Public Health Strategy for Oxfordshire

2007 – 2012

Final version, December 2007

Contents

Executive Summary

This Public Health Strategy for Oxfordshire has been written as a requirement in the Oxfordshire Local Area Agreement (LAA) 2005 – 08. It is the product of extensive work through the Healthier Communities and Older People Programme Board of the LAA and has been discussed by all the major partnerships in the County and endorsed by the Oxfordshire Partnership Steering Group.

This document is addressed to partnerships and a range of organisations across sectors. The aim of the document is to set out a range of actions that will need to be implemented in order to fulfil the strategic aims:

- **To improve overall life expectancy in all parts of Oxfordshire by 1 year by 2012,**
- **To tackle health inequalities and so reduce the gap in all-age, all-cause mortality rates by 10% by 2012 between the top 20% and bottom 20%**
- **To "add life to years" by improving health and well-being as measured by a range of specific indicators.**

These actions will be embedded in a range of plans and implemented across partnerships and organisations, including district strategic partnerships. There will be no single action plan setting out the range of work as meeting these targets is a shared responsibility. Each appropriate lead organisation will monitor progress on particular actions. Overall monitoring of the strategic aims will be the responsibility of the Health and Well-Being Partnership Board.

The strategy is arranged to address four major issues

1. An ageing population
2. Breaking the cycle of deprivation affecting children and families
3. Preventing obesity
4. Fighting infectious diseases.

In the first two sections there are details of the current situation, initiatives that will make a difference and indicators of success.

Foreword

The broad role of the Director of Public Health for Oxfordshire and the Public Health function is to take forward programmes for health improvement for the whole population and for all appropriate organisations. This Public Health Strategy seeks to bring the proposals together in one place. It is hoped and expected that features of this strategy and the action that results will appear in a range of other plans.

This Public Health Strategy sets out to provide a framework for action. This action will need to be taken by many organisations and partnerships across the county, including district local strategic partnerships. This document provides some of the evidence of need and sets out a menu of interventions that will make a difference. We are aiming to secure tangible outcomes and have suggested some potential indicators that can be used to measure progress.

The main aim of the work must be to ensure that while the overall life expectancy continues to increase, the gap is narrowed between those experiencing the worst outcomes and everyone else. This principle of working to narrow the inequalities gap can be applied to almost every aspect of our work including health outcomes, educational attainment, access to services, exposure to difficult living conditions or experience of crime. It is essential to apply this principle in planning and delivery of our services if we are to achieve the aims we have set ourselves.

- **To improve overall life expectancy in all parts of Oxfordshire by 1 year by 2012,**
- **To tackle health inequalities and so reduce the gap in all-age, all-cause mortality rates by 10% by 2012 between the top 20% and bottom 20%**
- **To "add life to years" by improving health and well-being as measured by a range of specific indicators.**

Jonathan McWilliam
Director of Public Health for Oxfordshire

Introduction

The Oxfordshire Local Area Agreement sets out the plan to develop a Public Health Strategy for the County in 2007-08.

In March 2007 the Director of Public Health for Oxfordshire, Jonathan McWilliam, published his Annual Report for 2005-07 and issued a challenge for health improvement in the county. The need for longer term perspectives, ever more effective partnership working and a shift in emphasis towards prevention were at the heart of the report which focussed on four main areas:

1. An ageing population – the "demographic time bomb"
2. Breaking the cycle of deprivation of children and families
3. Preventing obesity: a major cause of chronic disease
4. Fighting infectious diseases

There are no action plans in this strategy as it is envisaged that each organisation or partnership will include the relevant actions in its own plans. These will include the Local Area Agreement, Children and Young People Partnership Board, district Local Strategic Partnerships, Oxfordshire PCT, Community Safety partnerships and so on. The overall progress in achieving the outcomes will be monitored by the Health and Well-Being Partnership, part of the Oxfordshire Partnership.

