Public Engagement Report on revisions proposed for 2013-14 to

Oxfordshire’s Joint Health & Wellbeing Strategy 2012-16

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1. Introduction
The Health and Social care act required Oxfordshire County Council (OCC) to set up a Health and Wellbeing Board alongside Oxfordshire Clinical Commissioning Group (OCCG) with public participation represented by the new Healthwatch Oxfordshire (previously represented by the Local Involvement Network- LINk).

A requirement of the Health and Wellbeing Board is to produce a Joint Health and Wellbeing Strategy which will steer the major strategic work on health and wellbeing in the County. The aim of this is to ensure that taxpayers’ money is used in a coordinated way with the County. The Strategy for Oxfordshire was originally established and adopted by the Health and Wellbeing Board in July 2012 following extensive public consultation.

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

However it is now proposed that new outcomes are set for 2013-14. This document reports on feedback received on the proposed outcomes followed a period of public engagement.

1.3 The Health and Wellbeing Board
A Health and Wellbeing Board was set up in Oxfordshire in 2012 to make a measurable difference to the health and wellbeing of the people of Oxfordshire. Oxfordshire has a rich history of partnership working to improve health care. This new 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 (HWBB) 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 senior local GPs, senior Councillors, Healthwatch Oxford (previously represented by LINk) and senior Officers from Local Government.

1 Information about OCC and OCCG can be seen in Appendix C.
2. Executive summary

2.1 Purpose of the public engagement

Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group (OCCG) worked in partnership on a period of engagement from 10 June to 4 July 2013 on the revisions proposed for 2013-14 for the Joint Health & Wellbeing Strategy. In particular the engagement activity focused on revisions to the outcome measures for each of the priority areas within the Strategy, as well as one new, additional priority area.

2.2 Process & Methodology

A wide variety of engagement methods were used to support this consultation.

- Online engagement methods were used across all partner websites with an online survey looking at each priority area and its proposed outcome measures (also available in hard copy)
- Direct feedback via email, phone, or freepost was also available to give stakeholder organisations an opportunity to comment on the revised Strategy document for 2013-14
- Discussions on the revised Strategy document also took place at a number of external meetings at various organisations across the county and were fed into this engagement report

2.3 Key Findings

Overall feedback was gathered from around 100 individuals and stakeholder organisations across Oxfordshire. This number is significantly less than the original consultation on the draft Health and Wellbeing Strategy in 2012, however the engagement activity was looking at revising specific outcome measures rather than major changes to priorities and so a smaller number of responses was expected.

The feedback received however was very rich in detail and so provided a good amount of information on which the Health and Wellbeing Board can base any amendments to the Strategy. Analysis resulted in the following themes emerging:

- **More ambitious targets/outcome measures** – this was one of the main themes from both online consultation and feedback from key stakeholders. The targets/outcome measures were frequently thought to be too low and also respondents wanted to see a greater focus on action and regular monitoring of quality.

- **Preventative measures** – The importance of more preventative measures to support the priorities was emphasised. In particular this was raised in relation to the health and wellbeing of older people, and to prevent obesity e.g. benefits of sport and physical activity for all ages and for earlier intervention to prevent obesity in children
Specific figures and/or baselines needed – respondents highlighted that these were missing in many places within the Strategy and a baseline is essential in order to assess the success.

More integrated working across different agencies – joined-up working across different departments and organisations, both inside and outside of health and social care e.g. police, was identified as essential. Many respondents highlighted the recent case of Operation Bullfinch.

Patient-centred outcomes – respondents asked the Health & Wellbeing Board to remember patients are individuals and that these targets/outcome measures are not appropriate for all e.g. the issue of choice was raised regarding older people living at home versus care homes/nursing homes

Health and social care differences across Oxfordshire – respondents highlighted the need to clearly recognise the differences and/or inequalities that exist in health across the population of Oxfordshire as well as the differing needs/issues affecting those that live on the county boundaries

Some jargon still exists in the Strategy – a number of comments were made on the wording of the priorities and outcomes and requests for amendments or clarification were made.

