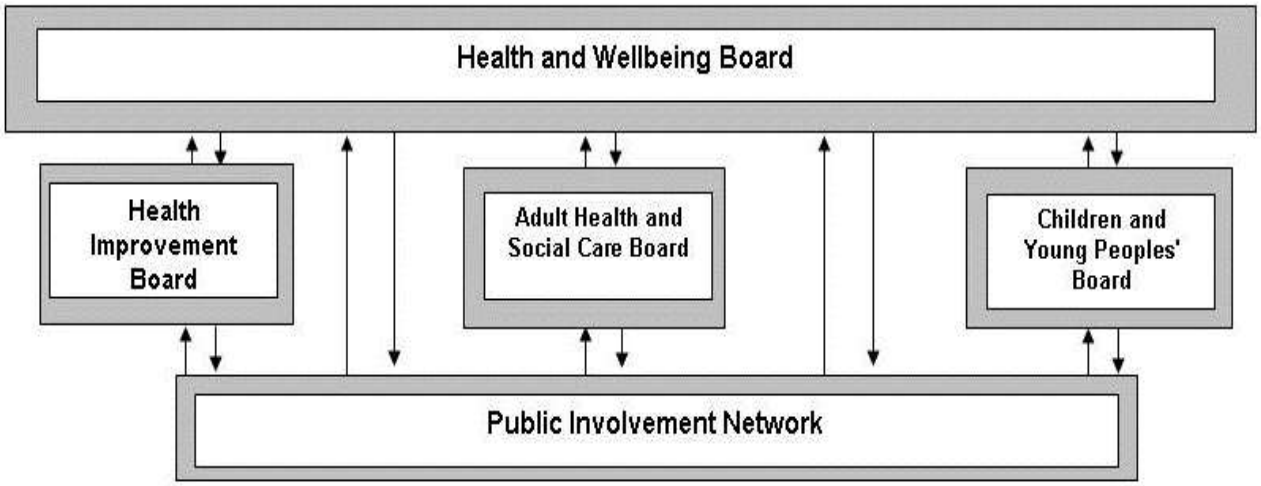
- more children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential;
- more adults will have the support they need to live their lives as healthily, successfully, independently and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

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

4. The structure of the Health and Wellbeing Board

4.1 What does the Health and Wellbeing Board look like?

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



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

Adult Health and Social Care Board
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.

Children and Young People's Board
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

Health Improvement Board
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

Public Involvement Network
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 three Partnership Boards and its Public Involvement Network 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 are committed to working with a wide range of health and social care providers, voluntary agencies, carers, faith groups, members of the public and advocacy groups. We invite these partners to formal meetings as 'expert witnesses' and to workshops during the year as a means of engagement. In this way, the decisions of the Health and Wellbeing Board aim to be truly inclusive.

The Health and Wellbeing Board meets in public three times a year. Each of the three Partnership Boards also meet in public at least once each year and will also host workshops which will include many more service providers, partners, informal/ volunteer carers, faith groups, voluntary sector representatives, the public and advocacy groups.

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

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

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

4.3 The Work of Other Partnerships and Cross-Cutting themes

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

- Better Mental Health in Oxfordshire
- Carers Strategy Oxfordshire
- Child Poverty Strategy
- Urgent Care Programme Board that covers the A&E Recovery Plan
- Civilian Military Partnership
- Corporate Parenting Panel
- Dementia Plan for Oxfordshire
- Drug and Alcohol Treatment Services Joint Commissioning Group
- Education Transformation Board
- End of Life Care Strategy
- Joint Management Groups
- Oxfordshire Children's and Adults Safeguarding Boards
- Oxfordshire Domestic Violence Strategy Group
- Oxfordshire Safer Communities Partnership
- Oxfordshire Stronger Communities Alliance
- Oxfordshire Sports Partnership
- Partnership Boards and joint strategies for Physical Disability, Learning Disability, Older People, Mental Health and Autism
- Young People's Lifestyles and Behaviours Steering Group
- Thriving Families Steering Group
- Young Carers' Strategy Oxfordshire
- Youth Offending Service 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. It is early days for this approach, but recent examples have included direct payments to people to buy their own care and the County Council's use of the 'Big Society Fund'.

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 in 2012-13 has further 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. For the last year we have been monitoring a range of quality outcomes measures and see a fairly good picture overall, but believe there is more to do. We consulted on a process for developing this area of our work and the responses received were supportive but called for specific action.