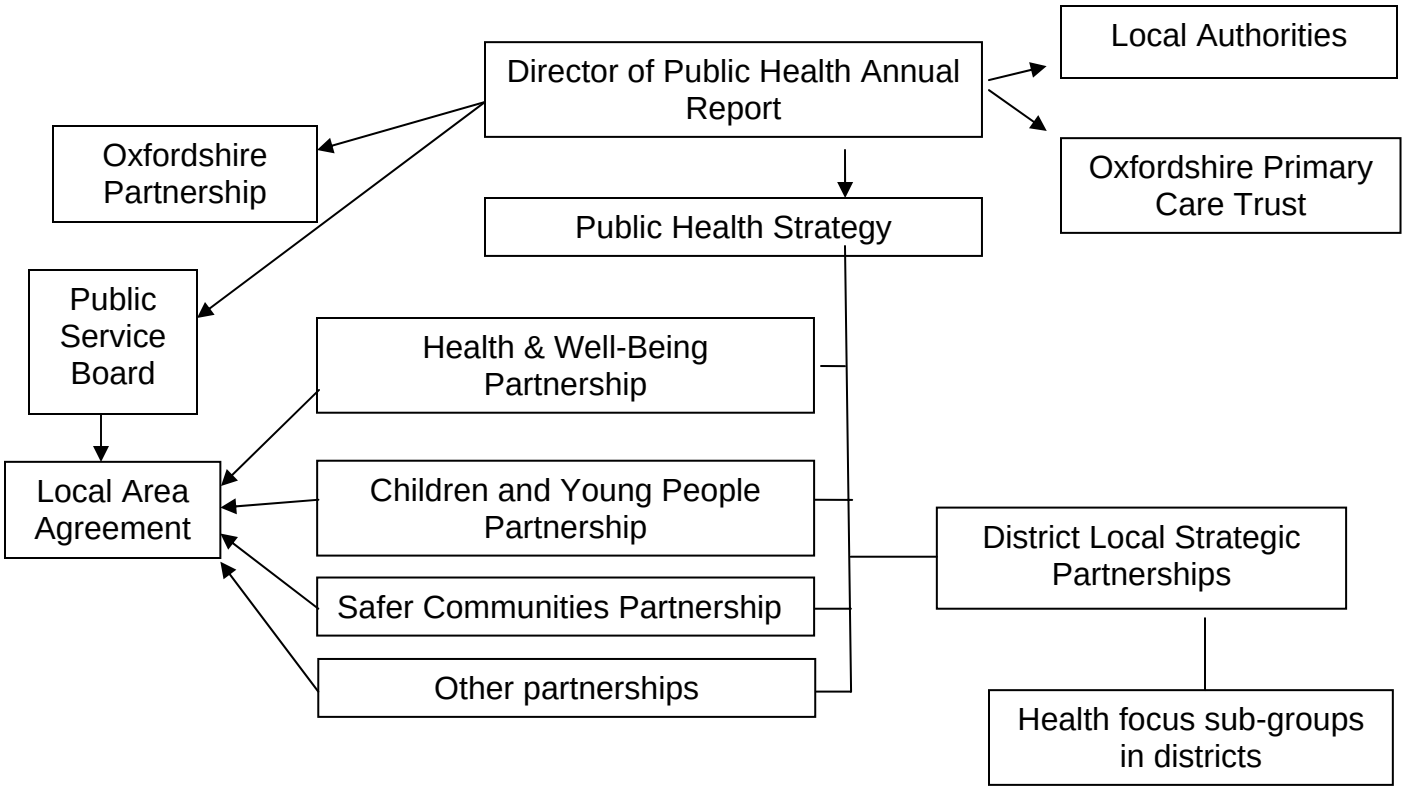
The Health and Well-Being Partnership Board has been established in the county and had its first meeting in September 2007. This strategic level board provides the opportunity for key stakeholders (the Primary Care Trust, Oxfordshire local authorities, the voluntary sector and service-user representatives) to come together as commissioners of services to agree key outcomes and the strategic direction to deliver them. Full terms of reference were agreed at the meeting in September and can be found in Appendix A.

The Health and Well-Being Partnership Board will monitor progress on achieving the strategic aims set out in this document, as well as a range of other strategic initiatives. Specific indicators associated with this strategy are set out in each section. The Health and Well-Being Partnership will receive regular reports of those set out in section 1. The indicators linked to "breaking the cycle of deprivation affecting children and families" will be monitored through the Children and Young People Partnership Board. Other indicators will be the responsibility of other partnerships or organisations and all will contribute to the strategic aims.

Some of the work to achieve these aims is already included in the current Local Area Agreement (LAA) and more will be included in the next version of the LAA from 2008-11. Progress on these targets will be monitored by the Public Service Board.

The diagram below illustrates some of the network of organisations and partnerships that have a part to play in improving health in the county.

Networks for Health Improvement in Oxfordshire



Consultation

A draft version of this strategy has been circulated and discussed widely and this final version incorporates the comments and suggestions of many individuals and groups. These include:

Health and Well-Being Partnership Board	September 2007
Oxfordshire Partnership	October 2007
Healthier Communities and Older People Programme Board	October 2007
Oxfordshire Safer Communities Partnership	October 2007
Children and Young People Partnership Board	October 2007
Oxfordshire Older People Health and Social Care Pane	October 2007
Joint Health Overview and Scrutiny Committee	November 2007
Oxfordshire Public Service Board	November 2007

In addition the draft was presented to district Local Strategic Partnerships around the county.

Section 1 – Longer and healthier life for the adult population. Meeting the challenge of the "demographic time bomb"

1. The current state of health in Oxfordshire

This summary of data has been taken from a briefing paper entitled "Health, Care and Well-Being" which can be seen in full at www.oxfordshireobservatory.info

Morbidity and Mortality

- Life expectancy in more deprived wards is significantly lower than the county.
- Population projections show the number of older people will continue to grow, especially in rural districts.
- There are specific areas of the county with significant levels of deprivation
- Nationally Black and Minority Ethnic (BME) groups have worse health than the general population and people with mental health problems and/or learning disabilities are more likely to experience major illness, to develop serious health conditions at an earlier age and to die of them sooner than other people

Lifestyles

- Over 3300 people gave up smoking in Oxfordshire in 2005-06 but significant numbers still smoke, especially in deprived communities
- Obesity rates are rising across localities and age groups
- High rates of obesity were found nationally in people with mental health problems and learning disabilities
- Only 23.4 % of the population report taking moderate intensity exercise at least 3 times a week
- Alcohol consumption is giving cause for concern in terms of the health impact and the association with crime and disorder
- Sexually transmitted infection rates are rising and there are still high levels of teenage pregnancy in parts of the county

Older People

- It is estimated that by 2010 there will be nearly 15000 people aged over 85 in Oxfordshire, and over 24 000 by 2028
- It is anticipated that 30% of people aged 85 and over will suffer from some form of dementia
- Nearly 4000 people aged over 65 attended A&E in 2006-07 following a fall. 800 people in this age group had a broken hip as a result of a fall in 05-06
- Around 1000 people are given intensive support to live in their own homes so that they don't need to be admitted to hospital or nursing homes in 2006-07
- Nearly 9% of the population in the county are unpaid carers, many aged over 65 and providing over 50 hours care a week

Long term conditions

- There are over 20,000 people with diabetes in Oxfordshire and the numbers are rising

- Diabetes is more prevalent in the South Asian and Black Caribbean communities and is highest in the Bangladeshi community
- Mortality rates for cancer in Oxfordshire are significantly lower than the country as a whole, except for breast cancer.

