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**DIRECTOR OF
PUBLIC HEALTH
FOR OXFORDSHIRE**

**ANNUAL REPORT
III**

Reporting on 2008-2009

Recommendations for 2009-2010

SUMMARY

This is the third Annual Report by a Director of Public Health for Oxfordshire (jointly appointed by the NHS and the County Council). The recommendations are made for all organisations in Oxfordshire and for the public.

The aims are simple:

1. To report on progress made in the last year and set out challenges for the next year
2. To galvanise action on five main threats to the future health, wellbeing and prosperity of Oxfordshire

The five main long-term threats are:

- Breaking the cycle of deprivation
- An ageing population – the “demographic time bomb”
- Mental health and wellbeing: avoiding a Cinderella service
- The rising tide of obesity
- Fighting killer infections

There is an emphasis throughout this report on 2 important issues:

- The impact of the credit crunch and the recession
- The importance of carers

Progress will be monitored in future reports. Your comments are welcome as long-term success will depend on achieving wide consensus across many organisations.

Please direct comments to: ruth.fenning@oxfordshirepct.nhs.uk

I hope you enjoy the report and act upon it.

Dr Jonathan McWilliam
Director of Public Health for Oxfordshire
March 2009

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INTRODUCTION

What is the purpose of a Director of Public Health's Annual Report?

The purpose of a Director of Public Health is to improve the health and wellbeing of the people of Oxfordshire. This is done by reporting publicly and independently on trends and gaps in the health and wellbeing of the population in Oxfordshire and by making recommendations for improvement to a wide range of organisations.

The role of the Director of Public Health is to be an independent advocate for the health of the people of Oxfordshire.

The Director of Public Health's Annual Report is the main way by which Directors of Public Health make their conclusions known to the public.

This is the third Annual Report by a Director of Public Health appointed jointly by local government and the NHS. This report attempts to build on the momentum generated by the first two which were generously received by a wide range of audiences.

What is the thrust of this particular Annual Report?

This report aims to keep the spotlight firmly on the five main long term threats to public health by reporting on progress made in the last year and by making recommendations for next year. The main threats are:

- Breaking the cycle of deprivation
- An ageing population – the “demographic time bomb”
- Mental health and wellbeing: avoiding a Cinderella service
- The rising tide of obesity
- Fighting killer infections

There is an emphasis throughout this report on two critically important areas:

- The impact of the credit crunch and the recession
- The importance of carers

Public Health – everyone's business

Good health and wellbeing are not created in a vacuum. Good health is closely related to a wide range of factors such as employment, quality of neighbourhoods, quality of schools and having a part to play in society. These factors are, in turn, linked to issues of housing, skills and employment and all contribute to the general economic prosperity of the county. **In addition, to make a difference, it is necessary to focus on the same topics for a number of decades to make sustained change.** For these reasons, the recommendations made in this report are

long-term, wide-ranging and are not confined to traditional areas such as health services and social care.

The Contents of this Report

The first chapter takes an overview of general progress made during the last year. The following five chapters concentrate on progress made on the five major challenges for health in Oxfordshire. Recommendations for improvement are made at the end of each chapter.

Progress against recommendations will be reported each year and, in this way, this document has been designed as a tool to be used. I hope you enjoy it and act on it.

Dr Jonathan McWilliam
Director of Public Health for Oxfordshire

March 2009

CHAPTER 1: Progress Report for 2008/9: A Public Health Balance Sheet

This section highlights the year's main highs and lows for Public Health in Oxfordshire. The chapters which follow deal with the 5 main long term threats in detail.

Credits on the Balance sheet: Evidence of improving public health.

1) Obesity Falls in Schoolchildren

This year's cohort of school children has slightly lower levels of obesity than last year's. Oxfordshire's results were slightly better than national results (see Chapter 5).

2) Adults exercise more

Our best measurements show that exercise levels in adults have crept up by a percentage point over the year. If this becomes a trend it will result in significant benefits to health.

3) Hospital Infections are falling

Infections caused by Clostridium Difficile (C.Diff) have continued to fall during the year thanks to tighter control and better basic hygiene. Levels of Methicillin Resistant Staphylococcus Aureus (MRSA) were held at last year's levels. (See Chapter 6)

4) Oxfordshire is Prepared for a Flu Pandemic

A recent audit showed that Oxfordshire is judged as well prepared for a flu pandemic. This is a tribute to all organisations working closely together, nonetheless there is still room for improvement.

5) Immunisation services have been overhauled

Immunisation is probably the most effective public health intervention of all. During the year the computer system managing immunisations has been overhauled. We now have much more accurate information and can target children who have missed some immunisations. Extra nurses have been brought into the County to help and private schools are now fully included.

6) We have a credible Alcohol Strategy (at last)

A much improved alcohol strategy was launched during the year which targets Oxfordshire's priorities such as young people drinking. This is good news. Progress will need to be monitored closely as alcohol problems are on the brink of becoming a 6th main gap in the county's public health. A close watch will be kept to monitor progress during 2009/10. Two main issues need to be resolved, firstly clarification of the role of the Drug and Alcohol Action Team (DAAT) in championing alcohol issues and secondly better information on health risks for the adult frequent drinker.

7) Lining up the battleships

Good public health requires focus, stability, a long term vision and **the concerted action of organisations and individuals**. In last year's report joining up the efforts of

all organisations was likened to aligning scattered battleships into a single fleet with a single purpose.

Good progress has been made to line up the battleships better during 2008/09. Examples include:

- Publication of 'Oxfordshire 20:30' as a multi-agency strategy.
- Deepening of financial agreements between PCT and the County Council.
- Stronger partnerships between District Councils and the Public Health Directorate.
- The work of the Health & Wellbeing Partnership to prioritise older people, obesity and the mental health.
- The Children's Trust beginning to grapple with deprivation.
- The Health Overview and Scrutiny Committee acting as watchdog for ambulance services and for the demographic challenges faced by Oxfordshire.
- The PCT and County Council agreed to 'pool' £45 million to spend jointly on mental health services.

This work is vital. It will however be under threat during 2009/10. This could act as a threat to the public health during 2009/10 and will need to be monitored closely because of the recession. **The recession will squeeze public sector spending and this in turn will tend to make organisations retreat behind financial barricades and narrow their concerns to 'core business' rather than 'joint business'.**

Debits on the Balance sheet: Evidence of worsening Public Health

1) Inequalities Widen

Each year we compare death rates in our most deprived and least deprived wards in Oxfordshire. The 'gap' between the most deprived and least deprived gives us a useful measure: the 'inequalities gap'. We aim to narrow this gap year on year by improving the health of the most deprived. During 2008/09 the gap has widened slightly. This isn't the easiest indicator to interpret, but it does show that we have no room for complacency in the fight against inequality in our County.

2) The credit crunch and the recession

We have yet to see the full impact of the recession. Each chapter of this report points out the likely effects on health and wellbeing in Oxfordshire. Previous recessions indicate that in the end it is the most vulnerable who suffer the most and who bear the longest lasting effects. As pointed out above the resulting squeeze in public spending will reduce the room for manoeuvre of public bodies and this in turn will tend to put a brake on the creative joint work so necessary for good public health. **Traditionally services aimed at preventing problems, promoting health and detecting early disease have been the first to be squeezed.** We will need a strong resolve to ensure this does not happen over the next 5 years.

3) Teenage Pregnancy levels rise

The latest figures show that Oxfordshire's teenage pregnancy rates have risen and continue to worsen. The county average is low, but there are clear 'hotspots' where rates are high (see Chapter 3). We have invested in new services and have targeted the hotspots but we still need to do more to solve the problem.

4) Persisting Inequalities in GCSE results

We have yet to make a lasting difference to the inequalities which our GCSE results show up starkly. Good work has begun but Chapter 3 highlights in detail the challenges we still face. Results in parts of Oxford City and in students from some black and ethnic minority communities are particularly concerning.

5) Focus on deprivation in parts of Oxford City and Banbury

The problems listed above all point to a single conclusion: we must target our efforts to reverse the longstanding pockets of deprivation found in Oxfordshire, particularly in Banbury and Oxford City.

Chapter 2: Older People and the Demographic Time Bomb: The Need to go Further, Faster

Why does it matter?

The growth in the number of older people in Oxfordshire is now universally accepted as one of the major challenges to the wellbeing of this county. The reasons for this are well worth repeating. They are:

1. The **number** of older people is increasing, particularly over 85s.
2. The **proportion** of older people in the population is increasing. The working population will be increasingly stretched to fund public services for the retired.
3. The increase will be uneven across the county. By 2029 people aged 85+ will increase in number by around 150% in Cherwell, Vale and West Oxfordshire, by around 125% in South Oxfordshire and by around 70% in Oxford City. (See the table below).
4. The impact on services will be severe. The current range of services we provide will simply not be affordable. The recession will make matters worse.
5. Because the proportion of younger people in Britain is falling compared with older people, demand for informal care by older people is predicted to exceed supply within the next ten years – by 2017.