Suggestions on additions to the priorities/outcome measures – these included to add a priority focused on mental health, an outcome measure related to loneliness and isolation for older people, an outcome measure related to sport and physical activity and one focused on Looked After Children (LAC)

2.4 Conclusion

The Health and Wellbeing Strategy refresh for 2013-14 has attracted interest from both members of the public and other key stakeholders across Oxfordshire. Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group (OCCG) are grateful to those who took part in this engagement – especially to those who also commented on the original draft Health and Wellbeing Strategy consultation in 2012.

Overall stakeholders have shown continued support for the priority areas within the Health and Wellbeing Strategy, however there is a common belief that the targets set against these priorities are not ambitious enough.

Feedback has highlighted the need for greater detail within the Strategy with accurate, supporting baseline information. Stakeholders are in agreement that more preventative work needs to be done and that greater steps can be taken to ensure an integrated approach is taken, along with the benefits that this can bring to health and social care.

This report and its findings will be fully considered and as many of the key themes and suggestions for specific edits to the targets/outcomes incorporated into the final version of the revised Health and Wellbeing Strategy 2013-14.
3. Background

3.1 What is the Joint Health & Wellbeing Strategy?
Oxfordshire’s Joint Health and Wellbeing Strategy identifies the top priorities for the Oxfordshire Health and Wellbeing Board over the next four years where we can work together to make a difference in promoting the health and wellbeing of the people of Oxfordshire. The Strategy was adopted by the Health and Wellbeing Board in July 2012 following extensive public consultation.

The Strategy sets out what we want to do to improve the health and wellbeing of children, young people, families, adults and older people in the county. It explains how the Health and Wellbeing Board plans to do this by working with people in different organisations, including health services and local authorities.


3.3 Why are we reviewing this Strategy now?
In the last year there has been regular monitoring of all the priorities and targets set out in the original Strategy 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_MAR13R02.pdf

There was an end of year report at the Health and Wellbeing Board in July 2013 – see http://mycouncil.oxfordshire.gov.uk/documents/s21644/HWB_JUL250713R14.doc.pdf

The Health and Wellbeing Board considered the latest information on the health of the population as set out in the Joint Strategic Needs Assessment (JSNA). 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, however it is now proposed that new outcome measures are set for 2013-14.

The consultation document set out the proposals for each priority in the Joint Health and Wellbeing Strategy and included:

1. A rationale for why this remains a priority
2. A summary of where we are now – what is going well and challenges that remain

3.4 How will the findings be used?
Responses will be used to make final revisions to the Health and Wellbeing Strategy for the year 2013-14 and these proposals will be taken to the Oxfordshire Health and Wellbeing Board for consideration and approval in August 2013.
4. Engaging stakeholders

4.1 Key stakeholders identified
The target stakeholders for the engagement activity to support the consultation on the revisions proposed for 2013-14 for the Joint Health & Wellbeing Strategy included all those patients, individuals, organisations or groups with an interest in the future direction of health and wellbeing related services, across all age categories. They included:

- All participants that were involved in the original consultation on the draft Joint Health & Wellbeing Strategy that took place in June 2012
- Patients, Carers, their families and members of the public
- Oxfordshire's Local Involvement Network (LINk) – soon to be Healthwatch
- GPs, healthcare professionals and clinical staff
- NHS Trusts
- County Council scrutiny committees
- Patient Participation Groups (associated with GP practices)
- Other staff of the partner organisations – NHS, OCCG and the various locality leads, County Council
- Councillors, MPs, local, district and parish councils (including Scrutiny Committees)
- Mental health organisations
- Older people's organisations (including Age UK Older People’s Panel)
- Care homes
- Younger people’s organisations
- Schools and universities
- BME Groups
- Advocacy groups/organisations
- Disability organisations
- Community groups and clubs
- Local press

4.2 The consultation process
A number of different communication and engagement methods were used in order to ensure that we were able to reach and receive views and feedback from a wide variety of stakeholders, including those stakeholders from which we received feedback in 2012 on the original draft of the Strategy.

The ‘Talking Health’ website
An online consultation was set up on behalf of all partners involved in the consultation on Oxfordshire Clinical Commissioning Group’s (OCCG’s) ‘Talking Health’ website. This included a public survey along with supporting materials for participants to download and share. The online survey was also converted into word documents and made available on the site for people to use as hard copy responses.