Determinants of Health

Tackling a range of issues is essential if the overall aim of improving health is to be achieved. Deprivation and poor environments have a profound impact on health outcomes and improving these factors is essential if inequalities are to be reduced. Other determinants having a profound impact on health outcomes include ethnicity and disability. Many of these issues are already recognised in partnership working in the county, but there is still much to be done if the target in reducing the gap in life expectancy in the county is to be achieved. These issues include

- Housing and homelessness, housing stock condition
- Fuel poverty
- Education and Training
- Crime and fear of crime
- Low income and employment
- Environment and air quality
- Transport and access to services
- Access to support and assistance to enable independent living
- Low levels of participation in physical activity across age groups
- Access to appropriate services and support for people from BME communities and people with disabilities
- Smoking, unhealthy eating and binge drinking
- Poor working conditions.

Health needs in different areas of Oxfordshire.

The heterogenous nature of Oxfordshire can be reflected in many ways, but one useful characterisation was recently included in the Community Life briefing paper for the Sustainable Community Strategy. This set out the following distinctive characteristics:

- **Urban Oxfordshire** - Oxford city
- **Major towns** of Banbury, Bicester, Witney, Abingdon, Didcot
- **Market towns** (19 smaller towns serving rural communities)
- **Rural settlements** (villages, hamlets and isolated dwellings)

There are different health and well-being priorities for various areas of Oxfordshire and it is important to highlight these. The recent publication of Health Profiles for the county and district areas highlighted the generally good health of the population but closer inspection shows inequalities of outcomes affecting particular parts of the county. (www.communityhealthprofiles.info , SEPHO 2007)

It is important to plan appropriate initiatives in different parts of the county and to ensure that inequalities issues are tackled in the areas of greatest need. One size definitely does not fit the whole county. The data from the Health Profiles for Oxfordshire and other available information highlights the following local priorities:

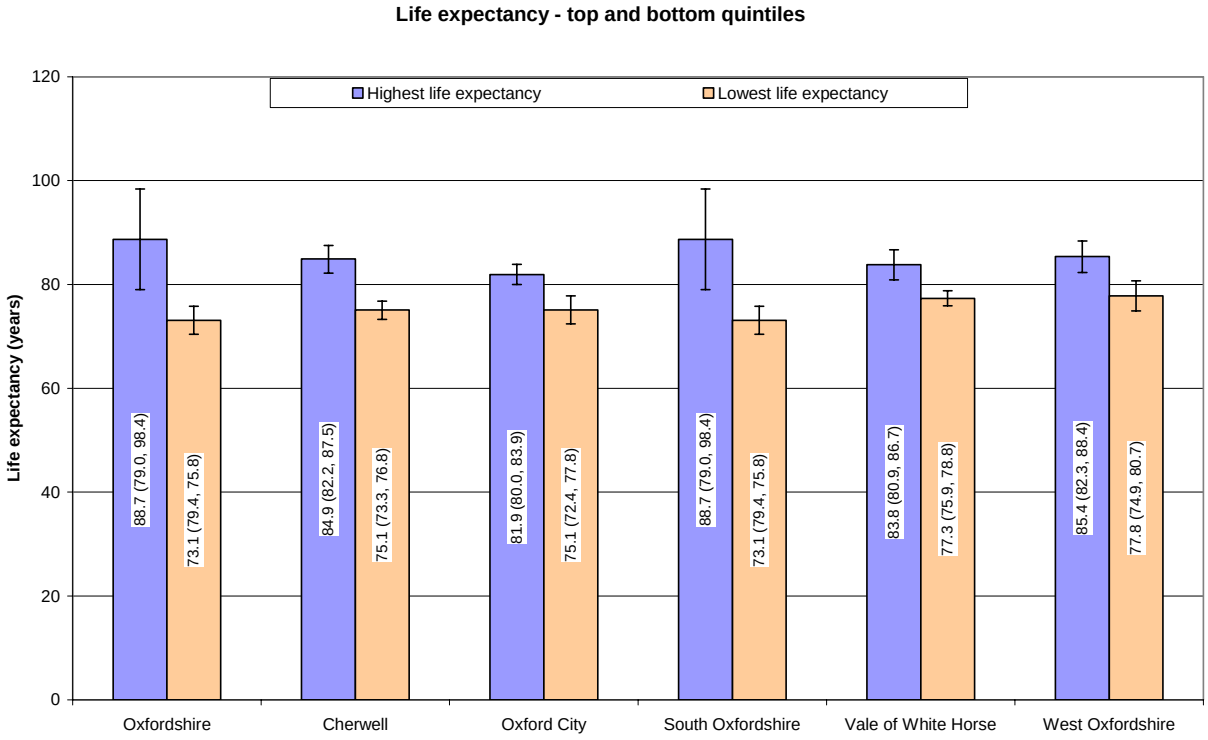
Health profiles for districts of Oxfordshire
(Source: www.communityhealthprofiles.info)