Population numbers and projections are set out in the table below:

Table 1: Population Projections for Older People in Oxfordshire 2004-2029

Geographical Area	AGE 65+			AGE 80+			AGE 85+		
	Pop in 2004 (1,000s)	Pop in 2029 (1,000s)	%age Increase 2004 to 2029	Pop in 2004 (1,000s)	Pop in 2029 (1,000s)	%age Increase 2004 to 2029	Pop in 2004 (1,000s)	Pop in 2029 (1,000s)	%age Increase 2004 to 2029
Cherwell	18.8	34.9	85.6%	5.1	11.1	117.6%	2.2	5.5	150.0%
Oxford City	17.2	23.0	33.7%	5.4	7.5	38.9%	2.3	3.9	69.6%
South Oxfordshire	20.5	32.5	58.5%	5.8	11.5	98.3%	2.6	5.8	123.1%
Vale of White Horse	18.8	29.4	56.4%	5.2	10.6	103.8%	2.2	5.4	145.5%
West Oxfordshire	16.2	28.0	72.8%	4.7	10.1	114.9%	2.1	5.2	147.6%
Oxfordshire	91.5	147.8	61.5%	26.2	50.8	93.9%	11.4	25.8	126.3%

Source: Office for National Statistics: Sub-national population projections based on 2004 mid-year estimates these show what the population will be in the future, given the current trends

What is the solution?: The 5 point blueprint

The blueprint for Oxfordshire must contain these five elements:

1. Bringing all statutory services together to move in a single direction, increase clout and give better value.
2. Encouraging prevention through:
 - Preventing illness before it starts (e.g. via stop-smoking services)

- Preventing unnecessary admission for people with existing problems
 - Reducing unnecessary referrals to hospital and finding community alternatives
3. Reducing unnecessary treatments once in hospital
 4. Valuing and supporting informal carers
 5. Helping local communities to help themselves

Overview of Progress Made in the last 2 years

OPINION: Progress has been made during 2007/09, but compared with the size of the problem: progress is still too slow and lacks sufficient senior-level focus.

It is fair to acknowledge that this is a difficult and thorny issue. There are no easy off-the-shelf solutions to be found elsewhere in the country and soundings taken from neighbouring counties show that few have strong enough relationships to attempt this work. In Oxfordshire we have certainly reached the starting line, as the following facts show:

1. The Health and Wellbeing Partnership has selected this topic as one of its three main priorities.
2. Work has begun, though slowly, to group together the work of statutory and voluntary sectors on older people. We have begun to get all our eggs into one basket.
3. Making budgetary provision for demographic growth is becoming routine in the County Council and the PCT.
4. The County Council's Health Overview and Scrutiny Committee and Social Care Scrutiny Committees have worked together to produce an important review of demographic issues across the county. This review underlines the fact that we have no choice but to seek radical change. This report (produced by a cross-party group of County and District Councillors) usefully underlined the main problems. These included:
 - The need to understand and value older people in the communities where they live.
 - The huge contribution made by informal carers.
 - The need to prevent ill health and maintain independent living.
 - The need to improve access to services and their financial underpinnings.
 - Above all the need for statutory and voluntary agencies to work together in partnership.
5. The PCT and County Council have worked well during 2008/09 to avoid disputes about the large joint budgets they hold for continuing care. The development of trust through risk-sharing agreements for our joint budgets will be critical to joining up our services.

Insufficient progress

Despite the difficulties and barriers we need to make increasingly speedy and focused progress as time is not on our side. Progress is needed in the following areas:

1. Clarifying the 'map' of services for older people, both statutory and voluntary. We currently have an 'alphabet soup' of programmes and initiatives. These are all interconnected but do not have a common driving force behind them. We need to clarify existing work so that we can **set a clear local direction for the County**.
2. Because we do not yet have an absolutely clear view of the direction we wish to go in we have been unable to **set clear outcome measures** for older people. This needs to be a priority.
3. We have made some progress in **grouping together preventative services** but more focus is needed to bring together a coherent programme of work.
4. Tentative work has begun to try to **support communities to use their own resources** to help older people. This work also needs to be brought together as a tightly managed workstream.
5. **Support for Carers**. The main gaps are highlighted in the following section.

The importance of carers and their need to be better supported

Down the ages vulnerable older people have turned for support first to their families and friends. When this fails, charities and the state have stepped in with varying degrees of success - as Almshouses, the Poor Laws and Workhouses attest.

Recent years have seen the State value carers explicitly through a series of Carers Acts (1995, 2000, 2004) and a clutch of White Papers and Policy Documents. These Acts have clarified the rights of carers and placed duties on local government to assist carers directly. This has been done for two main reasons:

1. A humanitarian response to the plight of many carers
2. A pragmatic response - carers are rightly seen to be shoring up social and health care services and budgets. It is in the interest of everyone to strengthen the protection and support they receive.

The truth is simple: without carers, current health services and social services would collapse.

In Oxfordshire in 2009 the Institute of Public Care estimated that there are 56,000 carers of all ages (around one in 10 of the population) rising to 64,000 by 2029 in line with the demographic time bomb. In addition Wittenberg estimated that the demand for informal care by older people specifically will exceed supply by 2017¹. **Thus we are facing a 'time bomb within a time bomb': our most vulnerable older people are increasing in number as our capacity to care for them dwindles.**

¹ ¹ *Wittenberg et al 2007 and Pickard et al 2007*

For these reasons, caring for our carers really is a top priority. So what can be done? A number of immediate gaps in supporting carers for older people are evident. The first step to improving matters during 2009/2010 should be to clarify and improve the NHS's contribution. The PCT lacks a comprehensive carers' strategy to add into joint work across the County. A strategy would include:

- Strengthening the GP's role in identifying carers and championing their needs
- identifying current money spent and investment over time in support of carers
- strengthening the NHS's contribution to the Joint Carer's Strategy

Recommendations

Recommendation 1

The Health and Wellbeing partnership, through the Director for Social and Commissioning Services and PCT Director of Commissioning, should produce a clear map of services for older people in Oxfordshire and a clear strategic direction for each component of those services by the end of March 2010.

Recommendation 2

The Health and Wellbeing Partnership, through the Director of Social Services and PCT Director of Commissioning, should have agreed clear outcome measures for each component of older people's services by the end of December 2009. These should include specific outcome measures for:

- approaching old age in good health with minimum disability
- early detection and early treatment of diseases and disability
- the support of wider society for older people including support for carers
- specific health and social care services
- end of life care
- use of a community's own resources

Recommendation 3

During 2009/10 Oxfordshire County Council and Oxfordshire PCT should appoint a senior, dedicated, joint commissioner for older people and healthy ageing.

Recommendation 4

Oxfordshire PCT, through its Medical Director and Director of Public Health, should review and improve its strategic work on carers as highlighted within the text above. This should include the identification of direct support for carers, strengthening the role of general practice, clarification of investment and making a full contribution to the existing carers' strategy for Oxfordshire. Progress should be evident and quantifiable by March 2010.

CHAPTER 3: Breaking the Cycle of Deprivation

Why does it matter?

There remain areas of stubborn inequality in this county where poor life prospects and poor health are handed down from one generation to the next.

Statistics show that there are specific areas of the County which experience poor school attainment, excessive ill health, higher crime rates, higher levels of teenage pregnancy, higher unemployment and, ultimately, an early death.

The longer term impact of the credit crunch and recession will fall most heavily in these areas.

Paying for these problems through additional public services adds to the drain on the public purse for the whole county: **This is an issue of concern for everyone.**

Tackling the Issues:

The Oxfordshire Approach. We have agreed to tackle this problem on two fronts

1. A county wide approach to breaking the cycle of deprivation in children, young people and families led by the Children's Trust, focussing on **Banbury, Oxford City, Abingdon/Berinsfield and affected rural areas.**
2. A specific focus on the most deprived wards of **Oxford City and Banbury** involving all organisations led by the Oxfordshire Partnership.

Overview of Progress Made in the last 2 years

OPINION: The problem has been recognised, some promising action has begun, but we have not yet made a lasting difference.

1. Breaking the cycle of deprivation in children, young people and families

Examples of useful initiatives begun during the last year include the following:

- The County Council's drive to improve school results among children continues. This includes efforts to target extra help to children who are less well off (e.g. those in receipt of free school meals), and those at risk of doing less well when they transfer from primary to secondary school.
- Increased investment in child health services for schools, focused on teenage pregnancy hot spots. This is the equivalent of seven new school health nurses.