Other websites
When communicating this consultation with the key stakeholders listed above, encouragement was also given to share this information on the stakeholder’s own website. Many stakeholders acted on this request to help raise awareness and information was shared on the websites of various organisations, including the County Council, NHS, the new Healthwatch Oxfordshire (previously known as LINKs) and voluntary organisations. Some examples of these are shown below (many more included the consultation on their website):

Newsletters
The consultation was communicated widely to all internal and external stakeholders using a variety of electronic newsletters e.g. using the Talking Health online engagement newsletter to reach external stakeholders, the Oxfordshire Clinical
Commissioning Groups (OCCG) weekly internal update, and the OCCG monthly stakeholder newsletter and through the Public Involvement Network (PIN) newsletter.

**Social Media**
A number of announcements and ‘tweets’ were made on the Oxfordshire Clinical Commissioning Group (OCCG) Twitter and Facebook pages through the duration of this consultation. These messages reminded people how to give their views and of the event workshops and reached over 2,500 people through the Twitter and Facebook pages and were also ‘retweeted’ by some of our followers.

**Email**
Personal invitations to participate in the engagement activity on Oxfordshire’s Health & Wellbeing Strategy refresh were emailed directly to stakeholders who had expressed an interest in taking part in consultations and surveys, via ‘Talking Health’.

**Meetings across various organisations**
The proposed revisions to the Health & Wellbeing Strategy for 2013-4 were also shared and discussed with attendees at various NHS, Council, OCCG and other public meetings e.g. the sub-boards of the Health and Wellbeing Board. This was so that as many stakeholders as possible could contribute to the consultation.
5. Survey

5.1 Survey
A survey was designed to gather feedback and more detail around each of the priorities, their outcome measures and proposed changes for 2013-14. The survey was made available online on the County Council website, via Oxfordshire Clinical Commissioning Group (OCCG’s) Talking Health website and the Public Involvement Network (PIN) website so that stakeholders could add comments for each priority/outcome measures in turn.

The survey was made available both online and in hard copy.

5.2 Demographics and number of responses
Overall, 84 people registered to respond to an online survey about the proposed changes in the Health and Wellbeing Strategy for the year 2013/14. In addition, a further 49 people registered on OCCG’s Talking Health engagement website in order to receive information on this engagement exercise.

As the survey was design on the County Council’s website was designed so that it was optional to register online prior to answering the survey, the details of demographics were not captured and so could not be reported on. However the demographics of those that joined the consultation via the OCCG Talking Health website were captured and so the location of these 49 respondents are shown below:

map of participants

The location of these participants shows a good spread across both rural and urban locations in Oxfordshire and distributed widely from the north to the south of the county.
5.3 The Priorities and proposed Outcome measures for 2013-14

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

Proposed outcome measures 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%

On a scale of 1 to 5* (where 1 = poor and 5 = excellent), how do you rate the outcomes proposed for delivering this priority?

*Please note: a rating of 0 indicates that the respondent has skipped this question.

Please use this space to write any additional comments:

The key themes that emerged within the additional comments were:

- More ambitious targets are needed
- The outcome measures need to be more specific
• Concerns about resources and funding
• The need to include an outcome related to sport and physical activity

“These are 'safe' and not challenging outcomes”

“Whilst this is no doubt linked to budgets, I would have liked to have seen more aggressive targets”

“How do you propose to do this? without extra costs or is money available?”

We wish “... to point out the value of supporting work to promote and deliver play and informal recreational activities for children and young people, which contributes significantly to promoting health and wellbeing.”

Other themes included comments related to reducing the outcome related to women being seen a midwife or a maternity health care professional by 13 weeks of pregnancy to less than 13 weeks; the need for more support in the first 2 years of life and some general confusion around some terminology used in this priority.

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

**Proposed outcome measures 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

On a scale of 1 to 5 (where 1 = poor and 5 = excellent), how do you rate the outcomes proposed for delivering this priority?

*Please note: a rating of 0 indicates that the respondent has skipped this question.*
Please use this space to write any additional comments:

A general theme on the additional comments was the need for more ambitious targets.

All other comments varied and ranged from comments about staffing and the need for more active management, concerns about funding, to the need to add additional outcome measures for things such as monitoring of teenage pregnancy; the care of autistic children; and the inclusion of sports programmes.