	Cherwell	Oxford City	South Oxon	Vale of WH	West Oxon
Smoking	170 deaths a year	175 deaths a year	170 deaths a year	170 deaths a year	130 deaths a year
Diabetes	Over 4200 people have diabetes (3.1%)	At least 4300 people have diabetes, (2.9%)	At least 3700 people have diabetes,(2.9%)	At least 3600 people have diabetes, (3.1%)	At least 3000 people have diabetes, (3.1%)
Obesity	It is estimated that 1 in 5 adults are obese.	It is estimated that 1 in 5 adults are obese.	It is estimated that 1 in 5 adults are obese.	It is estimated that 1 in 5 adults are obese.	It is estimated that 1 in 5 adults are obese.
Activity (% of respondents in Active People Survey 2006)	Only 24% participated in at least 30 minutes of moderate intensity activity 3 times a week.	Only 20.5% participated in at least 30 minutes of moderate intensity activity 3 times a week	only 22.3% participated in at least 30 minutes of moderate intensity activity 3 times a week.	Only 25% participated in at least 30 minutes of moderate intensity activity 3 times a week.	Only 25.7% participated in at least 30 minutes of moderate intensity activity 3 times a week
Older People (estimated increase from 2004 – 2029)	150% increase in the number of people aged over 85	70% increase in the number of people aged over 85	123% increase in the number of people aged over 85	145% increase in the number of people aged over 85	147% increase in the number of people aged over 85
Homeless-ness	310 households were statutorily homeless in 2004-05 out of a total of 3767 on the housing register (8.2%)	376 households were statutorily homeless in 2004-05 out of a total of 3525 on the housing register (10.7%)	98 households were statutorily homeless in 2004-05 out of a total of 2043 on the housing register (4.8%)	114 households were statutorily homeless in 2004-05 out of a total of 1981 on the housing register (5.8%)	94 households were statutorily homeless in 2004-05 out of a total of 2847 on the housing register (3.3%)
Binge drinkers	Approximately 15% of the adult population are binge drinkers	Approximately 23% of the adult population are binge drinkers	Approximately 14% of the adult population are binge drinkers	Approximately 14% of the adult population are binge drinkers	Approximately 14% of the adult population are binge drinkers
Violent crime	Violent offence rates were 17.5 per 1000 population in 2005-06 (2332 offences in a population of 133535)	Violent offence rates were 24.1 per 1000 population in 2005-06 (3503 offences in a population of 145077	Violent offence rates were 11.2 per 1000 population in 2005-06 (1431 offences in a population of 127926).	Violent offence rates were 11.5 per 1000 population in 2005-06 (1334 offences in a population of 116234).	Violent offence rates were 9.6 per 1000 population in 2005-06 (934 offences in a population of 96994).

Life expectancy by ward

Life expectancy (based on 2000-04 deaths) – Oxfordshire wards

Source: APHO and Department of Health. From 'Health Profile for (name of area) 2006 © Crown Copyright 2006.'



Source: APHO and Dept of Health from Health Profiles for Oxfordshire 2006 Crown Copyright 2006. Data based on deaths 2000-2004 inclusive.

1.2 How can we make a difference?

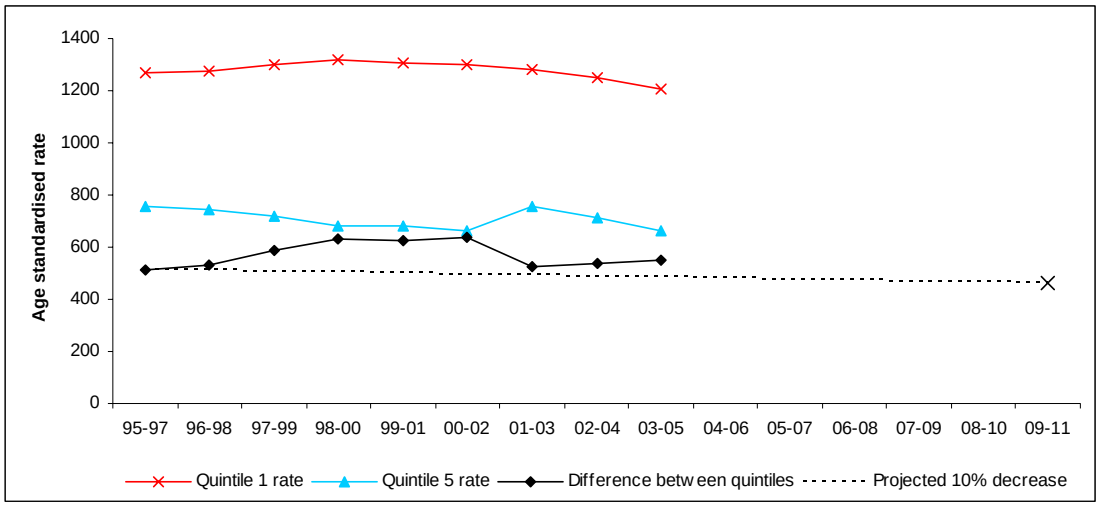
The target

The main aim of the work must be to ensure that while the overall life expectancy continues to increase, the gap is narrowed between those experiencing the worst outcomes and everyone else.

General health improvement has resulted in longer life expectancy for the whole population (shown by the downward trend in all-age, all-cause mortality rates on the top two lines in the graph below). However, analysis shows that in Oxfordshire the fall in mortality rates for the top 20% (quintile 5 on the graph below) of the population has been at a faster rate than for the bottom 20% (quintile 1). This means that the gap between the best off and worst off is getting wider, moving away from the target line showing a trajectory for a 10% decrease by 2012.

It is essential that this widening of the gap is reversed by aiming to bring outcomes for the least well-off in line with the rest of the population.

Trends in all-age, all-cause mortality for the best and worst quintiles in Oxfordshire



Source of population data: CACI ward projections (1995-97 to 2000-02); Oxfordshire County small area projections (using GLA model) (2001-03 to 2003-05); ONS (England & Wales populations).
Source of mortality data: ONS Public Health Mortality File for Oxfordshire

There are areas of work that need to be addressed by individual organisations and others need to be implemented by partnerships. Addressing the following priorities will make an impact on achieving long and healthy life for the adult population in Oxfordshire.

Overall Objective

Target, sustain and increase funding to improve health outcomes in areas of greatest need and among populations with greatest need, to take account of access to health care, demographic change and to shift the emphasis to prevention of ill health and accidents.

