Public Document Pack

NHS Oxfordshire Clinical Commissioning Group

OXFORDSHIRE COUNTY COUNCIL

healthwatch Oxfordshire

To: Members of the Oxfordshire Health & Wellbeing Board

Notice of a Meeting of the Oxfordshire Health & Wellbeing Board

Thursday, 17 June 2021 at 2.00 pm
Oxford Town Hall, St Aldate's, Oxford, OX1 1BX

Please note that Council meetings are currently taking place in-person (not virtually) with social distancing at the venue. Meetings will continue to be live-streamed and those who wish to view them are strongly encouraged to do so online to minimise the risk of Covid-19 infection.

If you wish to view proceedings, please click on this Live Stream Link. However, that will not allow you to participate in the meeting.

Places at the meetings are very limited due to the requirements of social distancing. If you wish to attend this meeting in person, you must contact the Committee Officer by 9am four working days before the meeting and they will advise if you can be accommodated at this meeting and of the detailed Covid-19 safety requirements for all attendees.

Please note that in line with current government guidance *all* attendees are strongly encouraged to take a lateral flow test in advance of the meeting.

Yvonne Rees
Chief Executive

June 2021

Contact Officer: ***Colm Ó Caomhánaigh, Tel 07393 001096***
colm.ocaomhanaigh@oxfordshire.gov.uk

Membership

Chairman – Councillor Liz Leffman (Leader, Oxfordshire County Council)
Vice Chairman - Dr Kiren Collison (Clinical Chair, Oxfordshire Clinical Commissioning Group)

Board Members:

Ansaf Azhar *(Oxfordshire County Council)*	Corporate Director of Public Health & Wellbeing
Councillor Liz Brighouse *(Oxfordshire County Council)*	Deputy Leader and Cabinet Member for Children, Education & Young People's Services
Dr Nick Broughton	Chief Executive, Oxford Health Foundation Trust
Sylvia Buckingham	Chair, Healthwatch Oxfordshire
Stephen Chandler *(Oxfordshire County Council)*	Corporate Director for Adults & Housing Services
Kevin Gordon *(Oxfordshire County Council)*	Corporate Director for Children's Services

Councillor Jenny Hannaby *(Oxfordshire County Council)*	Cabinet Member for Adult Social Care
Councillor Damian Haywood *(Oxfordshire County Council)*	Cabinet Member for Public Health and Equality
Dr Bruno Holthof	Chief Executive, Oxford University Hospitals Foundation Trust
Dr James Kent	Chief Executive, Oxfordshire Clinical Commissioning Group
Councillor Andrew McHugh *(Cherwell District Council)*	Chairman, Health Improvement Partnership Board
Kerrin Masterman *(Oxfordshire GP Federation)*	GP Representative
David Radbourne *(NHS England)*	Director of Commissioning Operations (South Central)
Yvonne Rees *(Oxfordshire County Council & Cherwell District Council)*	Chief Executive, Oxfordshire County Council & Cherwell District Council (District Representative)
Councillor Louise Upton (Oxford City Council)	Vice-Chairman, Health Improvement Partnership Board

Notes:•Date of next meeting: 7 October 2021

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned….."*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes"*any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

1. Welcome by Chair, Councillor Liz Leffman

2. Apologies for Absence and Temporary Appointments

3. Declarations of Interest - see guidance note opposite

4. Petitions and Public Address

Currently council meetings are taking place in-person (not virtually) with social distancing operating in the venues. Places at the meetings are very limited due to the requirements of social distancing.

Please also note that in line with current government guidance all attendees are strongly encouraged to take a lateral flow test in advance of the meeting.

Normally requests to speak at this public meeting are required by 9 am on the day preceding the published date of the meeting. However, during the current situation and to facilitate these new arrangements we are asking that requests to speak are submitted by no later than 9am four working days before the meeting i.e. 9 am on Friday 11 June 2021 Requests to speak should be sent to colm.ocaomhanaigh@oxfordshire.gov.uk . You will be contacted by the officer regarding the arrangements for speaking and Covid-19 safety at the meeting.

5. Note of Decisions of Last Meeting (Pages 1 - 12)

To approve the Note of Decisions of the meeting held on 18 March 2021 (**HBW5**) and to receive information arising from them.