- Increased investment in services for vulnerable young people who are at risk of offending; equivalent to one and a half new health workers attached to three youth offending teams.
- A Confidential Inquiry was held to improve understanding of poor performance in teenage pregnancy. The main result of this has been more direct focus on enduring hot spots in Oxford City and Banbury.
- A recent restructure within the Children, Young People and Families Directorate of Oxfordshire County Council has led to the setting up of three new multidisciplinary service 'hubs' for the county (North, Central and South). These aim to get better results and improve partnership working (for example, between schools, youth workers, school health nurses and health visitors) and to fine-tune services more closely to local needs.

The Facts about children and deprivation in detail

It is vital that we measure these indicators in detail each year to monitor progress. .

Measure 1: National Comparisons: the Child Wellbeing Index

The Child Wellbeing Index was published in January 2009 (www.communities.co.uk). It compares local authorities in England and looks at data covering health, education, crime, housing, the environment, overall wealth and children in need. Each local authority is given an overall score and ranked. The results are as follows:

- **Oxfordshire is 18th best out of a hundred and forty-nine councils**
- West Oxfordshire is 15th best among 354 district councils
- Vale of White Horse is 26th best among 354 district councils
- South Oxfordshire is 33rd best among 354 district councils
- **Cherwell is a 140th out of 354 district councils**
- **Oxford City is 259th out of 354 district councils**

If this data is read together with the child poverty data which follows, the stark difficulties facing Oxfordshire become apparent.

The difficulties we face are:

1. The county average is good, **sufficiently good to mask inequalities** unless they are looked for carefully, and sufficiently good to deny Oxfordshire additional funding for deprivation.
2. **There are marked differences across the County** with West Oxfordshire, Vale and South Oxfordshire scoring in the top ten per cent of all districts nationally while Cherwell occupies a middle-ranking position and Oxford City languishes in the bottom third of districts. This position should not be tolerated within a county as affluent as Oxfordshire.
3. If we look very closely, **even these good scores hide some very small pockets of rural deprivation.**

4. Going into more detail, looking at the child poverty data below, it can be seen that there are **ten small areas roughly within the bottom ten per cent of all areas in England with high child poverty.** Nine of these are in Oxford City and one is in Banbury.

Throughout this section, again and again, our attention will be drawn to the need to focus and re-focus efforts on deprived areas of Oxford City and Banbury.

Measure 2: National Comparisons: child poverty

The data in the table below ranks small areas in England using uptake of a variety of state benefits as a measure of child poverty.

Table 2. Deprived Small Areas within Oxfordshire in terms of income deprivation compared with All Small Areas in England: 2007

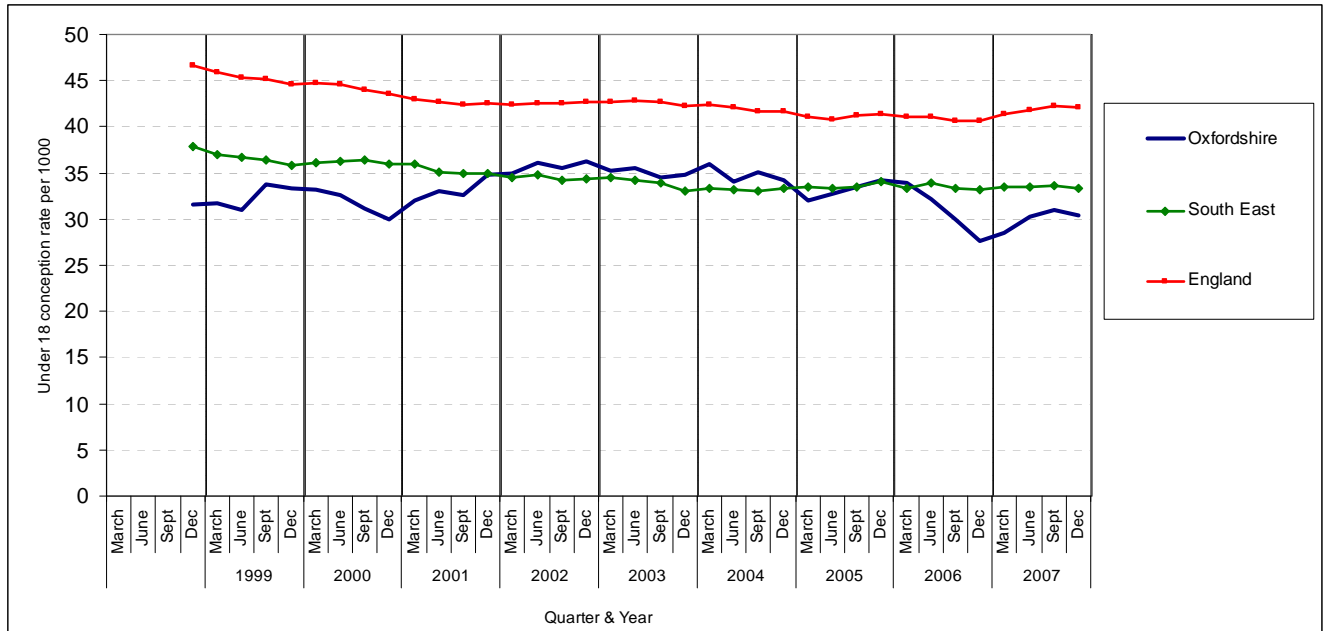
DISTRICT NAME	AREA NAME	DEPRIVATION RANK OF ALL AREAS IN ENGLAND (where 1 is most deprived and 32,482 least deprived)	RANK AS %age OF ALL AREAS IN ENGLAND
Oxford	Barton & Sandhills	1012	3.1% from bottom
Oxford	Cowley Marsh	2283	7.0% from bottom
Oxford	Northfield Brook	2440	7.5% from bottom
Oxford	St. Mary's	2579	7.9% from bottom
Oxford	Rose Hill and Iffley	2700	8.3% from bottom
Oxford	Churchill	2851	8.8% from bottom
	Banbury, Grimsbury and Castle	3018	9.3% from bottom
Cherwell	and Castle	3018	9.3% from bottom
Oxford	St. Clement's	3059	9.4% from bottom
Oxford	Blackbird Leys	3122	9.6% from bottom
Oxford	Northfield Brook	3334	10.3%

This table demonstrates vivid inequalities in this county with high levels of deprivation in Oxford City and Banbury.

Measure 3: Teenage conceptions

Information on teenage conceptions is reported as the rate of conceptions per 1000 women aged 15 – 17 years². This enables us to compare ourselves against national and regional trends and against our statistical neighbours.

Figure 3 Quarterly teenage pregnancy rates in Oxfordshire, the South East Region and England, 1999-2007



Source: Teenage Pregnancy Unit

This chart shows that overall levels of teenage pregnancy are lower than the national and regional average. Results in 2006 were good but 2007 has shown increased rates once again. Oxfordshire remains a national outlier for poor performance because our rate of improvement is too slow.

Teenage Pregnancy Hot Spots

Once again, relatively low county averages mask smaller ‘hotspots’. It is not difficult to identify and target these hotspots. It is no surprise that parts of deprived Banbury and Oxford City have the highest rates although Witney also gives cause for concern. The table below shows the small areas in the county with the highest rates of teenage conception.

² The teenage conception rate is calculated by dividing the number of conceptions in young women aged under 18 years by the number of young women aged 15 – 17 years, multiplied by 1000.

Figure 4. Oxfordshire wards with highest teenage conception rate (more than 60 conceptions per 1000 women aged 15 – 17 years)

Locality	Wardname	2004-06 rate
Banbury	Banbury Grimsbury and Castle	113.59
Oxford	Lye Valley	93.33
Oxford	Littlemore	90.30
Banbury	Banbury Neithrop	86.96
Oxford	Northfield Brook	83.54
Oxford	St Mary's	80.19
Oxford	Iffley Fields	78.69
Banbury	Banbury Ruscote	74.47
Oxford	Cowley	74.07
Oxford	Cowley Marsh	69.77
Witney	Witney Central	69.77
Banbury	Banbury Hardwick	69.07
Oxford	Rose Hill and Iffley	68.05
Brize Norton	Brize Norton and Shilton	63.83
Oxford	Blackbird Leys	63.38

Source: NHS Oxfordshire Decision Support

Measure 4: Breastfeeding

Breastfeeding is key to giving children a good start in life. If we were to reduce the gaps between the best and the worst wards in the county it would make a valuable contribution to breaking the cycle of deprivation. The table below shows progress made in 2007/08

Figure 5 Breastfeeding Initiation rates in Oxfordshire 2003-04 to 2007-08

Locality	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
All Wards	76.0%	75.3%	78.2%	77.2%	78.1%
30 least deprived	80.6%	76.4%	81.7%	78.3%	81.9%
30 most deprived	68.9%	69.7%	71.4%	76.7%	72.6%
Inequality gap	11.7%	6.7%	10.3%	1.6%	9.3%

Source: NHS Oxfordshire Decision Support

The 'inequality gap' has widened by almost 8% in one year. This represents inadequate progress.