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

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

Process for setting additional outcomes for 2013-14

- It is proposed that a range of patient reported outcome measures will continue to be monitored, as in 2012-13. These are listed under the relevant priorities.
- In addition there will be a joint review of current systems of quality assurance across partner organisations. 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.

- Additional proposals for continual quality improvement in Oxfordshire will be discussed and approved by the Health and Wellbeing Board in November 2013.

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 2012-13 the data collection was improved and made more accessible. A summary report was accepted by the Board in March 2013. It 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, especially the increasing number and proportion 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. There are a growing number of people with **dementia** in the County who require access to new emerging treatments.
4. 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.**
5. The increase in **'unhealthy' lifestyles which leads to preventable disease**.
6. The need to ensure that services for the **mentally ill and those with learning disabilities and physical disabilities** are prioritised.
7. **Increasing demand** for services.
8. The need to support **families and carers of all ages to care.**
9. The need to encourage **volunteering**.
10. 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).
11. The recent **tightening of the public purse** which has knock-on effects for voluntary organisations.
12. The need to work with and through a **wide patchwork of organisations** to have any chance of making a real difference in Oxfordshire.

13. The changing face and **roles of public sector organisations.**

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

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

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

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

6.4 What criteria have been followed in selecting priorities?

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

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

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

A summary of the priorities can be found in Annex 1

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

The section below examines each priority in turn. Building on the original rationale for agreeing each, we have updated this strategy to illustrate why this issue is still a priority and the areas of focus going forward. In addition to this narrative the Board considers specific

outcomes for each priority and consults the public and stakeholders on their proposals. The agreed outcomes for the year ahead become the performance framework and progress is reported at every Board meeting.

A. Priorities for Children and Young People:

Delivery of these priorities is the responsibility of the Children and Young People's Partnership Board

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

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

There is increasing evidence that demonstrates that outcomes across health, education and social care are determined from very early on in life. For this reason we will monitor 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 prioritise these children as a focus for our services in the community.

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

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 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.

Outcomes for 2013-14

1.1 Increase percentage of women who have seen a midwife or maternity health care professional by 13 weeks of pregnancy from 90% to 92% by end March 2014.
1.2 Ensure that at least 90% of children aged 2-2.5 years old receive a Health Visitor review (currently 90%)
1.3 Reduce the rate of emergency admissions to hospital with infections for under 18's from 177.5 per 10,000 to 159.8 per 10,000
1.4 By March 2014 we will have developed a joint measure(s) that will demonstrate the impact of services on the mental health and wellbeing of school age children.

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' is seen as a key way of improving outcomes for children and families. We will therefore monitor the take up of free early education places for 2 year olds and continue to monitor the rate of teenage conceptions (as reducing the number of teenage pregnancies has proven to be an effective way of improving outcomes for young people).

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

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

Where are we now?

- The Joint Teenage Pregnancy Strategy has led to significant reductions in the teenage pregnancy and conception rates in Oxfordshire so we would like to continue to monitor this to maintain progress.
- 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

Outcomes for 2013-14

2.1 Increase the take up of free early education for eligible 2 year olds in 2013/14 to 1080 (from 1050 in 12/13)

2.2 Increase the take up of free early education for 2 year-old Looked After children to 80% (currently at 8% - 2/24)

2.3 Maintain the improved rate of teenage conceptions (currently at 23.3 women aged 15-17 per 1000 - in quarter 1 of 2012 this was 65 conceptions)

2.4 Maintain the current low level of persistent absence from school for looked after children (2012 persistent absence figures were supressed by the Department for Education, however they indicated that the number of children was small, i.e. less than 4%).

2.5 Maintain the number of looked after children permanently excluded from school at zero.

2.6 Establish a baseline of all children in need who are persistently absent from school

2.7 Establish a baseline of children and young people on the autistic spectrum who have had an exclusion from school (over a school year) and work to reduce this number in future years.

2.8 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)

2.9 Improve the free school meals attainment gap at all key stages and aim to be in line with the national average by 2014 KS2: 16.8% points; KS4 26% points (currently the free school meal attainment gap in Oxfordshire is in line or above the gap nationally in all key stages)

Priority 3: <u>Keeping all children and young people safe</u>

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

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

In Oxfordshire we have done a great deal of work together – County Council, Police, Health, District Councils and other organisations to prevent child sexual exploitation and to protect and support its victims. This includes setting up the multi-agency dedicated Kingfisher team and increasing capacity by recruiting additional social workers. Nationally and locally there is growing awareness about young people who are victims of sexual exploitation. There is a need to concentrate even greater emphasis on better recognition and prevention of such 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 wellbeing, 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.