6. Covid-19 Update (To Follow)

2:05

A presentation on the latest situation from the system partners.

7. NHS Recovery (Pages 13 - 34)

2:35

This report was presented to a meeting of Buckinghamshire, Oxfordshire, and Berkshire West CCGs (BOB) Governing Bodies Meetings in Common on 10 June and gives an update on the current status of NHS Recovery from the pandemic.

8. Oxfordshire Community Services Strategy Update (Pages 35 - 54)

2:55

A presentation to update the Board on the development of a strategy accompanied by a document with supporting information.

9. Domestic Abuse Act 2021 and implications for Oxfordshire (Pages 55 - 58)

3:15

This report is to inform members of the Health and Wellbeing Board of the new duties for Local Authorities enacted by the Domestic Abuse Act 2021 and the current context for the implementation of these.

It updates the Board on funding awarded to Oxfordshire for 2021-22 to meet local need in connection with the new statutory duties.

The report shares progress in Oxfordshire so far and sets out next steps in fulfilling these new duties.

10. Healthwatch Report (Pages 59 - 66)

3:35

Report on views of health care gathered by Healthwatch Oxfordshire.

11. Performance report (Pages 67 - 70)

3:45

To monitor progress on agreed outcome measures.

12. Reports from Partnership Boards (Pages 71 - 82)

3:50

To receive updates from partnership boards including details of performance issues rated red or amber in the performance report (above).

Reports from

- Children's Trust
- Health Improvement Board

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OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 18 March 2021 commencing at 2.00 pm and finishing at 4.15 pm

Present:

Board Members:	Councillor Ian Hudspeth – in the Chair
	Dr Kiren Collison (Vice-Chairman) Ansaf Azhar Dr Nick Broughton Sylvia Buckingham Stephen Chandler Councillor Steve Harrod Councillor Andrew McHugh Yvonne Rees Councillor Lawrie Stratford Councillor Louise Upton Michelle Brennan (In place of Kerrin Masterman) Diane Hedges (In place of Dr James Kent) Hayley Good (In place of Kevin Gordon) Prof Jonathan Montgomery (In place of Dr Bruno Holthof)
By Invitation:	Dr Sue Ross, Independent Chair, Oxfordshire Safeguarding Adults Board. Mujahid Hamidi and Omotunde Coker, Oxford Community Action
Officers:	
Whole of meeting	Rosie Rowe, Assistant Director, Healthy Place Shaping; Colm Ó Caomhánaigh, Committee Officer
Part of meeting	

Agenda Item	**Officer Attending**
6	Sam Foster, Chief Nurse, Oxford University Hospitals
13	Tehmeena Ajmal, Oxford Health

These notes indicate the outcomes of this meeting and those responsible for taking the agreed action. For background documentation please refer to the agenda and supporting papers available on the Council's web site (www.oxfordshire.gov.uk.)

If you have a query please contact Colm Ó Caomhánaigh, Tel 07393 001096 (colm.ocaomhanaigh@oxfordshire.gov.uk)

	ACTION
1 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1)	
The Chairman welcomed the new Chair of Healthwatch Oxfordshire Sylvia Buckingham.	
2 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies were received from: Kevin Gordon (substituted by Hayley Good) Dr Bruno Holthof (substituted by Prof Jonathan Montgomery) Dr James Kent (substituted by Diane Hedges) Dr Michelle Brennan was the GP representative for this meeting.	
3 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no declarations of interest.	
4 Petitions and Public Address (Agenda No. 4)	
The Chairman had agreed to the following request to speak: Item 7, JSNA: Julie Mabberley, Chairman of the Newbury Street Practice Patient Group	
5 Note of Decisions of Last Meeting (Agenda No. 5)	
The notes of the meeting held on 17 December 2021 were approved.	
6 COVID-19 System Update (Agenda No. 6)	
The Board was given a presentation updating the data and system-wide developments regarding COVID-19. Ansaf Azhar, Director for Public Health, gave an update on the	

data around COVID-19. The case rate in Oxfordshire in the week ending 5 March had dropped by almost 50% to 31.8 per 100,000. However, there had been a small increase to 34.4 in the most recent week. This reflected the national picture of a plateauing of case rates.