Measure 5: Smoking in Pregnancy

Minimising the number of pregnant smokers is important for the health of mother and baby. Narrowing the gap between the best and worst wards is critical. The figures for the last year are shown below.

Figure 6 Rates of Smoking in Pregnancy in Oxfordshire, 2003/06 – 2005/08

Locality	2003/2006	2004/2007	2005/2008
All Wards	9.6%	10.8%	10.1%
30 least deprived	5.5%	7.8%	6%
30 most deprived	14.2%	13.8%	14.9%
Inequality gap	8.8%	6.0%	8.9%

Source: NHS Oxfordshire Decision Support

Despite considerable targeting the 'inequality gap' has widened slightly. Renewed efforts are required in this area.

Measure 6: Obesity

Chapter 5 is dedicated to obesity and contains more detail. The table below shows Oxfordshire's progress in fighting obesity in school children with national figures in brackets.

Figure 7 Percentage of Oxfordshire children in Reception Class and Year 6 who are overweight or obese, 2007 and 2008, compared to national rates (in brackets)

	2007		2008	
	Reception	Yr 6	Reception	Yr 6
Overweight	12% (13%)	13% (14%)	11.1% (13%)	13.9% (14.3%)
Obese	8% (10%)	15% (17%)	7.2% (9.6%)	15.4% (18.3%)

Source: NHS Oxfordshire Decision Support

Overall Oxfordshire has outperformed national figures by a greater margin than in the previous year. The proportion of overweight and obese children in reception year fell. This is an encouraging result.

Measure 7: Educational Attainment

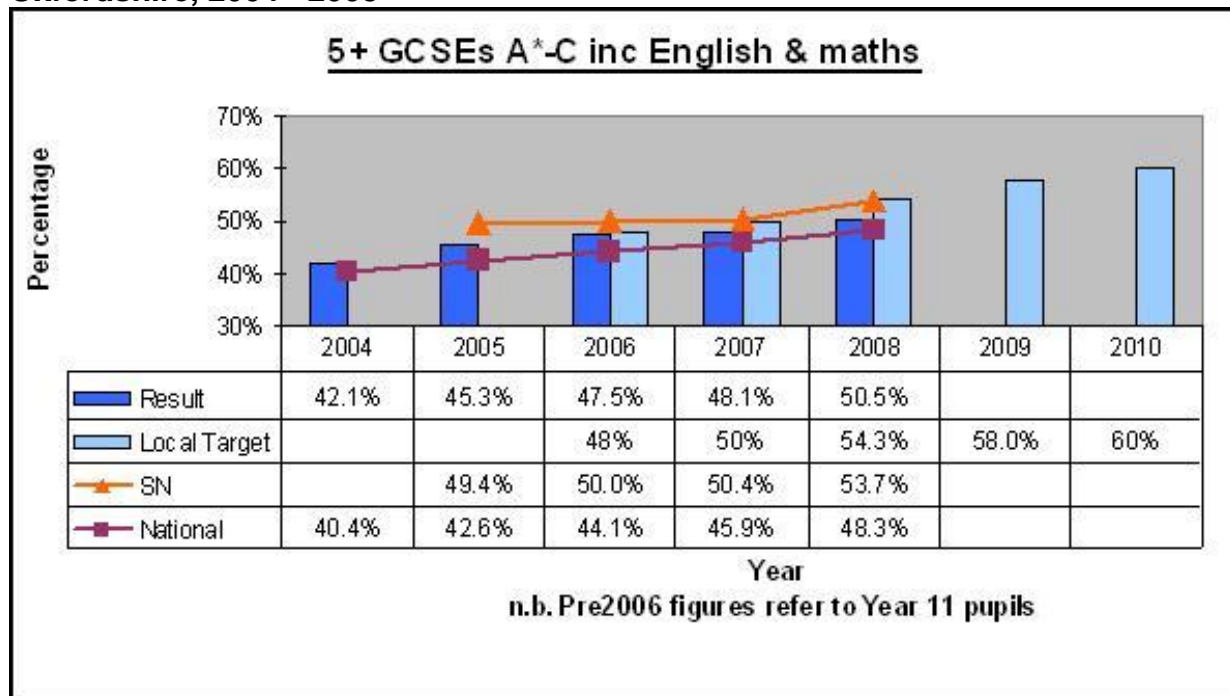
It is important that educational attainment is carefully monitored each year. Educational attainment is a useful summary indicator of underlying problems in a society. **All organisations have some responsibility for remedying this situation**

In this section the main comparator used is GCSEs achieved by our 15-16 year olds at Key Stage 4 (KS4) of the National Curriculum. The specific measure is National Indicator NI 75 - the number of pupils achieving five or more GCSEs at A*-C including English & Maths (5+ GCSEs A*-C inc E & M).

a. Overall attainment compared with the national average

2008 data shows that there has been a gradual improvement in Oxfordshire since 2005. The proportion of pupils achieving 5+ GCSEs A*-C inc E & M in Oxfordshire increased by 2.4% this year. Overall performance has increased above the national rates of improvement for the past four years. However 2008 performance remains well below the local target of 54.3% and given our relative prosperity, we should be performing better. This indicator remains a cause for concern. We need to monitor this situation closely and look for improvement in September 2009. In precise terms, the percentage of pupils achieving 5 or more GCSE A*-C inc E & M has improved from 48.1% in 2007 to 50.5% in 2008. At the same time, the national rate increased from 45.9% in 2007 to 48.3% in 2008.

Figure 8 Percentage of students achieving 5+ GCSEs A*-C inc E&M in Oxfordshire, 2004 - 2008



Source: Oxfordshire County Council Performance Team

b. Comparison with statistical neighbours

This information allows us to bench mark the attainment of our young people against similar local authorities. Oxfordshire performs poorly in comparison to similar counties. The gap between Oxfordshire and its statistical neighbours decreased steadily from 4.1% in 2002 to 2.3% in 2007. However in 2008 this gap has widened to 3.2%. Effort will be required to prevent further deterioration and turn the situation around.

c. Inequalities in attainment between schools

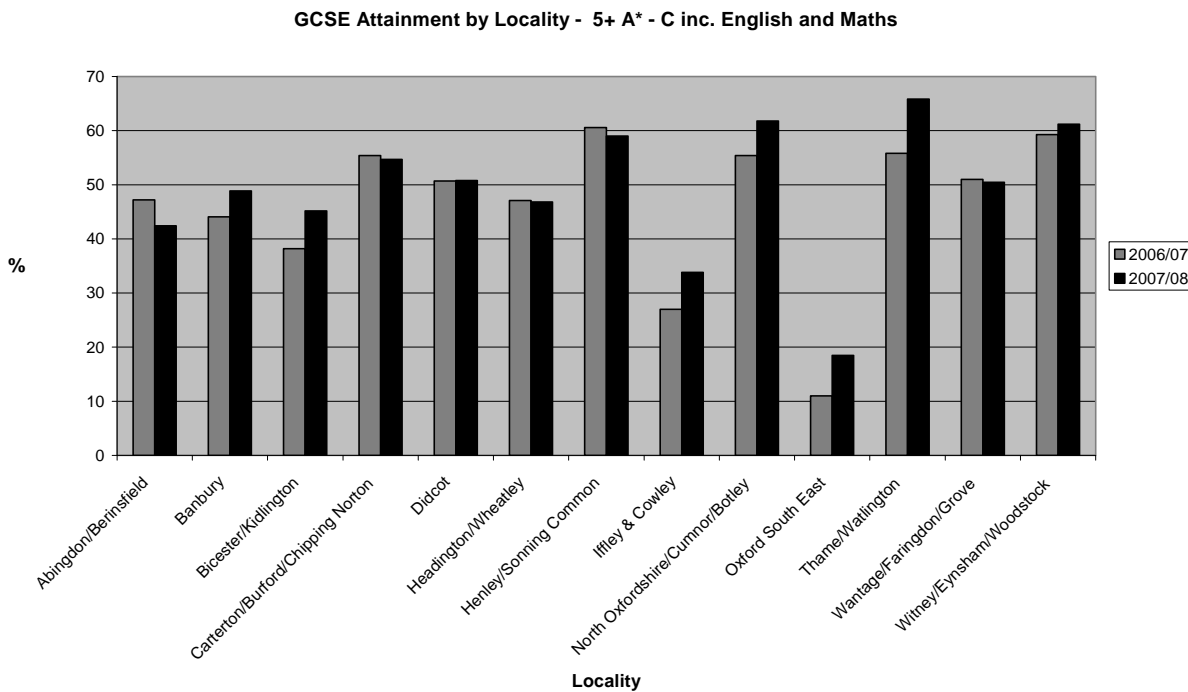
The range of pupils achieving 5 or more GCSEs A*-C inc E & M in 2008 varied widely across the county. A familiar picture of lower levels of attainment in schools in deprived areas, particularly in Oxford City, is apparent. For example, in 2008 almost 73% of pupils at Bartholomew's School in Eynsham achieved 5 or more GCSEs A*-C inc E & M (an excellent result) compared with only 18.5% at Peers School in Oxford City. In 13 (38%) schools less than 50% of pupils achieved 5 or more GCSEs A*-C inc E & M. 12 schools (35%) were below the national average and 14 schools (41%) were below the county average for achievement of 5+ A* - C inc E & M