“I think these targets lack ambition and do not have high enough %age achievement, or in places have no measurable outcome.”

“1.1 is not an outcome, merely an aspiration and needs a trackable number”

“These are ideas but they require fully funded services which are long term.”
**Priority 3** Keeping all children and young people safe
(Children and Young People Board)

**Proposed outcome measures 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.

On a scale of 1 to 5 (where 1 = poor and 5 = excellent), how do you rate the outcomes proposed for delivering this priority?

*Please note: a rating of 0 indicates that the respondent has skipped this question.*
Please use this space to write any additional comments:

The themes that emerged within the additional comments were:

- More integrated working across different agencies
- A need to focus on action
- More focus on the prevention of sexual exploitation
- To add an outcome measure related to Looked After Children (LAC) that go missing
- The need for more ambitious targets

“In the past there seems, nationally, to have been a lack of 'joined up' communications between the different agencies.”

“Great if all the agencies talk to each other without the need to go through time consuming protocol.”

“Close cooperation with the police in monitoring missing or obviously not closely cared for children on the streets to help avoid sexual exploitation.”

“Given the recent high profile child trafficking and exploitation case in Oxford this year the sexual exploitation particularly of vulnerable children should be the priority for Social Services.”

“For the future it has to be deeds rather than words.

Other comments raised included to enable young people to be supported to make their own choices; for more parental involvement; more frequent reporting and concerns around funding.

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

Proposed outcome measures 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%)

On a scale of 1 to 5 (where 1 = poor and 5 = excellent), how do you rate the outcomes proposed for delivering this priority?

*Please note: a rating of 0 indicates that the respondent has skipped this question.
The themes that emerged within the additional comments were:

- The need for more ambitious targets
- Comments showing general agreement with the outcomes
- The need for outcomes to focus on quality measures
- To include an outcome focused on Special Educational Needs or disabilities

“These targets do not seem very ambitious. Aim higher, you might do better.”

“These targets are not sufficient for the challenge.”

“It seems to me that the real problems in schools are at the secondary level, and in particular the deterioration in the performance of the more able children moving from primary to secondary school.”

Other comments raised included a need for more information and advice for young people; to make targets more specific; to include a focus on the transition between primary and secondary schools and an outcome related to sports and physical activity.

**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)

**Proposed outcome measures 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)
On a scale of 1 to 5 (where 1 = poor and 5 = excellent), how do you rate the outcomes proposed for delivering this priority?

*Please note: a rating of 0 indicates that the respondent has skipped this question.*

The themes that emerged within the additional comments were:

- More ambitious outcome measures
- To include an outcome more focused on long-term conditions (LTCs) related to physical and/or learning disabilities
- To include more support – particularly for families and vulnerable people
- A need for baseline information so that outcomes can be measured
- More person-centred outcomes

“Let’s aim higher as soon as we can – 75% on 2.1 still leaves 25% whose lives could be improved by easier access to the information they need”
“A target of 60% for an annual physical health check for learning disabilities seems low to me. “

“I would like to see outcomes identified which focus on how the County and its service providers work in a person–centred way to maximise their potential, increase well being, reduce physical risk, etc.”

“The emphasis in the proposed outcomes for people living with long–term conditions here seems to be placed more on those with mental health problems rather than on helping the many thousands of people with long–term physical conditions and disabilities who the Neighbourhood Statistics indicate live in Oxfordshire.”

Other comments raised included the need to include social and community activities; more joined-up working across different organisations and comments generally agreeing with these outcome measures.

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

**Proposed outcome measures 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%).
6.9 Commission an additional 523 Extra Care Housing places by the end of March 2015, bringing the total number of places to 930
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
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)
6.12 Reduce number of emergency admissions for older people (baseline and target to be confirmed)
6.13 Bereaved carers' views on the quality of care in the last 3 months of life (baseline and target to be confirmed)
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)

On a scale of 1 to 5 (where 1 = poor and 5 = excellent), how do you rate the outcomes proposed for delivering this priority?

*Please note: a rating of 0 indicates that the respondent has skipped this question.