In further analysis of the figures, a drop of 50% in the case rates among over 60s can be seen in the most recent week. This is likely to be a combination of the lockdown and vaccination. The number in hospital had reduced to 22 from a peak of 327. It should be remembered though, that as people get discharged, it puts more pressure on community and primary care.

In response to questions about future prospects of reducing the case rates, Ansaf Azhar noted that restrictions were about to be eased and this would be the first easing since the much more transmissible UK variant became dominant. It was vital to continue to push case rates down as it also reduced the chances of further mutations.

Sam Foster, Chief Nurse, Oxford University Hospitals (OUH), described how treatments had improved since the first wave, helping to reduce the number of deaths. Thresholds for ventilating were higher, new research had come out and treatments were more advanced.

Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group (OCCG), described how some practice had to change during the peaks in the pandemic, for example the use of a hotel to facilitate hospital discharge. If there were further surges, then these approaches might need to be used again. Strong partnership working was essential in providing the resources needed across the system.

Staffing levels were now returning to normal levels. Cancer and urgent cases were being prioritised. The numbers waiting over 52 weeks for care were up. However, the signs were that the worst was past.

Sam Foster added that there was a focus now on the recovery of staff and the needs of people whose treatment was postponed. She echoed the comments on integrated working across the partners to reduce length of hospital stay. She was pleased to say that visiting was going to be allowed again at OUH from the following Monday.

Dr Michelle Brennan, GP at the Hart Surgery in Henley, gave a presentation on the progress of the vaccination programme. In Oxfordshire over 275,000 vaccinations had been delivered. All care homes had been visited and all frontline health and social

care staff had been offered the vaccine. There was an outreach programme to include groups that were often hard to reach such as the homeless and those not registered with GPs. She noted the news that vaccine supplies would be reduced for the following four weeks but stated that all people in priority groups 1 to 9 were still being encouraged to come forward for the vaccine. Ansaf Azhar added that the number of cases of blood clots among those who had received the AstraZenica vaccine was lower than amongst the general population. The MHRA and WHO had confirmed that the vaccine is the best way to reduce risk of serious ill health or death from the virus. Asked if there had been an increase in questions about the vaccines following the EU concerns surrounding the AstraZenica vaccine, Dr Brennan responded that there hadn't been many questions asked at her most recent surgery. More elderly people were very pleased to get the vaccine and for many of them it had been their first trip out in a year. Dr Kiren Collison, Clinical Chair, Oxfordshire Clinical Commissioning Group, emphasised that people did not have a choice of vaccine when they presented for vaccination. They were all effective vaccines. She noted that many of the outreach methods could be used in the future for other conditions to help reduce health inequalities. Asked if any special efforts were being made to support those with learning difficulties or mental health issues to get the vaccine, Dr Brennan responded that calls were being made to reassure people, those who had issues with long queues were being invited to smaller vaccination sessions and local taxi drivers were being very helpful. The item was concluded with an NHS video addressing myths circulating about the vaccines.	
7 Community Services Strategy (Agenda No. 7)	
The Board was invited to hear of developments to produce a new strategy for community services. Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group (OCCG), introduced a presentation outlining its focus on maximising independence for Oxfordshire residents. She emphasised that this was the time to build on the whole system approach that had worked so well in dealing with the pandemic.	

The strategy for older people previously adopted by the board had identified that people wanted independence. Research had shown that only about 20% of the factors that support people's wellbeing were related to NHS activities. This strategy was aimed at tapping into the whole 100%.

Generally, people in Oxfordshire were having to stay too long in hospital, though this had improved greatly thanks to the partnership working under COVID. The benchmark figures showed that we were not where we needed to be, particularly in the area of reablement.

The Primary Care Networks were a way for GPs to work well together and they provided an opportunity to plan together across the county. The community hospitals and other assets could play a greater role in promoting independence. The focus will be on intensive community care, rehabilitation and recovery, and care towards the end of life.

Work still needed to be done on the governance structure for this piece of work and ensuring that the appropriate resources were made available. Diane Hedges asked members the Board to endorse the approach outlined.

Stephen Chandler, Corporate Director for Adult and Housing Services, described this as the most exciting opportunity to maximise all the resources available in Oxfordshire He was fully supportive of this piece of work.