These results need to be used to target services and resources by all organisations until matters improve.

d. Inequalities in attainment by locality

The overall shape of GCSE results achieved by pupils across the 13 children's localities in 2008 is similar to 2007, although Banbury and Oxford South East have seen a very welcome increase in the percentage of pupils achieving 5 or more A*-C grades by 5% and 7% respectively. It is too early to say whether this result is part of a sustained improvement but this may be one of the first fruits of targeting effort to improve attainment in deprived localities. **GCSE results achieved by pupils in Oxford South East and Iffley/Cowley localities remains markedly lower than the rest of the county.** The picture in the chart below shows very variable performance across localities. While some have done well, there has been no improvement or a fall in results in 6 localities. This is worrying given the national trend towards better results.

Figure 9 GCSE attainment in Oxfordshire by locality, 2006-07 and 2007-08

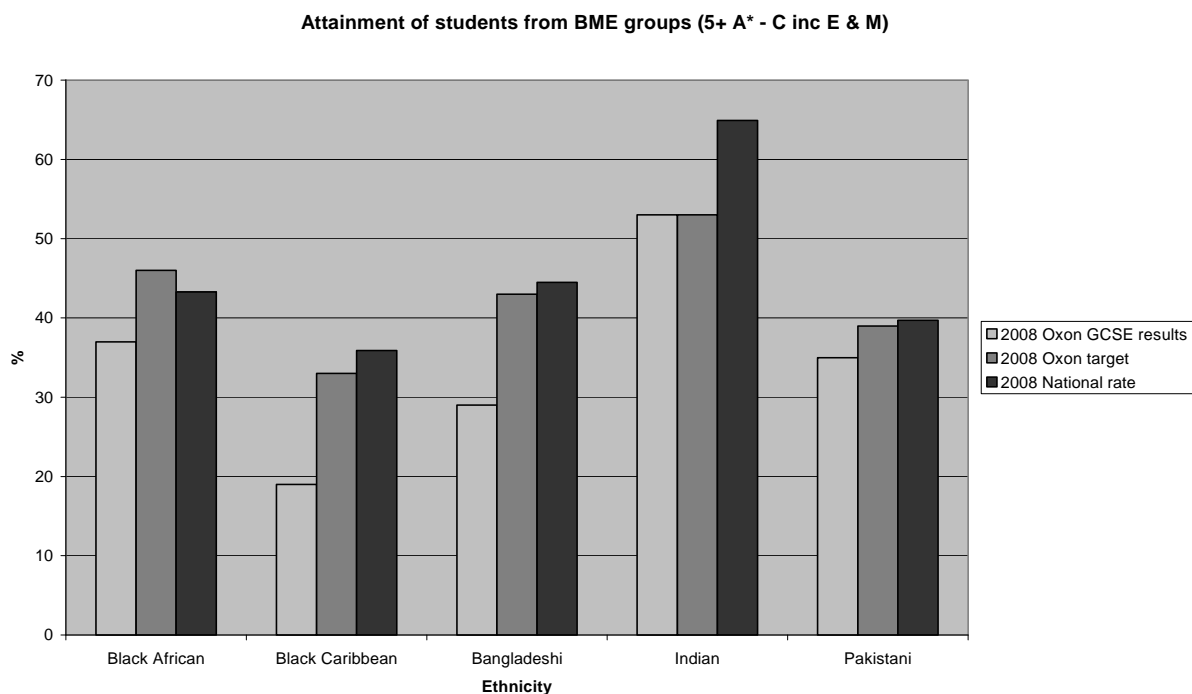


Source: Oxfordshire County Council Performance Team

e. Attainment in black and minority ethnic groups

We perform poorly on this measure in Oxfordshire. The chart below shows that for all pupils in Black and Minority Ethnic groups results in 2008 were worse than the national average. Only pupils from the Indian ethnic group met the Oxfordshire target. Active measures are being taken to improve this position. We will need to look critically at 2009 figures and take further action as a priority if needed.

Figure 10 GCSE targets and attainment in Oxfordshire for Black and Minority Ethnic Groups, 2008



Source: Oxfordshire County Council Performance Team

Recommendations for breaking the cycle of deprivation in children, young people and families

Recommendation 1

The Oxfordshire Children's Trust through the Director of Children, Young People and Families should draw together all existing work on 'deprivation and narrowing the gap' into a single comprehensive workstream.

This workstream should be highly visible in 4 places:

1. As a major section of the new Children & Young People's Plan to be produced during 2009/10.
2. As a major workstream of the Children's Trust commissioning sub-group.
3. As a major workstream of each of the new North, Central and South Partnerships.
4. In the PCT's Operational Plan for 2010/11 which should be identical with the Children & Young People's Plan.

Recommendation 2

Oxfordshire PCT and Oxfordshire County Council should take active steps to merge their commissioning of all children's services, through the Director for Children, Young People and Families and the PCT Director of Commissioning. The ultimate goal should be unification of all children's service commissioning under the umbrella of the Children's Trust. Concrete progress should be made by March 2010.

Recommendation 3

The Director of Public Health should take steps to improve the targeting of breastfeeding services so as to close the inequality gap by March 2010.

2. Breaking the cycle of deprivation: focus on Banbury and Oxford.

In last year's DPH Annual Report the case was made for agencies to pool resources and work together to tackle deprivation in specific parts of Oxford City and Banbury and recommendations were made to suggest how this might be done. It was felt to be particularly important for county and district local authorities, the Police and the PCT to work together with local people.

Only by combining our resources in this way do we have a chance of rooting out once and for all these pockets of deprivation in our county.

Overall Progress made since last year

OPINION: Progress has been slow but promising.

A very wide range of organisations and partnerships have accepted in principle that we must all focus on deprived parts of Banbury and the City. Detailed preparatory work has been carried out in both Cherwell and Oxford City and good contributions have been made by local authorities, the police and the PCT.

Despite this progress, we have now spent almost a year in conversation on this topic and we have yet to see concrete action on the ground. We are renowned for our ability to talk and analyse in Oxfordshire, but the jury is still out on whether we can carry this through into action. This will be particularly challenging as budgets tighten because of the recession.

The Oxfordshire Partnership wrestled with this issue in February 2009 and the following important points were discussed.

1. Do we have the necessary political will to focus the attention of all organisations within all areas of the county?
2. Focussing on any individual 'place' is always difficult for organisations because it cuts across the normal way of doing business. In other words it cuts across the current silos.
3. We do not have an agreed way of tackling these issues in partnership across the county and we do not have a ready made governance structure to support decision making.

Following a positive debate, the Oxfordshire Partnership charged the '5 Chiefs' (the Chief Executives of County Council, City Council, Cherwell District Council, Primary Care Trust and Police Chief Superintendent BCU Commander for Oxfordshire) to work together to find solutions to these problems and bring forward positive action to the next meeting in June 2009. In addition the Director of Public Health was charged with supporting this effort.

Recommendation for breaking the cycle of deprivation with a focus on Banbury and Oxford

Recommendation 1

The Oxfordshire Partnership should ensure that a positive way forward is found to tackle this issue by holding to account Oxfordshire PCT, Oxfordshire County Council, Oxford City Council, Cherwell District Council and Thames Valley Police. This should begin in June 2009.

Chapter 4 Mental health in adults: avoiding a Cinderella service

Why Does it Matter?

Last year's report explained why mental health matters. To recap:

- Mental health problems are common: **one in six of the adult population** has a mental illness at any one time. This could happen to any one of us.
- Mental health accounts for a quarter of all disease suffered at any one time.
- Mental health problems strike at economic productivity - nationally mental health problem costs £77 billion a year
- We need to work in partnership to tackle these problems. Factors such as the quality of the physical environment, poverty, inequality, social cohesion and economic prosperity all combine to cause or exacerbate mental health problems.
- There is a high social cost to the individual, their relationships, their families, the wider society and thus the economy: mental health problems affect us all.