The themes that emerged within the additional comments were:

- The issue of living at home versus a care home/nursing home should be something that is a personal choice and that not all elderly people do want to stay at home.
- Outcome measures should relate to quality of care and not numbers of people
- Targets need to be more specific
- There should be more focus on the quality and training of staff
• Comments related to general agreement with this priority and its outcome measures

“Targets are not the only criteria. Some older people will be happier in care, while others will want to be cared for at home. They must be consulted individually on this – there is no dignity in being told what will suit you.”

“Care homes need support and staff need mentoring, training needs to be improved and outside agencies could help the care homes when times are hard.”

“This problem I feel is largely a staffing one. More folk with better training and much more care taken of them too.”

Other issues raised included those related to loneliness and isolation; to remember people are individuals and wish to be cared for as such; the need to include outcomes for people with dementia and concerns around reducing Carer breaks.

Priority 7 Working together to improve quality and value for money in the Health and Social Care System
(Adult Health and Social Care Board)

Proposed outcome measures 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)

On a scale of 1 to 5 (where 1 = poor and 5 = excellent), how do you rate the outcomes proposed for delivering this priority?

*Please note: a rating of 0 indicates that the respondent has skipped this question.

Please use this space to write any additional comments:

The themes that emerged within the additional comments were:

- The need for more joined-up working across different departments and organisations
- More ambitious targets are needed
- Concerns expressed about achieving the outcomes for this priority
- More support is needed for Carers

“Supportive of all the above – integration must be at every level in order to have the greatest benefit for the people and their families who need health and social care alongside to help them get on with their lives.”
“Why not just work together to improve the quality of the service? Then costs can be associated with this and if required the trade-offs (to meet 'value for money') can be debated.”

“The proposed outcomes look fine but I remain concerned about whether they will be delivered.”

“It seems that Carers definitely need more support (are service users happy because their carers are conscientious?). Prioritise Carers.”

Other issues raised included positive comments on work-to-date; the issue of choice and the difficulty in accessing GP appointments; to include outcomes related to physical activity; and that there is too much focus on figures in the outcome measures.

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

**Proposed outcome measures 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)
On a scale of 1 to 5 (where 1 = poor and 5 = excellent), how do you rate the outcomes proposed for delivering this priority?

*Please note: a rating of 0 indicates that the respondent has skipped this question.

Please use this space to write any additional comments:

- Better communication is needed on the value of preventative activities
- The need for baseline information to measure outcomes against
- More ambitious targets are needed
- Comments on the general wording used in the outcomes

“So, awareness of the signs and symptoms therefore remain a priority message.”

“Ensure that NHS Health Checks are being delivered by appropriate staff.”

“8.1 and 8.3 – what's the current figure?”
“I would like to see 8.1 & 8.3 higher.”

Other issues raised included concerns that health checks and screening are not up to standard; that a 4wk measure for smoking is too early to indicate success; for elderly to be included in these outcome measures and some concerns around staffing to achieve these outcomes.

Priority 9 Preventing chronic disease through tackling obesity
(Health Improvement Board)

Proposed outcome measures 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 (currentlly 59.1%)

On a scale of 1 to 5 (where 1 = poor and 5 = excellent), how do you rate the outcomes proposed for delivering this priority?

*Please note: a rating of 0 indicates that the respondent has skipped this question.
Please use this space to write any additional comments:

The themes that emerged within the additional comments were:

- More ambitious targets are needed – they were considered to be the lowest and most unambitious of all of the outcome measures across the priorities
- Concerns about the appropriateness of the breastfeeding target
- The importance of good public health messages to prevent obesity
- The impact of electronic devices and the importance of physical activity

“Accuracy in public-health messages, such as behind outcome 9.2, is crucial for maintaining public confidence in the information given.”

“like detail of proposals but think targets are pretty unambitious.”

“9.1 is admitting defeat! The target should be more challenging, “

“9.1 9.2 and 9.3 are all appallingly low targets for such an important area of concern. A doubling of these targets would seem reasonable given the current obesity epidemic”

Other issues raised included the importance of health visitors; that obesity measures for children are inappropriate; the need for an accurate and reliable baseline figure and to consider the measures from the Public Health Outcomes Framework.