Prof Jonathan Montgomery, Chair, Oxford University Hospitals NHS Foundation Trust, added that people do not just want to get 'patched up'. They want to be active – go swimming, use libraries, go shopping. The health and care systems needed to be able to help them achieve this. It required a holistic approach including psychological and mental health support. He asked if data sharing had been considered at this stage as that would be an important element. He supported the direction of travel.

Councillor Lawrie Stratford emphasised the importance of outcomes and giving people a sense of being in control of their lives which was an essential part of wellbeing.

Councillor Andrew McHugh referred to research that showed the detrimental effects of long hospital stays on loss of muscle mass. He noted the red and amber flags on reablement measures 3.13 and 3.14 on Agenda Page 121 and asked if this strategy would help address those weaknesses.

Stephen Chandler responded that there was already work going

on in this area. A year ago, 120 people were waiting for discharge from hospital and now that had been reduced to 20. Reablement support was being re-procured but this strategy would look beyond the providers and ensure that the whole system was supporting people to be as independent as possible. Ansaf Azhar, Director for Public Health, added that the conversation was not just about service users but about the whole population and included issues such as leisure and growth. The aim was to reduce the need for health and care services but also to ensure that the right services were there for people when they needed them. Sylvia Buckingham, Chair of Healthwatch Oxfordshire, noted that one of the biggest issues for elderly and disabled people was public transport. She gave the example that people in Botley needed to get to Kennington for their vaccination and many had no way of getting there and were reliant on volunteers to transport them. The Chairman concluded by stressing the need for all of the organisations across the county to work together on the strategy. The mandate to work together as an Oxfordshire wide system on Ageing Well: increasing independence and health and wellbeing outcomes for our population, working with our population to make best use of our people, our systems and our assets was supported.	
8 Joint Strategic Needs Assessment 2021 (Agenda No. 8)	
The Board was asked to note the Joint Strategic Needs Assessment for 2021 and consider how member organisations could contribute to the further development of the JSNA. The Chairman had agreed to the following request to speak: Julie Mabberley, Chairman of the Newbury Street Practice Patient Group, stated that the demand for health services was increasing at a faster rate in the Vale of White Horse district than in most of the County yet she believed that the Clinical Commissioning Group appeared to be doing very little to increase the quantity and quality of local health services in the area. She only knew of £35,000 being obtained by the NHS from developer levies in the last 10 years even though outline planning consent had been granted for approximately 4,000 new homes. She asked that, when considering the recommendation on the agenda today, the members of the Board request that the needs assessment be used immediately to secure increases in health funding across	

the County. Ansaf Azhar, Director for Public Health, introduced the report. It contained national and local statistics and research in a very accessible and interactive format. There had been added challenges in gathering the information during the pandemic and some data had been delayed. The Executive Summary included early indications on the impact of COVID-19 but there will be much more on that next year. COVID impacted disproportionally on certain communities and groups. The wider effects included increased unemployment, more victims of abuse and scams and an increase in mental health referrals. The positive impact of volunteers during the pandemic was also noted. Ansaf Azhar invited members of the Board to comment on the draft which was due to be published at the end of March. Councillor Lawrie Stratford suggested that the very valuable executive summary be circulated to all elected people. He asked if any statistics were available as to how many people viewed the online version and what sections were visited most often. Ansaf Azhar responded that he would check if statistics were available. Prof Jonathan Montgomery, Chair OUH, noted that while excess deaths were very significant in the first peak of COVID they had not been since then. He asked if it was the same in other areas. Ansaf Azhar confirmed that other areas continued to show excess deaths, indicating wider effects of COVID but that had not been the case in Oxfordshire. He said that it was too early to be sure of the reasons but he was confident that the application of the learning from the first wave and the strong partnership approach were positive factors.	Ansaf Azhar
9 Oxfordshire Adult Safeguarding Board Annual Report (Agenda No. 10)	
The Board was asked to consider the OSAB Annual Report 2019/20. Dr Sue Ross, Independent Chair of OSAB, emphasised that the report covered the period up to the start of the COVID pandemic. In February 2020 it was decided that meetings should be virtual and the meetings of the Executive and the Board were merged. It was decided to focus on key deliverables in recognition of the pressures that the organisations were under during the pandemic. The groups listed on Agenda Page 33 had continued to function, as had self-assessment, the joint working with the children's	