In addition:

- The stress caused by the credit crunch and recession is likely to bring out additional mental health problems. In addition it will add extra stress to people with existing mental health problems. Job losses may strike particularly hard for this vulnerable group.

Overview of Progress made since last year

OPINION: Real progress has been made since during the last year. It is not yet sufficient. Effort must be maintained.

The Question and Answer List below gives a snapshot of progress made.

Key Question 1 Are the PCT and County Council giving adequate recognition and priority to mental health services and prevention in Oxfordshire?

Answer *Marked improvement has been made over the last year but more focus is still needed.*

Key Question 2 Have we clarified in this county who will deal with mental health problems?

Answer *Yes, we have agreed that:*

- *The Children's' Trust will tackle children and young people's issues.*
- *The Mental Health Strategy group will tackle problems in adults of working age.*

- *The Health and Wellbeing Partnership will tackle mental wellbeing and older people's mental health issues*

Key Question 3 Answer	Are we clear about our strategic direction? <i>Draft strategies exist for adults of working age and for mental wellbeing. Mental health in older people remains a gap</i>
Key Question 4 Answer	Have we made progress on Mental Wellbeing? <i>Yes. Good work has taken place throughout the year and this is a priority for the Health & Wellbeing Partnership. A 3 year action plan has been agreed.</i>
Key Question 5 Answer	Have we agreed outcome measures so that we know we will have made a difference? <i>No this remains a major gap</i>
Key Question 6 Answer	Are we clear about the coordination, organisation and governance of work on mental health? <i>Progress has been made. There has been a significant improvement during the year.</i>
Key Question 7 Answer	Have we agreed service specifications aimed at improving outcomes? <i>There are some but most have yet to be developed.</i>
Key Question 8 Answer	Do we have adequate senior leadership to take forward mental health issues as a whole? <i>This report identifies this topic as a gap.</i>
Key Question 9 Answer	Are we tackling specific vulnerable groups better? <i>A good start has been made working with the armed forces.</i>
Key Question 10 Answer	Have we aligned public sector money better? <i>Yes significant progress has been made to create a joint NHS and County Council pooled budget of around £45 million</i>
Key Question 11 Answer	Has sufficient emphasis been given to supporting carers of people with mental health problems? <i>This remains a gap with the NHS</i>

Comments on progress made and next steps

There is a wide consensus that 2008/09 was a good year for improving the profile of mental health issues across the county. Strategic groups working on mental health have done well to organise their work programmes better. The ground has now been cleared and foundations have been put in place.

We now need to keep the pressure on to build real service improvement and service change on these foundations.

A number of critical gaps still remain. These are:

- The need to agree clear outcome measures
- The need to improve senior leadership across the statutory sector for this care group
- The need to make real service change which makes a measurable difference to people's lives.

Last year's report warned against creating another false dawn for mental health. The dawn is now breaking and we must push through to the full daylight.

The recommendations below are designed to point the way forward to help us take these next steps.

Recommendations

Recommendation 1

Oxfordshire PCT as the lead commissioner for mental health is recommended to use its newly created post of joint mental health commissioner as the senior focal point for all aspects of adult mental health commissioning across the county during 2009/2010. This should ensure there is a smooth interface with mental health commissioning for older people. This arrangement should be agreed by the PCT Director of Commissioning and the County Council Director for Social and Community Services by September 2009.

Recommendation 2

The PCT Director of Commissioning should lead the production of clear, multiagency local outcome measures for mental health of adults of working age and the mental health of older people by the end of December 2009.

Recommendation 3

Particular emphasis should be placed on commissioning services for older people's mental health to ensure this does not fall between the two stools of work on either older people or mental health.

It is recommended that the PCT Director of Commissioning and the County Council Director for Social & Community Services ensure that there is a separate and comprehensive older people's mental health strategy agreed and signed off by the Health and Well Being Partnership as part of a strategic approach to older people in general by the end of March 2010.

Recommendation 4

Recommendations made about carers in Chapter 2 should also include those caring for people with mental health problems.

Chapter 5 The Rising Tide of Obesity

Why does it matter?

31 million adults in the UK are overweight or obese³. The number of obese people in England has tripled since the 1980's Oxfordshire is no exception. This is a long term battle we cannot afford to lose because:

- Obesity makes its impact in many ways. It causes long-term chronic diseases such as diabetes, stroke and heart disease; it causes mobility problems and saps mental well-being.
- Overweight and obesity are more common in people from lower socioeconomic and socially disadvantaged groups. Obesity makes the cycle of deprivation bite more deeply.
- In children, obesity can cause damaging psychological problems, but obese children are now also presenting with diabetes, high blood pressure and raised cholesterol levels. **In the worst case scenario, current levels of child obesity mean that today's parents could outlive their children**
- In 2007/08, 2 in 10 children measured in Oxfordshire schools (age 4-5) were either overweight or obese, this increased to 3 in 10 for children measured in year 6 (age 10-11)
- If current trends continue the annual cost to the local NHS of diseases related to obesity alone is estimated to rise by a staggering 24% in only six years.
- The increasing costs of treating this epidemic will be unaffordable in future years. Finding the money to pay for this in the public sector will be exacerbated by the long term effects of the credit crunch and recession.

Overview of Progress made in the last 2 Years

OPINION: A useful start has been made. We now need to step this up a level.

Progress has been made as follows:-

1. **Obesity is now a major priority** of the Health and Wellbeing Partnership and a County Obesity Strategy is in place.
2. **New ways of commissioning are in place:-**
 - Obese pregnant women are referred to Slimmer's World on the NHS.
 - The HENRY programme is targeting young children and families especially from deprived areas.

³ obesity is defined as a body mass index (BMI) of 30 or more. Body Mass Index is measured by weight in kilogrammes divided by height squared. Overweight is defined as BMI of 25 to 29.9

- Children aged 7-13 are being helped within their families through a new programme which is showing good results.
- GP's have referred 1,300 people for slimming on referral
- Health Trainers in Oxford and Banbury are supporting people to lose weight.
- Practice Based Commissioning GPs (GPs given budgets by the PCT to design their own services) are designing 'bespoke' weight management services in different parts of the county.

3. Partnerships are stronger

- Close partnership working between the District Councils and Oxfordshire PCT through the Oxfordshire Sports Partnership has drawn together local & regional funding to invest £1.2 million in physical activity over the next three years. The 'Get Oxfordshire Active' project (launched in January 2009) aims to increase adult participation in sport and active recreation by 1% each year.

4. Planning is improving

- A new plan to improve breastfeeding is almost complete, targeting disadvantaged areas.

The Importance of Measurements

Accurate measures of obesity in Oxfordshire show that we have no room for complacency. The figures for children in the 2007/2008 school year are:

- One in 14 children in reception year (aged 4-5) are obese rising to nearly 1 in 7 in year 6 (aged 10-11)
- Overall Oxfordshire has performed better than the country as a whole with encouraging slight falls in overweight and obese school children in the reception year

The full picture is set out below comparing National figures with Oxfordshire's.

Figure 11 Overweight and Obese Children in Oxfordshire and National 2006-08

	Overweight		Obese	
	Reception	Year 6	Reception	Year 6
2006/2007				
National	13%	14%	10%	17%
Oxfordshire	12%	13%	8%	15%
2007/2008				
National	13%	14%	10%	19%
Oxfordshire	11%	14%	7%	15%

Source: NHS Oxfordshire, Decision Support

We now have an accurate measure of obesity in children but we still have no accurate method of measuring levels of obesity in adult population. This is a serious gap.

Recommendations

Recommendation 1

The Health and Wellbeing Partnership should evaluate progress against the County Obesity Strategy by December 2009.

Recommendation 2

All public sector organisations should identify an obesity champion by December 2009. This would strengthen the multi-agency work that is needed across the County. This should be coordinated by Oxfordshire PCT through the Director of Public Health.

Recommendation 3

The Health and Wellbeing Partnership should ensure that true levels of obesity can be measured in Oxfordshire's adults by the end of March 2010. This work should be led by Oxfordshire PCT.

Chapter 6 Fighting Killer Diseases

Why does it matter?

Infectious diseases are set to make a come back in the Western world.

Old diseases are creeping back in new guises (TB), new diseases take us by surprise such as hospital superbugs, MRSA and Clostridium difficile (C.diff), and at the same time carelessness and complacency are making antibiotics less effective.

The more traditional methods of controlling disease need to be strengthened These are:

- Good surveillance and information
- Early identification and swift action
- Basic cleanliness, hand washing and good food hygiene.