Initiatives that will make a difference

1. Work with partners to improve equity of access and outcomes for BME communities and people with disabilities

2. Prevent premature deaths and tackle inequalities in the incidence of Cancer and Circulatory Disease through a range of interventions:
    a. In primary care – target interventions for secondary prevention using registers of risk groups; ensure equitable and appropriate prescription of statins and anti-hypertensive drugs; provide high quality cancer screening programmes and encourage uptake.
    b. Support people to change to healthier lifestyles to prevent CHD, cancer and stroke and target more deprived or vulnerable communities through Health Trainer Services.
    c. Support people in the process of giving up smoking and enforce smoke free legislation and under age sales legislation.
    d. Develop a Joint Obesity Strategy with appropriate action plans for all ages. Ensure that clear, practical help is available to help people to shop, cook and eat more healthily and promote exercise and activity as part of everyday life e.g. walking, cycling, gardening, dancing and sport.

3. Work in partnership to provide information and interventions to reduce risk of accidents in the home in the workplace and on the roads.

4. Develop interventions and campaigns to highlight and reduce the health impact of drinking too much alcohol, either on a regular basis or through binge drinking.

5. Work together to reduce drug misuse and provide integrated programmes of treatment, care and support for adults with substance misuse problems. Improve access to community-based early intervention services.

6. Provide appropriate support services for people with mild to moderate mental health problems and promote mental health. Mental health promotion could include access to cultural and arts activities, educational opportunities for adults, support for volunteering.

7. Continue to improve access to GUM clinics and further develop the campaigns to increase awareness of sexual health issues, including access to Chlamydia screening.

8. Work together across the programmes of the Oxfordshire Partnership to tackle the factors which lead to poor health including
    a. Fuel poverty
    b. Homelessness
    c. Poor housing condition in all sectors
    d. Access to training and education
    e. Increasing economic prosperity
    f. Access to benefits and financial advice
    g. Crime and fear of crime.
    h. Air quality
    i. Workplace health & safety

9. Monitor rates of infection of communicable disease and prevent spread by tracing contacts, training professionals, offering interventions etc. Provide information on how spread of disease can be prevented.

10. Improve oral health, especially in deprived communities.

11. Work with partners to ensure an immediate response to major incidents

12. Work through partnerships to reduce crime and fear of crime, make special provision for the most vulnerable, promote community cohesion and reduce social exclusion.

13. Sustain and further develop partnership working on domestic violence, including initiatives to ensure children are safe and their emotional well-being is secure.

14. Monitor the pilot Alcohol Arrest Referral Scheme and develop appropriately. Develop interventions to tackle binge drinking based on evidence of best practice.

15. Work together to support carers and provide health and respite services to meet their needs.

16. Assess the health needs of offenders in the community and work to improve health outcomes for this group.

1.3 Outcomes and Proposed Indicators of success

Principle for target setting and monitoring performance:
Analysis of all indicators would relate to the gap between those with the best and worst outcomes and an intervention should only be considered successful if the gap was being reduced.

Outcome	Proposed indicator
People will live longer	All-age, all-cause mortality
Differences in life expectancy between groups will be reduced	Differences in all-age, all-cause mortality by ward and ethnicity
Fewer people will die from preventable diseases	Premature (under 75) mortality from cancer or cardio vascular disease
Older people will live healthier lives (aged over 65)	Healthy life expectancy at 65 Self reported measures of health and well-being
More people will be non-smokers	Smoking quit rates
More people will maintain healthy body weight and lead active lives	Overweight and obesity rates for adults Survey reports on participation in sport or physical activity.
More people will live independently for longer and be able to look after themselves and their families	Intensive home support to enable people to live at home. Support for carers Adults with learning disabilities or in contact with secondary mental health services in employment

Section 2 Long and Healthy Life for Children and Young People – Breaking the cycle of deprivation of children and families

2.1 The current situation

The Children and Young People Plan provides a comprehensive analysis and action plans for improving outcomes for children and young people in Oxfordshire. This section of the Public Health Strategy is largely based on the excellent work that is already underway through the Children and Young People Partnership Board and seeks only to highlight it and draw attention to the inequalities issues. If this attention can widen the work to improve health outcomes for children, young people and families in the county then the aim of this strategy will be achieved.

The recent draft Briefing Paper on Children and Young People in Oxfordshire (www.oxfordshireobservatory.info) to inform the development of the Sustainable Community Strategy included the following information:

"A detailed joint agency needs analysis was undertaken in 2005 as part of a Best Value Review of Children's Services. This work informed the development of Oxfordshire's CYPP. Since then information has been collected on performance against the indicators in the Outcomes Framework. This exercise brought together valuable information from the Council, District Councils, Voluntary Services, Police, Connexions and Health. Further work is underway to update the needs analysis to inform the development of 2007/08 Action Plans.

Information on the needs analysis has been supplemented by feedback from children, young people and families on an ongoing basis throughout the year including the recent survey of the views of 5,000 children and young people in Oxfordshire.

Key issues arising from the needs analysis:

- overall Oxfordshire is a wealthy county but there are 13 areas with deprivation in the bottom 20% nationally. Outcomes for children and young people are significantly poorer in these areas than in the rest of the county;
- overall children and young people experience good levels of health. However there is a gap in life expectancy between the 'best' and 'worst' wards
- there is a need to develop integrated early intervention and preventative approaches for children who are "at risk" of harm, care, truancy, exclusion, offending;
- educational achievement in Oxfordshire is in line with national and there has been a significant improvement in achievement at secondary levels however; the educational achievement and enjoyment of vulnerable groups remains a priority for improvement."