board and training, which is now happening virtually. The work of the Vulnerable Adults Mortality Subgroup found that there was a lack of evidence that people with Learning Disabilities were able to access the same health services as others. They called for a greater focus on health screening for people with LD. OSAB had co-funded a conference on social isolation and loneliness in October 2019 and could not have foreseen at the time how much more relevant those issues were to become in 2020. Work had already started on the report for 2020/21 which will highlight the review on homelessness and the impact of COVID. It was expected to follow the example of the children's board in providing more data and analysis in a second document to accompany the main report. In response to a question, Dr Ross clarified that organisational abuse occurred where regimes in organisations were overly strict or inhumane – usually unintentionally. It could also involve neglect rather than active abuse. Councillor Lawrie Stratford noted the high number of calls received, which indicated that the system was approachable, and the low number who were not satisfied with the outcome, which said a lot about the services across the system. He thought that many people would be surprised that neglect was such an issue among older people in a relatively affluent area. Dr Ross noted that self-neglect and hoarding had previously not been seen as safeguarding concerns but were added to the Care Act in 2014. Prof Jonathan Montgomery, Chair OUH, noted that many of the figures on Agenda Page 39 were down on previous years and wondered if the reason could be that we were not hearing about some cases. Dr Ross responded that some reviews into deaths had shown cases where people had fallen just under the threshold of safeguarding concern but nevertheless had serious problems. It was an issue that they constantly consider at the Board. The report was noted.	
10 Healthwatch Oxfordshire and Oxford Community Action report "Community Wellbeing" (Agenda No. 11)	
The Board received a report and viewed a video on *Oxford's new and emerging communities - views on wellbeing*, introduced by	

Rosalind Pearce, Executive Director of Healthwatch Oxfordshire. Mujahid Hamidi, Director, Oxford Community Action, added that the piece of work had taken two years to achieve. The main conclusion was that there was a huge dearth of communication between Oxford's new communities and the existing health services. Omotunde Coker added that for members of the BAME (Black Asian and Minority Ethnic) communities it was a question of trust in the health authorities and knowing that they were being listened to and that help was there; these were needed to address the problems identified in the report. Councillor Lawrie Stratford described the report as probably the first real deep dive into the issues for the BAME communities. He believed that if a working group could be formed on this board or the Health Improvement Board it could distil it into actions – some could be easily deliverable. He noted that in many cases faith leaders were people's first port of call for advice. So perhaps more needed to be done to engage with faith leaders as had happened with the COVID vaccines. Councillor Louise Upton noted that the report showed that only 4% would seek help with a mental health issue. More needed to be done that was culturally appropriate, perhaps taking place in community settings, to make this support more accessible. Omotunde Coker agreed that OCA could help to bridge a gap between the communities and the health services. This work started before COVID and then the pandemic was like a balloon bursting over it. They intended to continue with this work. Councillor Andrew McHugh noted that over 50% of the respondents were from the African community and asked if there were plans to reach out for a more comprehensive coverage. Mujahid Hamidi responded that they could only work with communities who approached OCA but they were slowly increasing their reach. Diane Hedges, OCCG, referring to the section on what happens next, asked if conversations with providers was enough or if the net should be cast wider. Rosalind Pearse responded that they were aiming to hold an Oxford Wellbeing Network event in mid-April which would include other community organisations, voluntary groups and board members. Mujahid Hamidi added that OCA had already been very active in translating health information and bringing community champions together to promote the idea of mental health first aiders. They	