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

**Proposed outcome measures 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

On a scale of 1 to 5 (where 1 = poor and 5 = excellent), how do you rate the outcomes proposed for delivering this priority?

*Please note: a rating of 0 indicates that the respondent has skipped this question.

The themes that emerged within the additional comments were:

- The need for more housing
- For housing to be energy efficient

“The uptake of energy efficiency improvements to housing seems to be disappointingly low. We need to build more houses including social housing.”
“...it is clearly stated that more households will potentially be at risk of homelessness and the Council should set an ambitious target to prevent this happening,”

“Stop writing jargon”

Other themes were very varied and included that problems are caused by policies from national Government, the benefits of bulk-buying; to reduce jargon in this priority and the need for baseline information to measure the outcomes against.

**Priority 11 Preventing infectious disease through immunisation**

(Health Improvement Board)

**Proposed outcome measures 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%).

On a scale of 1 to 5 (where 1 = poor and 5 = excellent), how do you rate the outcomes proposed for delivering this priority?

*Please note: a rating of 0 indicates that the respondent has skipped this question.*
Not many comments were added to the outcomes for priority 11, however those that did were in general agreement with the outcome measures. Other issues raised included that the outcomes needed to be more ambitious and to add an outcome measure related to TB.

“Excellent plan, with clear and measurable objectives. I would like to see some targets higher, but maybe for 2014/15!”

“Nowhere is TB mentioned in these targets. If we carry on the way we are we shall be one of the highest countries in the world with TB infections!”

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

**Proposed outcome measures for 2013-14:**
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.
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.
12.3 Recommendations from the review will be the subject of consultation with the public and stakeholders in Oct 2013
12.4 Additional proposals for continual quality improvement in Oxfordshire will be discussed and approved by the Health and Wellbeing Board in November 2013.
Your feedback on Priority 12:

*Please note: a rating of 0 indicates that the respondent has skipped this question.

![Bar chart showing user responses to Priority 12]

Please use this space to write any additional comments:

The themes that emerged within the additional comments were:

- That this priority still needed more refinement, with more focus on action
- To include baseline information to measure the outcomes against
- To include outcomes related to physical activity

"Why are there no current stats?"

"Much more work needs to be done on refining these priorities and analysing the current patient satisfaction surveys relating to patient experiences of GP care and hospital care."
“Meaningless words that don't really have action behind them.”

Other issues raised included the difficulty in accessing GP and hospital appointments; the need for patient information to be useful and not just ‘easy to find’; and to add a target regarding quantified patient input.
7.0 Other Responses

7.1 Emails from key stakeholders

In addition to the online survey, email responses were received from key stakeholders and stakeholder groups, including:

- Oxford University Hospitals
- Oxfordshire Mind
- Oxford City Council
- Supported Housing Advisory Group
- Members of the Health Overview and Scrutiny Committee (HOSC)
- NHS England Area Team
- City locality of the Oxfordshire Clinical Commissioning Group (OCCG)
- Campaign to End Loneliness
- Sub-boards of the Health & Wellbeing Board
- Individual members of the public

7.2 Key Themes

Analysis of the findings resulted in the following themes emerging

**Preventative measures** – The importance of more preventative measures to support the priorities was emphasised e.g. sport and physical activity, and interventions to prevent obesity at a pre-school age.

**Effective partnership working across all the relevant agencies** – HOSC, MIND and Oxford City Council raised this as essential and Oxford City Council gave the example of the need to respond effectively to safeguard issues raised around Operation Bullfinch. A request was also made to involve the new NHS organisations more in future e.g. NHS England Thames Valley Area

**Health and social care differences across Oxfordshire** – Stakeholders highlighted the need to clearly recognise the differences and inequalities in health across the population of Oxfordshire as well as the differing needs and issues affecting those that live on the county boundaries

**Outcomes not ambitious enough** – HOSC and the Supported Housing Advisory Group like many respondents to the online survey, raised the issue that the outcomes for many priorities are not ambitious enough.

**Specific additions to the Strategy** – Oxford City Council raised the issue of loneliness and isolation as an addition for Older People. OCCG suggested that targets relating to alcohol issues should be added and MIND highlighted the need for a specific priority relating to mental health pointing out that currently only 1 outcome measure specifically relates to mental health in the Strategy.