(Source, Briefing paper on Children and Young People, www.oxfordshireobservatory.info)

Data from the Health Profiles for Oxfordshire and other available information highlights the following local priorities and differences across the county:

	Cherwell	Oxford City	South Oxon	Vale of WH	West Oxon
Child Poverty (% of under 16's living in families receiving means-tested benefits)	3,000 (10.9%) children live in low income households from a total child population of 27691	Over 4800 (22.8%) children live in low income households from a total child population of 21457	Over 2000 (7.8%) children live in low income households from a total child population of 25959	Around 1900 (8%) children live in low income households from a total child population of 23788	Over 1300 (6.7%) children live in low income households from a total child population of 19372
GCSE attainment (England average 57.5%)	GCSE achievement is lower than the England average with 49.4% young people achieving 5 or more GCSEs at A* - C grade in 2005-06	GCSE achievement is lower than the England average with 43.8% young people achieving 5 or more GCSEs at A* - C grade in 2005-06	GCSE achievement is above average with 65.6% young people achieving 5 or more GCSEs at A* - C grade in 2005-06	GCSE achievement was 55.4% young people achieving 5 or more GCSEs at A* - C grade in 2005-06	GCSE achievement is above average with 63.5% young people achieving 5 or more GCSEs at A* - C grade in 2005-06
Teenage Pregnancy	There was a total of 290 conceptions in a population of 7477 girls aged 15-17 from 2002-04 which is a rate of 38.8 per 1000 Some wards have higher than average teenage pregnancy rates.	There was a total of 367conceptions in a population of 6825 girls aged 15-17 from 2002-04 which is a rate of 53.8 per 1000 Some wards have higher than average teenage pregnancy rates.	There was a total of 157 teenage conceptions in a population of 6512 girls aged 15-17 from 2002-04 which is a rate of 24.1 per 1000	There was a total of 173 teenage conceptions in a population of 3512 girls aged 15-17 from 2002-04 which is a rate of 26.6 per 1000	There was a total of 142 teenage conceptions in a population of 4926 girls aged 15-17 from 2002-04 which is a rate of 28.8 per 1000

(Source: www.communityhealthprofiles.info SEPHO 2007)

Much more detailed analysis of the health and well-being of children and young people in Oxfordshire can be obtained through the work of the Children and Young People Partnership Board on www.oxfordshire.gov.uk

2.2 How can we make a difference?

As with the work for the adult population, the main aim of the work for children and young people must be to ensure that the while life expectancy should continue to increase overall, the gap is narrowed between those experiencing the worst outcomes and everyone else. The analysis above highlights real differences being experienced around the county and it is only by bringing outcomes for the worst off up to the level of the rest of the population that we can achieve the aims set out for this strategy.

There are areas of work that need to be addressed by individual organisations and others need to be implemented by partnerships. Addressing the following priorities will make an impact on achieving longer and healthier life for children and young people in Oxfordshire. This list of interventions that will help to meet the target is largely drawn from the current CYP Plan for Oxfordshire and reflects many of the priorities under discussion at the CYP Partnership Board.

Overall objective

The work to break the cycle of deprivation can be summarised by working together to deliver the following:

- Guaranteed standards for a good start in life
- Improved school attainment where it is poorest
- Improving teenage pregnancy focussing on the worst affected areas
- Working on issues in black and minority ethnic communities to improve real choice
- Diverting young people from antisocial behaviour, focusing on the worst affected areas
- Improving value for money through better use of targeted joint resources in our most deprived communities

Initiatives that will make a difference

1. Target, sustain and increase resources to improve health outcomes to areas of highest need

2. Ensure that there are comprehensive antenatal and newborn screening programmes and childhood immunisation programmes available to all.

3. Promote breastfeeding and ensure that increases in initiation rates narrow the gap in inequalities in the county.

4. Implement co-ordinated, multi-agency health promotion programmes in settings for children, young people and families including schools, early years settings, GP practices, clinics, youth centres including a focus on:
    a. healthy schools

b. healthy eating, including locally sourced school meals;
c. increasing the number of children who walk or cycle, including to school;
d. improve sports facilities including in schools;
e. improve targeted access to dental services.

5. Develop a Joint Obesity Strategy with appropriate action plans for all ages
    a. Ensure that clear, practical help is available to help people to shop, cook and eat more healthily
    b. Promote exercise and activity as part of everyday life e.g. walking, cycling, gardening, dancing and sport.
    c. Make oral health promotion part of the healthy eating campaigns and ensure access to dental services is also improved.

6. Ensure all schools have School Travel Plans to increase the number of young people who walk or cycle to school

7. Work together to reduce drug and alcohol misuse and provide integrated programmes of treatment, care and support for young people with substance misuse and alcohol problems. Improve access to community-based early intervention services. Campaign to stop sale of alcohol or cigarettes to under age young people.

8. Improve access to services to promote children's mental health and emotional wellbeing by:
    a. implementing a preventative multi-agency strategy to promote children's mental health and emotional wellbeing;
    b. establishing a new Primary Care Child and Adolescent Mental Health Services, with a focus on early intervention and support;
    c. increasing the availability of services for particular groups of young people (including with conduct disorders, learning disabilities, Travellers, children in prison, refugees and asylum seekers, children looked after, young carers, and parents with mental health problems);
    d. implementing a training programme in emotional wellbeing across all schools and settings;
    e. completing the review of Tier 3/4 services.

9. Improve support to reduce teenage pregnancy, working through the Joint Teenage Pregnancy Commissioning Strategy:
    a. improve the quality of sex and relationships education at school, college and in work based learning;
    b. target areas of high need and young people in "at risk" groups;
    c. improve access to information an advice and services.

10. Ensure that teenage parents are provided with good support on a range of issues to help them in their role as parents and to meet their needs as young people.

11. Work with parents and carers to strengthen support to encourage families to make healthy choices for themselves and their children, including through Children's Centres and extended schools.