were committed to continuing such work. The report was noted.	
11 Healthwatch report (Agenda No. 12)	
The Board had before it the latest report from Healthwatch Oxfordshire on public views on the health and care services. Rosalind Pearce added that they had recently visited the Kassam vaccination centre and continued to support community organisations in a COVID-secure way. The report was noted and the Chairman thanked Healthwatch for all the work they were doing particular during this difficult time.	
12 Performance Report (Agenda No. 13)	
The Board received health and wellbeing performance data for Quarter 3 of 2020/21. Ansaf Azhar, Director for Public Health, noted that the impact of COVID on preventative measures was coming through in this report. It was agreed that the title of measure 1.15 should be "Reduce" the levels of child obesity, rather than "Maintain". Councillor Lawrie Stratford asked if in tackling childhood obesity there was any work done with parents or families. Ansaf Azhar confirmed that they took a whole system approach to obesity, working with families and schools. Prof Jonathan Montgomery, Chair OUH, noted that the figure under measure 2.8, people referred to emergency department psychiatric service, was from July 2020. Action had been taken, with help from Oxford Health, to resolve this problem and he was confident that the performance would be rated better in the next report. Councillor Steve Harrod referred to measure 1.3, CAMHS waiting times, and stated that the key to this was to reduce the need for CAMHS appointments through early intervention which was going to be the focus for the Children's Trust. Ansaf Azhar added that a new group on health education involving Public Health, Social Care and health partners was aimed at enhancing mental wellbeing for young people. Councillor Lawrie Stratford was concerned that too many young	Ansaf Azhar

people get labelled as having a mental health problem when what they may really need were coping skills – especially with the added problems from COVID lockdown and the prevalence of social media. Tehmeena Ajmal, Oxford Health, responded that there were a number of different ways in which young people were supported that did not involve CAMHS, such as through the school nurse and other wellbeing support services in schools. She emphasised that Mental Health was a diagnosis and not a label and there was a lot of work being done to help people feel more comfortable about engaging with mental health services just as they would for any physical health issue. The report was noted.	
13 Reports from Partnership Boards (Agenda No. 14)	
The Board received updated reports from the Children's Trust Board and the Health Improvement Board and the Chairman invited questions. Councillor Steve Harrod, Chair of the CTB, welcomed the 'call to arms' from new Director for Children's Services, Kevin Gordon at one of his first CTB meetings and his ideas on how to revitalise the board. He looked forward to some refreshing new initiatives. Councillor Andrew McHugh explained his reason for circulating a letter the previous day on Healthy Start. Data showed that the uptake was much lower in deprived areas and he felt that there was a role for local authorities to work together with health partners on that.	

..... in the Chair

Date of signing .....

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Agenda Item 10: Item 10(a)

Meeting: Buckinghamshire, Oxfordshire, and Berkshire West CCGs (BOB) Governing Bodies Meetings in Common (in public)

Date of Meeting	10th June 2020
Title of Paper	Integrated Quality and Performance Report (IQPR – M12)
Lead Directors	Debbie Simmons and Phil Orwin
Author(s)	Matthew Tait - Deputy ICS lead BOB Charlotte Adamson - Performance Manager Ashmita Chandra – Head of Performance
Paper Type	Discussing / Noting / Information
Action Required	The Governing Body Members are asked to note current performance against constitutional standards.

Executive Summary

The report represents the continued development of quality and performance reporting across the three Clinical Commissioning Groups within the BOB Integrated Care System. Elements specific to quality are included in the appendices and will continued to be developed as we are expecting a regional dashboard to highlight key areas to review on a regular basis. Key elements of the report include:

- Delivery of a number of constitutional targets remains difficult given the impact of the pandemic and waiting lists will take a significant time to reduce given the backlog of demand
- Across the BOBISC we are seeing significant increases in elective activity as the number of hospital admissions related to the pandemic continues to reduce.
- Vaccination rollout continues with good coverage across priority groups
- Cancer 2 week wait referral numbers have return to the historical level since early March 2021 with almost all tumour sites at or above baseline
- CAMHS waiting times remain an areas of concern and have been identified as an integrated care system wide service priority

1. Introduction

NHS services in BOB have faced unprecedented pressures over the course of the pandemic and responded to a dramatic increase in demand on Primary, Community and Acute services as well as delivering the biggest vaccination programme in history.

The BOB system made excellent progress in re-establishing most services and activity levels after the first wave although inevitably waiting lists numbers increased and the delivery of a number of performance standards was impacted. These challenges further increased through the second wave and we know need to start working towards a more stable position and addressing some of the waiting times highlighted. Whilst we were in the response phase for the second wave the NHS nationally was asked to prioritise COVID response, delivery of the vaccination programme and ensuring that patients with life threatening or urgent clinical needs were treated. This inevitably has led to increased waiting times for more routine services. Throughout the pandemic our providers have had a clear focus on minimising clinical harm and making decisions based on clinical prioritisation. We are now starting to see significant increases in activity as the numbers of admissions relating to COVID reduce.