**Focus on action** – stakeholders again emphasised the need to be specific in the wording of the Strategy and to focus on action for all priorities with continuous monitoring to ensure outcomes are delivered. However it was also raised that being
specific did not mean numbers of people, but rather the percentage increase/decrease and a focus on quality of care.

**Baseline data is needed** – It was widely commented on that “Baseline yet to be confirmed” and “outcome to be confirmed” is unacceptable and that the strategy should aim to ensure that stated outcomes/targets quoted are consistent with any national targets or give a rationale where local targets are different.

**Refresh the Joint Strategic Needs Assessment (JSNA)** – the need to refresh and improve the JSNA was highlighted in the initial consultation on the draft Joint Health & Wellbeing Strategy in 2012. This was raised again as necessary for 2013/14 so that the Strategy can make use of more detailed analysis of the needs of some of the target groups, such as vulnerable children, children in poverty and older people, as well as ethnic minority groups

**Other comments** – These included amendments to the wording of priorities/outcomes and reference to other work programmes (national and regional) that may relate to these.
8. Recommendations

The engagement findings in this report support the following recommendations for the Joint Health & Wellbeing Strategy 2012-16:

- Amend the final version of the Strategy to reflect the consultation findings, suggestions and feedback on the proposed revisions for 2013-14
- Responses from individuals and organisations containing detailed edits to the targets/outcome measures to be collated, assessed and incorporated into the final version as appropriate
- The above amendments to the Strategy to also be incorporated into subsequent action planning or referred to other relevant work going on in the partners organisations

9. Next steps

This report and its findings will be fully considered and as many of the key themes and suggestions, edits and additions incorporated into the final version of the revised Health and Wellbeing Strategy for the year 2013/14

A copy of this engagement report will be made available by electronic or hard copy to all those that participated in the online and direct engagement. It will also be available for download at

- OCCG’s Talking Health website: https://consult.oxfordshireccg.nhs.uk/consult.ti/HWBConsult/consultationHome
- Oxfordshire County Council’s e-consult website: https://myconsultations.oxfordshire.gov.uk/consult.ti/JHWB/consultationHome
- The Public Involvement Network (PIN) website: https://publicinvolvementnetwork.oxfordshire.gov.uk/consult.ti/HWSTRATCONSULT/consultationHome
Appendix A – Glossary

- **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.

- **Commissioning** - The process of specifying, securing and monitoring services to meet people’s needs at a strategic level.

- **Facebook** - Social networking website

- **LINk** – The Local Involvement Network (soon to be Healthwatch)

- **OCCG** – Oxfordshire Clinical Commissioning Group

- **OCC** – Oxfordshire County Council

- **Intranet** - A private computer network open to users working within an organisation to share information, news and documents

- **Joint Strategic Needs Assessment (JSNA)** - tool to identify the health and wellbeing needs and inequalities of the local population to create a shared evidence base for planning.

- **Reablement Services** – planned, short term intensive services that help people do as much as they can themselves

- **NHS** - National Health Service

- **Stakeholders** - A person or group with a direct interest, involvement, or investment in something. Stakeholders are individuals or organisations that have a direct interest in a service being provided.

- **Twitter** - Twitter is a social networking tool aimed at enabling its users to exchange up-to-the-minute news and opinions on specific topics.

- **Talking Health** – Oxfordshire Clinical Commissioning Group (OCCG’s) consultation and engagement area on our public website (see https://consult.oxfordshireccg.nhs.uk )
Appendix B – Consultation document

Oxfordshire Joint Health and Wellbeing Strategy 2012-2016
Constitution 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:

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

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

<table>
<thead>
<tr>
<th>2.1</th>
<th>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)</th>
</tr>
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<tbody>
<tr>
<td>2.2</td>
<td>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</td>
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<tr>
<td>2.3</td>
<td>Maintain the number of looked after children permanently excluded from school at zero</td>
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<td>2.4</td>
<td>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)</td>
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<tr>
<td>2.5</td>
<td>Establish a baseline of children and young people on the autistic</td>
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spectrum who have had an exclusion from school (over a school year) and work to reduce this number in future years
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)
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)

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...
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