12. Commission and sustain multi-agency initiatives to reduce accidents, building on the success of IMPS, Junior Citizen and other work.

The Children and Young People Plan Review of Year 1 sets out a range of proposed action to deliver the improvement required and should be read in conjunction with this strategy.

2.3 Outcomes and possible indicators of success

Work is currently being finalised by the Children and Young People Partnership Board to establish a basket of indicators which can be used in Oxfordshire to monitor progress. A draft of these indicators is shown below:

Locality Data Profile - Fourth Draft

1. **Be Healthy**
   - Numbers of teenage conceptions.
   - Numbers of referrals to Specialist CAMHS.
   - Percentage of children who are obese in Reception and Year 6
2. **Stay Safe**
   - Numbers of Children Looked After
   - Number of children on the Child Protection Register (or with Child Protection Plans)
   - Number of referrals to specialist social care services. (Number of CAFs completed and Integrated Support Action Plans in place).
3. **Enjoy and Achieve** (for all as well as data for Vulnerable Groups)
   - Foundation Stage Profile
   - Percentage achieving level 4 in English/Maths and Science at Key Stage 2
   - Percentage achieving 5A* to C at GCSE or equivalent including English and Maths• percentage not achieving any passes at GCSE or equivalent
   - Attendance at school (also vulnerable groups, LAC, Young Offenders, SEN, FSM)
4. **Make a Positive Contribution**
   - Re-offending rates
   - Numbers of pupils excluded permanently or for a fix term
5. **Economic Well being**
   - Reductions in NEET (including vulnerable groups)
   - Percentage achieving level 2 at age 19
   - Percentage of children aged 0-11 and 5-14 living in households where no one is working (benefits)

(source: CYP Partnership Board, July 2007 from www.oxfordshire.gov.uk)

Section 3 Preventing obesity: a major cause of chronic disease

The challenge of addressing the rising impact and threat of obesity is the third main area of work outlined in the Director of Public Health Annual Report. The possible interventions to meet this challenge have been included in both section 1 and 2 of this strategy and will not be expanded in a separate section here. Different approaches will be needed for children and young people, adults of working age, older people, those from BME communities and people with learning disabilities. There will also be a need to provide responses appropriate to the locality and level of deprivation. These will be set out in detail in the forthcoming Obesity Strategy.

Section 4 Fighting infectious diseases

The Director of Public Health's Annual Report also states that the threat from new or recurrent infection should be met with improvements to partnership working and joined up responses to emergency situations. There are references to some strands of this work in sections 1 and 2 of this document, namely

- Immunisations for children and young people and for older people
- Sexually transmitted infections including Chlamydia and gonorrhoea.
- Health care associated infection
- The threat of pandemic flu, TB, HIV and other major emergencies.

More explicit analysis and action plans are already set out in the PCT Strategy, the Sexual Health Strategy (which includes HIV) and the work of the Oxfordshire Emergency Planning group. Value will be added to this work wherever possible through the implementation of this strategy.

District priorities

Work is underway to formulate local priorities at district level to address public health issues. The plans being drawn up will be approved and implemented locally from April 2008. These plans will form an essential part of the delivery mechanism for this Public Health Strategy. More details of the plans will be available in March 2008.

References and Sources of Further Information

Briefing papers for the Oxfordshire Sustainable Community Strategy, particularly those on Health, Care and Well-being and on Children and Young People. (www.oxfordshireobservatory.info)

Children and Young People Plan 2005 – 08 www.oxfordshire.gov.uk

DH 2007 - Health and Social Care Outcomes - Accountability Framework
http://www.dh.gov.uk/en/Consultations/Closedconsultations/index.htm

Director of Public Health for Oxfordshire Annual Report 2005-2007
http://www.oxfordshirepct.nhs.uk/about-us/how-the-pct-works/trust-board/board-papers/2007/March/documents/DPHAnnualReport.pdf

Oxfordshire Primary Care Trust draft strategy www.Oxfordshirepct.nhs.uk

Oxfordshire Sports Partnership Strategic Framework "Our Sporting Future"
http://www.oxonactivesports.co.uk/

SEPHO 2007 Local Health Profiles **-** www.communityhealthprofiles.info

Appendix A

Oxfordshire Health and Well-Being Partnership
Terms of Reference

Introduction

The Local Government White Paper "Strong and Prosperous Communities" was published in October 2006 and gave a clear indication that health and well-being partnership arrangements should be established in England. Discussion at the Oxfordshire Partnership Steering Group and the Public Service Board led to the establishment of the Health and Well-Being Partnership Board in Oxfordshire by September 2007.

Aim

To enable key commissioners and users of adult health, care and well-being services to

- agree priority outcomes for health and well-being in Oxfordshire,
- promote action across partner agencies in planning and commissioning services for health improvement
- monitor delivery of these actions, assess effectiveness and review priorities as part of the commissioning cycle.