Outcomes for 2013-14

3.1 Maintain the reduction in risk for victims of domestic abuse considered to be high risk to medium or low through Multi-Agency Risk Assessment Conferences (currently 85% for 2012/13 based on a single-agency assessment by the Independent Domestic Violence Advisory Service)

3.2 Every child considered likely to be at risk of Child Sexual Exploitation (identified using the CSE screening tool) will have a multi-agency plan in place

3.3 Reduce prevalence of Child Sexual Exploitation in Oxfordshire through quarterly reporting on victims and perpetrators to the Child Sexual Exploitation sub group of the Oxfordshire Safeguarding Children's Board.

3.4 Reduce the proportion of children who go missing from home 3 or more times in a 12 month period to 12% (currently 12.2%, 77 of 630 who went missing at least once).

3.5 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

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. We aim for every single school to be rated at least as 'good' and to be moving towards 'outstanding'.

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

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. Overall, the picture shows gradual improvement but there is inconsistency across Oxfordshire and for certain groups of children.

There is still a need to focus on young people Not in Education, Employment and Training (NEET) so we can continue to work with specific vulnerable groups and track young people in Oxfordshire moving between education, training providers and/or employers (referred to as 'not known').

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'.

Outcomes for 2013-14

4.1 Increase the number of funded 2-4 year olds attending good and outstanding early years settings to 83% or 8870 children (currently 80.5% or 8600 children)

4.2 80% (5700) 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% or 5,382 children for the academic year 2011/12)

4.3 80% (4800) of children at the end of Key Stage 2 will achieve Level 4 or above in reading, writing and maths (currently 78% or 4800 children)

4.4 61% (3840 children) of young people achieve 5 GCSEs at A*-C including English and Maths at the end of the academic year 2012/13 (currently 57.9% or 3474 children)

4.5 At least 70% (4400 children)) of young people will make the expected 3 levels of progress between key stages 2-4 in English and 72%(4525 children) in Maths (currently 65% or 3800 young people for English and 71% or 4170 young people for Maths)

4.6 Increase the proportion of pupils attending good or outstanding primary schools from 59% (29,160) to 70% (34,590) and the proportion attending good or outstanding secondary schools from 74% (26,920) to 76% (27,640) (currently 67% primary and 74% secondary).

4.7 Of those pupils at School Action Plus, increase the proportion achieving 5 A* - C including English and Maths to 17% (70 children) (currently 7% or 30 children)

4.8 Reduce the persistent absence rates in primary schools to 2.6% (1070 children) and secondary schools to 7.2% (2250 children) by the end of 2012/13 academic year. (The current rates are 3.0% or 1233 children for primary schools and 8.0% or 2500 children for secondary schools)

4.9 Reduce the number of young people not in education, employment or training to 5% (870 children) (currently 5.4% or 937 young people)

B. Priorities for Adult Health and Social Care

Delivery of these priorities is the responsibility of the Adult Health and Social Care Partnership Board

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

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

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

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

- Having improved support for carers, to help them to help the people they care for to live as independently as possible

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

Access to good health care is an area for improvement in Oxfordshire for people with learning disabilities and for people with mental health needs. The physical health check target we set, of at least 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. There is a specific focus this year on improving access to health care for people with schizophrenia.

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.
- The number of people with learning disabilities who had physical health check only increased slightly, from 45% to 45.7%.

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%, 129 of 186 responses)

5.2 Maintain the proportion of people with a long-term condition who feel supported to manage their condition at 85%.

5.3 100% patients with schizophrenia are supported to undertake a physical health assessment during 2013/14 (this is a new indicator and the baseline will be established this year)

5.4 At least 60% of people with learning disabilities will have an annual physical health check by their GP (currently 45.7%)

5.5 Maintain the high number of people with a learning disability who say they have seen their GP in the last 12 months at over 90% (currently 93%, 223 of 241 respondents for 2012/13)

5.6 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages (baseline rate of 1012.6 per 100,000)

5.7 Reduce unplanned hospitalisation for chronic conditions that can be actively managed (such as congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension) for people of all ages (baseline rate of 490.5 per 100,000)

5.8 Provide autism awareness training for an additional 500 front line health and social care workers in Oxfordshire (1000 have been trained since 2011/12)

5.9 Develop a measure of how effectively people with mental health needs are supported to find and stay in employment by March 2014, based on the relative severity of people's illness.