This chapter reports on progress made against the biggest challenges currently facing Oxfordshire.

Overview of progress made in the last two years

OPINION: We are now better organised and have had some success (MRSA, C.diff and preparedness for the Flu Pandemic). But this topic requires constant vigilance and readiness.

Specific Diseases

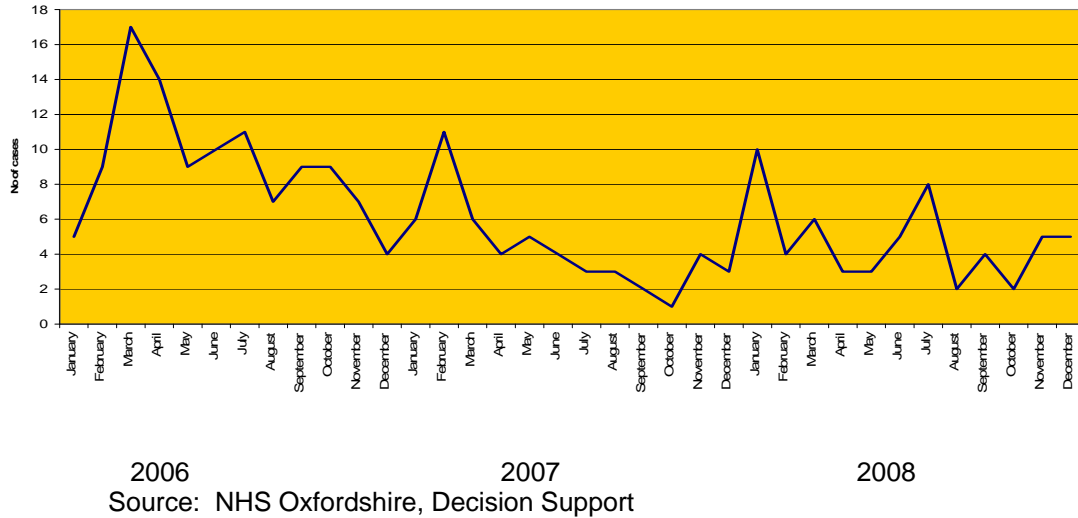
1. The Healthcare Associated Infections Methicillin Resistant Staphylococcus Aureus (MRSA)and Clostridium difficile (C.diff)

a. Methicillin Resistant Staphylococcus Aureus (MRSA)

MRSA is a bacterium commonly found on the skin. If it gains entry into the blood stream, (e.g. during surgery or other invasive procedures) it can cause blood poisoning. It can be difficult to treat as it is resistant to commonly used antibiotics.

This important yet preventable cause of sickness and death has been a central focus of infection control in hospitals over recent years. In 2008 our local Trusts maintained the substantial reduction seen from 2006 to 2007 but have not improved on this substantially. Further efforts are ongoing in the Trusts and in the coming year screening of patients on admission will allow us to detect the bacteria, treat it, and avoid spread. Increasing attention is also being given to MRSA infection occurring outside hospital through detailed investigation of all cases of blood poisoning and through taking measures to decrease the risk.

Figure 12. MRSA Blood Poisoning Monthly Reports for Oxfordshire Jan 2006-Dec 2008

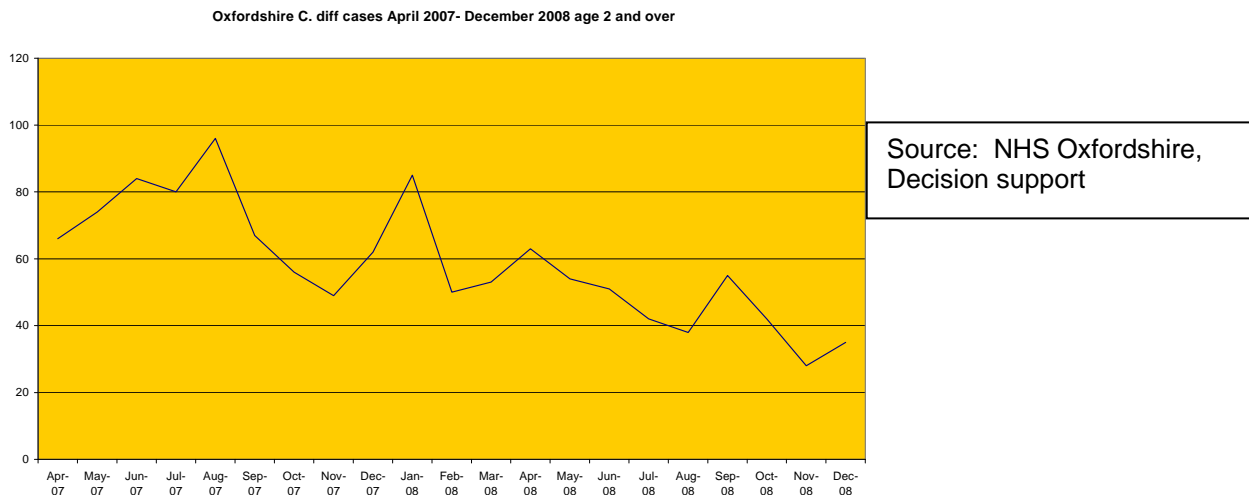


b. Clostridium difficile (C.diff)

Clostridium difficile is a bacterium that causes mild to severe diarrhoea and is a potentially life threatening condition. It is transmitted by spores from the infective diarrhoea surviving in the environment for long periods of time and being ingested. Prescribing of antibiotics is usually the trigger which sets off an infection.

Rates of C. diff have reduced throughout Oxfordshire over the last 2 years. This has been achieved through a combination of improved cleanliness in hospitals, rapid isolation of cases and minimising the use of broad spectrum antibiotics. New guidance to be implemented from the Department of Health, tougher targets for acute hospitals and targeting primary care prescribing are aimed at further reducing incidence of infections.

Figure 13 C diff Monthly reports for Oxfordshire, April 2007 – Dec 2008



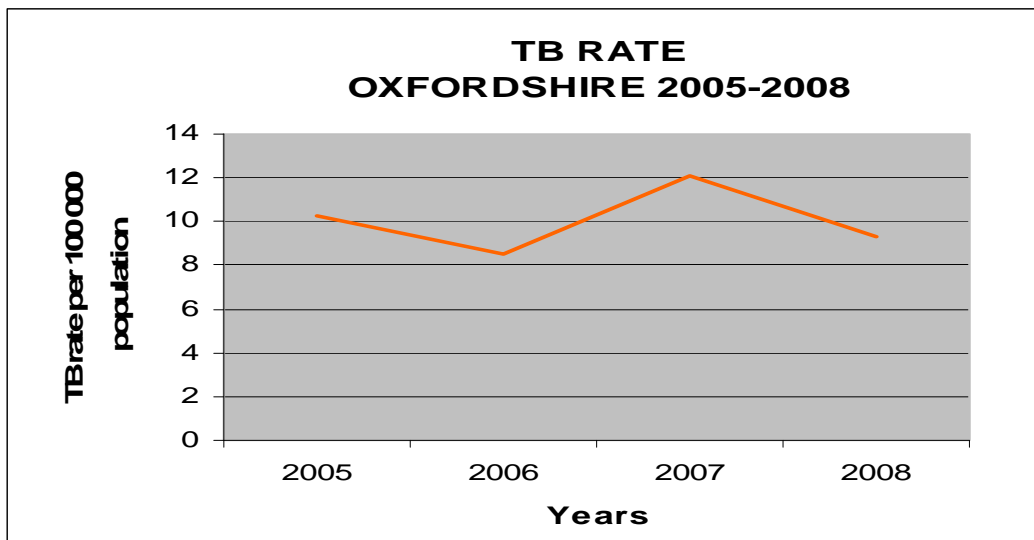
c. Tuberculosis

Investment is paying off:

Increasing levels of tuberculosis reported last year were accompanied by investment in the TB nursing service: More people completed treatment successfully in 2006 and 2007 than in previous years (around 84%)

The rate of tuberculosis in 2008 showed a decline from the unusually high levels seen in 2007. A screening programme in Oxford's homeless population in June 2008 found no evidence for TB among 187 people screened, in contrast to three patients with TB in this population identified during a similar screening in 2006. Cases of TB fell from 77 in 2007 to 59 in 2008.

Figure 14 TB rates in Oxfordshire, 2005-08



(Source NHS Oxfordshire, Decision Support)

A worrying development has been the increasing rate of drug resistance among TB cases: **This is a good example of antibiotics not working as well as they used to.** The new investment will pay for the routine use of rapid tests of antibiotic resistance in cases of infectious TB. We can then isolate these cases and give them the correct treatment.