1. Increase the number of funded 2-4 year olds attending good and outstanding early years settings (currently 80.5%)
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 75.8% for the academic year 2011/12)
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. 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 55% for English and 71% for Maths)
5. Increase the proportion of pupils attending good or outstanding primary schools from 50% to 70% and the proportion attending good or outstanding secondary schools to 75% (currently 67% primary and 74% secondary).
6. Of those pupils at School Action Plus, increase the proportion achieving 5 A*-C to 17% (currently 7%)
7. 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)
8. 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

1. 75% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 69%)
2. Number of people with a long term condition feel supported to manage their condition (baseline and target to be confirmed)
3. All patients within the schizophrenia cohort are supported to undertake a physical health assessment during 2013/14 (current figure to be confirmed)
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. 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 (91.5%).

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<thead>
<tr>
<th>Proposed outcomes for 2013-14</th>
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<tr>
<td>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)</td>
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<tr>
<td>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</td>
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<tr>
<td>6.3 No more than 400 older people per year to be permanently admitted to a care home from October 2012 (currently 546)</td>
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<td>6.4 Increase the proportion of older people with an ongoing care package supported to live at home (baseline and target to be confirmed)</td>
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<td>6.5 60% of the expected population with dementia will have a recorded diagnosis (currently 49.6%)</td>
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<td>6.6 3250 people will receive a reablement service (currently 2197) OR</td>
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<tr>
<td>6.7 Increase proportion of people who complete reablement who need no on-going care from 50% to 55%</td>
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<tr>
<td>6.8 Maintain the current high standard of supporting people at home with dignity as measured by people themselves (currently 89.9%)</td>
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</table>
6.9 Commission an additional 523 Extra Care Housing places by the end of March 2015, bringing the total number of places to 930.

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.

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).

6.12 Reduce number of emergency admissions for older people (baseline and target to be confirmed).

6.13 Bereaved carers’ views on the quality of care in the last 3 months of life (baseline and target to be confirmed).

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).

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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 for 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 (50.1%)
- Carers satisfaction with services (39%) is significantly lower than service users levels of satisfaction. However, a similar picture is emerging nationally.
- 881 carers’ breaks have been jointly funded and accessed via GPs.

<table>
<thead>
<tr>
<th>Proposed outcomes for 2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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)</td>
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<tr>
<td>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%)</td>
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<tr>
<td>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%)</td>
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<tr>
<td>7.5 Increase the number of carers known and supported (baseline and target to be confirmed)</td>
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<tr>
<td>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%)</td>
</tr>
<tr>
<td>7.7 800 carers breaks jointly funded and accessed via GPs (currently 881)</td>
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<tr>
<td>7.8 Reduce the number of emergency admissions to hospital (baseline and target to be confirmed)</td>
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<tr>
<td>7.9 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission (baseline and target to be confirmed)</td>
</tr>
<tr>
<td>7.10 Reduce unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (baseline and target to be confirmed)</td>
</tr>
</tbody>
</table>

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 60,000 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.

<table>
<thead>
<tr>
<th>Proposed outcomes for 2013-14</th>
<th>11.1 At least 95% children receive dose 1 of MMR vaccination by age 2 (currently 95%)</th>
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<tbody>
<tr>
<td></td>
<td>11.2 At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.7%)</td>
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<tr>
<td></td>
<td>11.3 At least 55% of people aged under 65 in “risk groups” receive flu vaccination (currently 51.6%)</td>
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<td></td>
<td>11.4 At least 90% 12-15 year old girls receive all 3 doses of human papilloma virus vaccination (currently 88.1%).</td>
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</tbody>
</table>

**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 –
- Performance not yet reported:
  - 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%.
- 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.

### Proposed process for setting additional outcomes for 2013-14

<table>
<thead>
<tr>
<th>12.1</th>
<th>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.</th>
</tr>
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<tbody>
<tr>
<td>12.2</td>
<td>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.</td>
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<tr>
<td>12.3</td>
<td>Recommendations from the review will be the subject of consultation with the public and stakeholders in Oct 2013.</td>
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<tr>
<td>12.4</td>
<td>Additional proposals for continual quality improvement in Oxfordshire will be discussed and approved by the Health and Wellbeing Board in November 2013.</td>
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</tbody>
</table>