Priority 6: 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 are 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.

In 2012/13 Oxfordshire had the highest level of delayed transfers of care from hospital in the country. All organisations continue to be committed to improving the situation and one of the best ways of doing this is to provide services which help people to learn or re-learn the skills they need to live more independently and to prevent ill health. These services are called "reablement services". We are committed to offer these to more people.

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

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

Another key issue is the increase in the number of people with dementia who need access to newly emerging treatments. To enable us to develop high quality care for people with dementia we need to diagnose it earlier. Currently only 38% of people with dementia in Oxfordshire have a diagnosis. This is below the national average of 42% (within a national range of 27% - 59%). In Oxfordshire our ambition is for 60% of the expected population to have a diagnosis by 2014 but we need a staged approach to get there. This year we are therefore aiming for a step increase in performance to 50% of people with dementia in Oxfordshire to have a recorded diagnosis.

Where are we now?

- 77.7% of older people who use adult social care say that information is very or fairly easy to find
- 582 people were placed permanently in care homes in 2012/13, although the number placed each quarter reduced 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%).

Outcomes for 2013-14

6.1 Reduce the number of patients delayed for transfer or discharge from hospital so that Oxfordshire's performance is out of the bottom quartile (current ranking is 151/151)

6.2 Reduce the average number of days that a patient is delayed for discharge from hospital (baseline and target to be confirmed following audit in summer 2013)

6.3 Reduce the number of emergency admissions to hospital for older people aged 60+ (from 25,538 in 2012/13)

6.4 Develop a model for matching capacity to demand for health and social care, to support smooth discharge from hospital, by September 2013

6.5 No more than 400 older people per year to be permanently admitted to a care home (currently 582)

6.6 By September 2013, review and redesign the range of community services that support people to live independently at home, receive good quality local support of their choice when needed and to help avoid getting into a crisis situation, and implement a way of monitoring waiting times for health and social care services at home that provide support in an emergency.

6.7 Increase the proportion of older people with an ongoing care package supported to live at home from 60% to 63% (currently 2122 of 2537 clients)

6.8 60% of the expected population (4251 of 7086 people) with dementia will have a recorded diagnosis (currently 49.6% or 3516 people)

6.9 Set up a network of dignity and dementia champions in care homes so that by March 2014 90% of care homes (95 of 105) in the county have a champion (baseline zero as this is a new initiative)

6.10 3500 people will receive a reablement service (currently 2197)

6.11 Increase proportion of people who complete reablement who need no on-going care from 50% to 55% (was 426 of 858 Oct to March, would be 1484 of 2698 based on current numbers)

6.12 Maintain the current high standard of supporting people at home with dignity as measured by people themselves (currently 89.9%, 246 of 274 respondents).

6.13 Increase the proportion of older people who use social care who reported that they have adequate social contact or as much social contact as they would like to 81.2% (currently 80.4%, 229 of 285 respondents).

6.14 Ensure an additional 523 Extra Care Housing places by the end of March 2015, bringing the total number of places to 930

6.15 Produce an analysis of demand for alternative housing options for older people within Oxfordshire to inform future targets and planning by September 2013

6.16 Maintain the high number of older people who use adult social care and say that they find information very or fairly easy to find (currently 77.7%, 146 of 188 respondents for adult social care)

6.17 Bereaved carers' views on the quality of care the person they cared for received in the last 3 months of life (baseline and target to be confirmed as awaiting national figures – these are due in September 2013)

6.18 Increase the proportion of adults who use social care that say they receive their care and support in a timely way to 85% (currently 214 of 259 – 83%)

Priority 7: <u>Working together to improve quality and value for money in the Health and Social Care System</u>

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 e.g.

- 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.

The integration of services has progressed in Oxfordshire over the last year with the introduction of a joint single point of access to health and social care community services for health and social care staff. The next step is to integrate health and social care services in GP localities.

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?

- Oxfordshire Clinical Commissioning Group, Oxford Health Foundation Trust, Oxford University Hospital 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 Pathway.
- 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.