Objectives

1. To focus on outcomes and demonstrate improvement in health and well-being.
2. To provide strong local leadership for improvement in health and well-being.
3. To monitor health improvement work across the county including the implementation of recommendations from the Annual Report of the Director of Public Health for Oxfordshire.
4. To oversee the development of high quality, personalised provision of care.
5. To enable users of services to play a strong strategic role as members of this Board.
6. To develop work across organisational boundaries to promote health and well-being, including further development of joint financial arrangements where appropriate.
7. To ensure the implementation of priorities set out in the Sustainable Community Strategy, the strategies of individual organisations and delivery of Local Area Agreement targets.
8. To ensure that commissioning decisions and implementation follow agreed principles including those set out by the National Institute for Health and Clinical Excellence (NIHCE)

Membership

- Oxfordshire PCT - Chair of the Clinical Executive, Chief Executive, Director of Commissioning or Planning & System Reform, Practice Based Commissioning lead
- Oxfordshire County Council –, Portfolio Holder for Social and Community Services, Deputy Leader, Chief Executive, Director for Social and Community Services
- The Director of Public Health for Oxfordshire
- Cherwell District Council

- Oxford City Council
- South Oxfordshire District Council
- Vale of White Horse District Council
- West Oxfordshire District Council
- Public and Patient Involvement Forum representation
- User representatives – mental health, learning disabilities, older people, adults with physical disabilities, carers.
- Voluntary sector representation

Working arrangements

- The meetings will be co-chaired by the county Portfolio Holder for Social and Community Services and the Chair of the PCT Clinical Executive.
- Provider organisation representatives will be invited to the meetings when appropriate to the topic being discussed.
- Papers to be circulated at least 10 working days before a meeting.
- Plain English will be used in preparing all working documents.
- Members who are unable to attend a meeting may arrange for a substitute to attend and participate, provided they have the necessary authority from their organisation.
- Meetings will be held quarterly

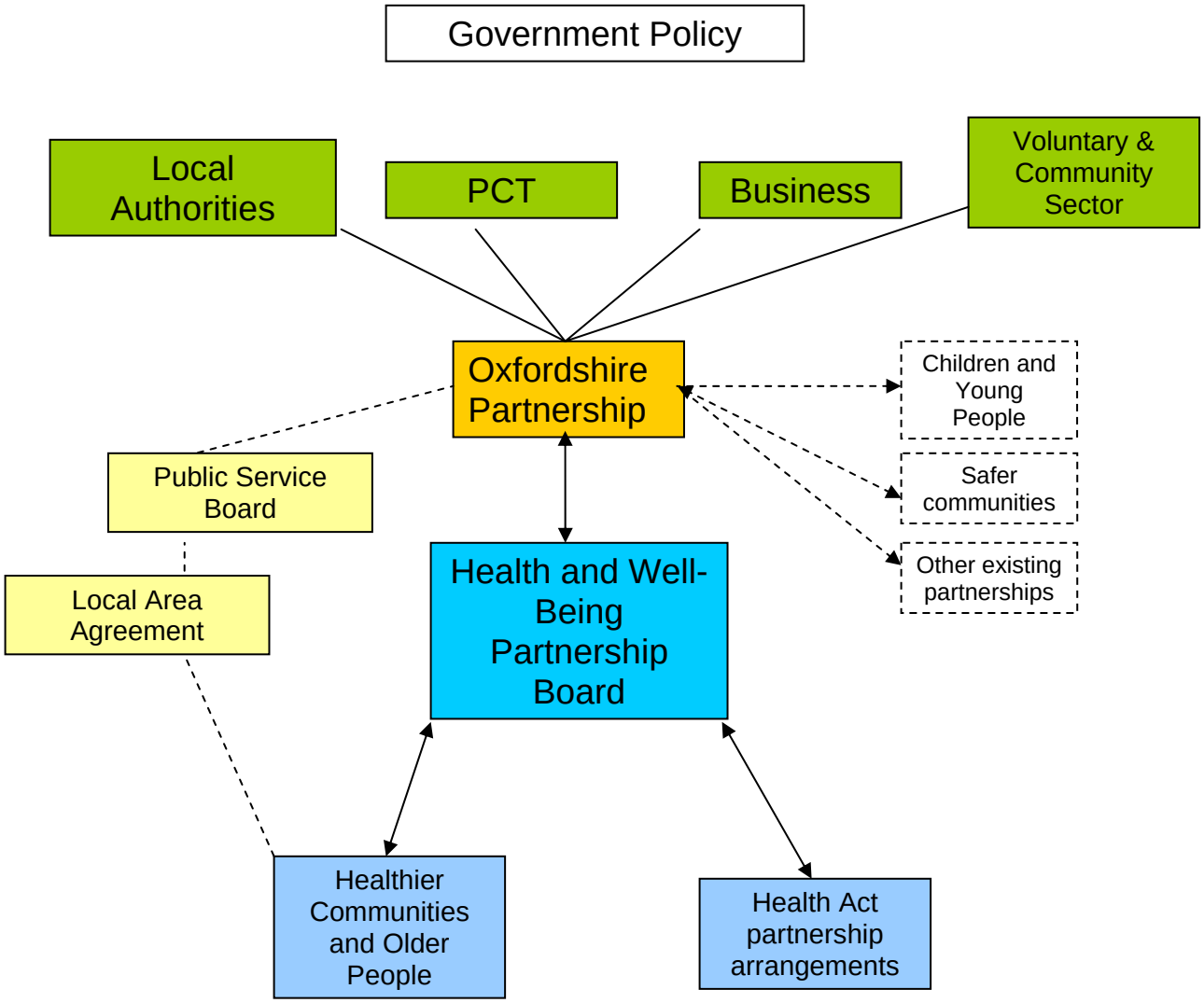
Reporting and Governance arrangements

The Board will be subject to the Governance arrangements agreed by the Oxfordshire Partnership Steering Group.

The Health and Well-Being Partnership Board will not have executive power of its own but will discharge its responsibilities by means of recommendations to the relevant partner agencies to act in accordance with their own discretion within their own respective powers and duties.

These terms of reference do not imposes on any of the participating bodies any financial or other commitment upon, or imply any derogation from, any responsibility in respect of services for the population of Oxfordshire.

Structures


Government Policy
Local Authorities
PCT
Business
Voluntary & Community Sector
Oxfordshire Partnership
Children and Young People
Safer communities
Other existing partnerships
Public Service Board
Local Area Agreement
Health and Well-Being Partnership Board
Healthier Communities and Older People
Health Act partnership arrangements