A further improvement has been the increasing screening of at-risk babies before discharge from the John Radcliffe Hospital. This will increase the number of children vaccinated and give protection more quickly.

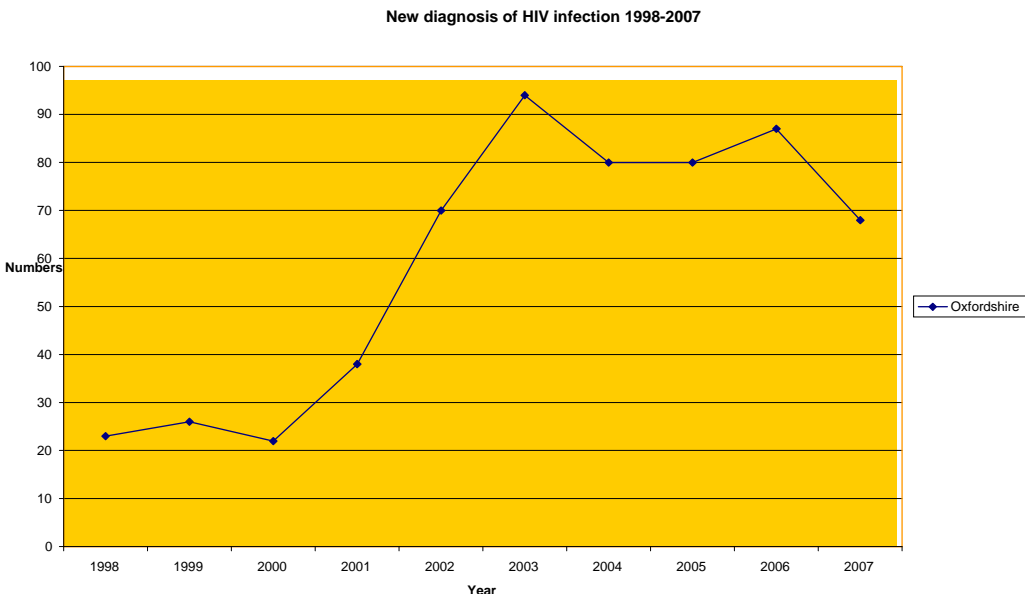
2. HIV & AIDS

HIV remains a significant disease both nationally and locally. During 2007, the local picture mirrored the national picture which shows that:

- An estimated 77,400 people were living with HIV in the UK at the end of 2007, of **whom over a quarter (28%) were unaware of their infection.**
- During 2007 there were 7734 new diagnoses of HIV.
- New HIV diagnoses among men who have sex with men continue to increase and over four-fifths of these infections were probably acquired in the UK.
- **The estimated number of people infected through heterosexual contact within the UK has increased** from 540 new diagnoses in 2003 to 960 in 2007.
- **Almost a third (31%) of persons newly diagnosed with HIV were diagnosed late**, that is at a point after which therapy should have begun.
- In Oxfordshire the number of new diagnoses of HIV infection showed a welcome fall.

It is imperative that the public continue to be made aware of the facts about this disease and that complacency is not allowed to creep in.

Figure 15 New diagnoses of HIV infection in Oxfordshire, 1998 - 2007



(Source: NHS Oxfordshire, Decision Support)

3. Measles & Mumps: The vital role of vaccination

We have become complacent about diseases such as measles and mumps, these are serious illnesses and sometimes they can kill.

Measles causes death in approximately one out of every 2,500 to 5000 cases. The disease can also cause inflammation of the brain, meningitis or encephalitis in 1 in 1000 cases. More commonly, measles can cause ear infections and pneumonia. Children under one year of age are particularly vulnerable to the complications of measles making it vital that at least 95% of children have two doses of the measles, mumps and rubella vaccine (MMR). Without this intervention Oxfordshire would have, on average, 8,000 cases per year and 1 to 2 deaths. Two doses of MMR vaccine can give 99% protection to those immunised (as well as 100% protection to the whole population if a high coverage is achieved).

Relatively high rates of vaccination in Oxfordshire have protected our population from measles in 2008. There were high levels of disease in England and Wales, with around 1300 cases but only one case was confirmed in Oxfordshire. During the year we have pressed forward to increase vaccination levels locally. Our General Practices and Community Nurses are working hard to catch children who have missed vaccinations so that we increase their protection.

In contrast mumps made a comeback in Oxfordshire during the year. There were two outbreaks; one affecting 62 University students and the other 17 children and staff at a primary school. Both of these outbreaks demonstrated the impact of poorer coverage among people moving into Oxfordshire compared with those who spent their early childhood in the county and had received immunisations locally. This underlines the need for constant vigilance and the importance of checking the history of people moving into the area and offering them immunisation to fill any gaps. The PCT is working with GP's to check vaccination status of patients registered in Oxfordshire so that newly registered patients are routinely offered the immunisations they need.

4. Infectious Gastroenteritis

We can reduce the numbers of all these diseases by going back to basics

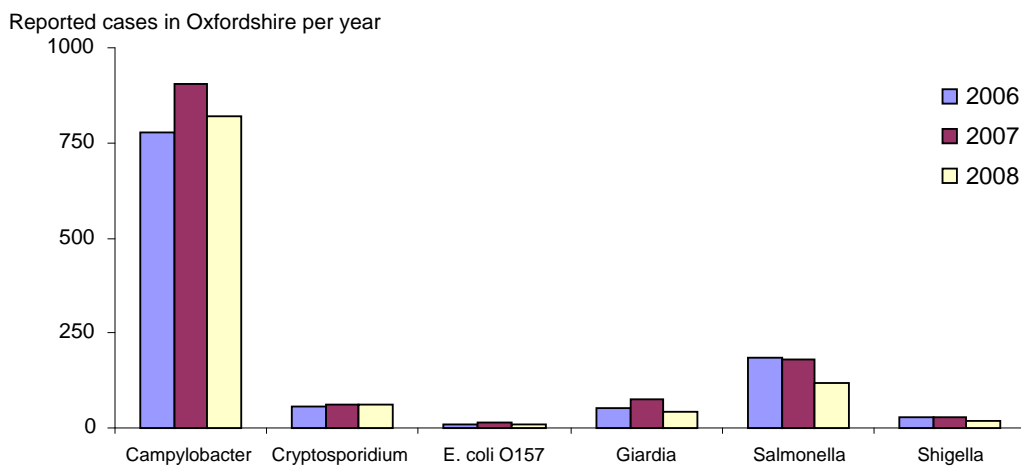
- **hand washing**
- **food hygiene**
- **isolation**
- **exclusion from work while infected**
- **thorough cleaning**

There were over 1,000 reported cases of infectious gastroenteritis in 2008. Interventions to control these diseases at local and national levels have been particularly effective for *Salmonella* which continues to decrease and *Cryptosporidium*

where large outbreaks are no longer found. The food hygiene work of local authority environmental health departments is key to winning this fight.

The number of cases of *Campylobacter* gastroenteritis reached high levels with 822 cases confirmed in Oxfordshire, but the real figure may be 8 times that many because only a fraction of cases are reported. We estimate that over 6,500 people suffered from this infection in the county in 2008, with young children being particularly affected. The best way to prevent this infection is to ensure that chicken is always well cooked and that raw chicken is not allowed to contact other foods.

Figure 16 Infectious gastroenteritis reports in Oxfordshire, 2006 to 2008



(Source: NHS Oxfordshire, Decision Support)

5. Hepatitis C infection

Hepatitis C virus is a blood borne virus that causes hepatitis and may rarely lead to severe liver disease and even liver cancer.

Hepatitis C is caught through contact with infected blood. This includes injecting drug use and skin piercing procedures such as tattooing. The virus can also spread from an infected mother to their child during pregnancy or delivery. In addition, people from countries where routine testing of blood donors does not happen may also be at an increased risk.

The PCT is planning to improve the prevention of new infections of hepatitis C by raising awareness and improving measures to identify and treat those people with the disease who do not realise they have it. This is a current gap in Oxfordshire which needs to be filled.

Recommendations

Recommendation 1

The Director of Public Health and the local Health Protection Agency must work closely together to maintain surveillance of communicable diseases during 2009/10, and take appropriate steps to control these diseases.

Recommendation 2

Oxfordshire PCT must be ready and prepared to make investment as required in infection control services and health protection, throughout 2009/10 and into 2010/11. This should include a review of hepatitis C infection as a priority.

Recommendation 3

During 2009/10 the work to separate PCT into commissioning functions and a provider arm (e.g. community hospitals, district nurses, health visitors, family planning services etc) must include high standards of infection control and emergency planning and emergency response and must include a properly constituted infection control service.

Recommendation 4

The Director of Public Health should report on killer infections and infectious disease in the DPH annual report in April 2010.

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