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 Agree an expanded and genuinely pooled budget for older people by July 2013
7.3 Achieve above the national average of people very satisfied with the care and support they receive from adult social care (currently 62.4% against a national figure of 63.7% for 2012/13)
7.4 Achieve above the national average of people satisfied with their experience of hospital care (currently 78.7% against national figure of 75.6% for 2012/13)
7.5 Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (currently 91% against national figure of 87% for 2012/13)
7.6 Increase the number of carers known and supported by adult social care by 10% to 15,265 (currently 13,877 are known so this would represent an additional 1,388)
7.7 880 carers breaks jointly funded and accessed via GPs (currently 881)

C. Priorities for Health Improvement

Delivery of these priorities is the responsibility of the Health Improvement Partnership Board

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

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

A gap in life expectancy still remains within Oxfordshire, with women likely to live longer than men and those in more deprived areas likely to die sooner and be ill or disabled for longer before death.

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

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

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

In addition to this, our work must 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.

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

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 rates were below target at the end of Q3

Outcomes for 2013-14

8.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years)

8.2 Number of invitations sent out for NHS Health Checks to reach the target of 39,114 people aged 40-74 in 2013-14 (Invitations sent in 2012-13 = 40914 as more people were eligible in 2012-13)

8.3 At least 65% of those invited for NHS Health Checks will attend (ages 40-74)

8.4 At least 3800 people will quit smoking for at least 4 weeks (last year target 3676, actual 3703)

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

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

Surveillance of these issues in the last year show that

- Rates of obesity in the county continue to rise. Data from surveys show a cause for concern.
- The percentage of people diagnosed with diabetes by their GP continues to rise across the county.
- The rates for breastfeeding initiation soon after birth and continuation to at least 6-8 weeks are good in Oxfordshire. These higher rates need to be maintained.
- Measurement of children shows the numbers who are deemed to be overweight or obese at both Reception Class and Year 6 are generally lower than England rates, but show over 15% obesity at year 6. These are year on year snap shot measures so trends cannot be identified.

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

Promoting breastfeeding

Breastfeeding gives the best start to life and has been proven to lead to fewer overweight children and adults. Increasing the number of breastfed babies is still the foundation of an obesity strategy for the County. The national figure for breastfeeding prevalence at 6-8 weeks is 47% but in Oxfordshire we want to keep the stretching target of 60% 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 15% of Year 6 children are obese. This feeds through into ever increasing levels of obesity in young adults. Making parents aware of problems early helps them to take action if they choose to. Healthy eating initiatives are part of the approach. Levels of obesity are also linked to social deprivation, with more deprived

parts of the County showing higher rates of obesity, so some targeting of effort is called for here too.

Promoting physical activity in adults
Physical activity is an important component of maintaining a healthy weight for all ages and there is local encouragement here, with Oxfordshire still doing well according to the 'Active People' survey. The survey showed that 27% of the population participate in regular activity each week. Maintaining this position will be critical to good health in the County. Regular participation in physical activity will also have an impact on mental wellbeing.

Where are we now?
- The ambitious target of halting the rise in childhood obesity was not met, though the Oxfordshire rate is still lower that 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.

Outcomes for 2013-14
9.1 Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2012 this was 15.6%)
9.2 Increase to 62.2% the percentage of adults who do at least 150 minutes of physical activity a week. (Baseline for Oxfordshire 61.2% 2011-12)
9.3 65% of babies are breastfed at 6-8 weeks of age (currently 59.1%)

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 year through the Health Improvement Board has already seen a higher profile for this area of work. Concerns remain including

- Changes to the welfare benefit system have potential to put more households at risk of homelessness
- New ways of working to provide Housing Related Support 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

Outcomes for 2013-14

1. The number of households in temporary accommodation on 31 March 2014 should be no greater than the level reported in March 2013 (baseline 216 households in Oxfordshire)
2. At least 75% of people receiving housing related support will depart services to take up independent living.
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 2012- 2013 when there were 2468 households known to services, of which 1992 households were prevented from becoming homeless. 1992/2468 = 80.7%)
4. Fuel poverty outcome to be determined in Sept 2013

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 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 in order to continue to achieve the goal of protection for the population.

The recent increase in cases of measles in other parts of the UK 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, flu immunisation will be given to children aged 2 and 3 and Shingles vaccinations to people aged 70 and 79..

The Oxfordshire Joint Strategic Needs Assessment shows high levels of coverage but some targets are still not being met and there are early signs that our high rates have begun to slip a little. The leadership for these services will change profoundly during the next year 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.
- 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.

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%).

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

Children and Young People

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

Adult Health and Social Care

Priority 5: 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 6: Support older people to live independently with dignity whilst reducing the need for care and support

Priority 7: Working together to improve quality and value for money in the Health and Social Care System

Health Improvement

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

Annex 2: Glossary of Key Terms

Terms

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

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