2. Incident Management & Vaccination Program

COVID admissions and COVID occupancy continue to decline and remain below the national average. The number of COVID patients in critical care is minimal and remains significantly below national average for occupancy. Surge capacity is no longer utilised.

The ICS continue to access a modelling group with WSP (Whole System Partnership Ltd) working across the SE who are looking to advise on any 3rd wave. The most recent modelling shows a lower wave that is further out than previously forecast. This version adds assumptions in from mixing as lockdown is released plus a fall in vaccine effectiveness after first dose to consider variants e.g. Indian variant.

In scoping the HDU/ICU COVID+ capacity needed going forward the ICS are currently exploring a BOB wide reservist model to support the staffing requirements. This will look to keep those previously redeployed to ICU engaged with regular training, occasional shifts etc so that they are better equipped and ready to mobilise if/when required.

In preparation for a 3rd wave there is significant focus on overall resilience, mutual aid and evidence-based planning/decision making on incident management whilst at the same time also on business as usual, with particular emphasis on organisational and system recovery.

Across BOB, out of a priority target group of 1,528,870 individuals 972,752 have received their first dose (63.63%) and 527,977 their second dose (34.53%).

Progress has been made in all age groups, however, this various slightly by place.

In comparison to the national average, the overall effort around our different ethnicty groups, in particular the increased uptake amongst Black Caribbeans should be noted. However, recently ethnicity uptake by place highlighted that some areas have fallen behind the national average. This has been picked up by the BOB Vaccination Inequality Group.

The COVID vaccine acceleration of the 2nd dose AZ from 12 to 8 weeks identified around 260,000 individuals who will require their appointment brought forward. This means the next few weeks require joint effort to deliver on the revised target set by the government.

Projection of volumes over the summer and planning for phase 3 i.e. COVID boosters, Flu and Children is underway. This includes a review of the original vaccination programme model, impact of the surge demand, potential Covid booster, flu, and the implications on PCNs, mitigating actions and next steps.

We are awaiting national and regional planning assumptions and scenarios such as (a) both vaccines given together; (b) as per 2020 vaccines delivered 7 days apart and (c) the impact of childhood immunisations where the secondary school aged cohort receiving the COVID vaccine would also receive the flu vaccine. In addition, it is expected that the new Pfizer booster will not be ready until January/February 2022

3. Quality

Within each place based partnership there are identified forums for discussion and scrutiny of learning of all declared Serious Incidents. The table in appendix four details the number of Serious Incidents declared in month by NHS provider organisations.

To note within the month of March RBFT declared one Never Event pertaining to a retained foreign object post procedure, actions and mitigations have been assured within the aforementioned panel.

Within each place base partnership there is interface with mortality groups at the relevant providers where assurance is sought in line with the implementation of the medical examiner role and wider action being taken where there are fluctuations noted. The RBFT states the national Summary Hospital-level Indicator (SHMI) has increased slightly from the previous month but remains as expected. A detailed review of the Trust's position has been undertaken highlighting a number of data and process issues, looking at capacity (especially in the emergency pathways), the management of patient safety and also flagging areas of clinical concern. An action plan has been developed and is being monitored with assurance through the ICP Quality committee.

HCAI's are discussed within the local Health Economy meetings, identifying areas for further investigation for learning and mitigation in both provider organisations and primary care. Infection Prevention Control support has also been provided in other care settings such as Care homes and Quarantine hotels. As a result of the pandemic, local placed based areas are evaluating priorities for IPC accounting for future Covid surges and a review of activities undertaken.

3.1 Ockendon Review

The Ockenden initial report was an independent review of a series of serious cases involving preventable stillbirths, neonatal deaths, cases of brain damage around birth, and maternal deaths and injury at the Shrewsbury and Telford Hospital NHS Trust. The initial report was released in Dec 2020 and requested all trusts, local maternity neonatal systems, regional and national teams to implement a series of local immediate and essential actions in order to improve safety in maternity services across England.

Since the review was released, the function of LMNS has been reviewed to include surveillance as one of its core functions alongside its existing role in transformation of maternity services. The BOB LMNS has committed to the following:

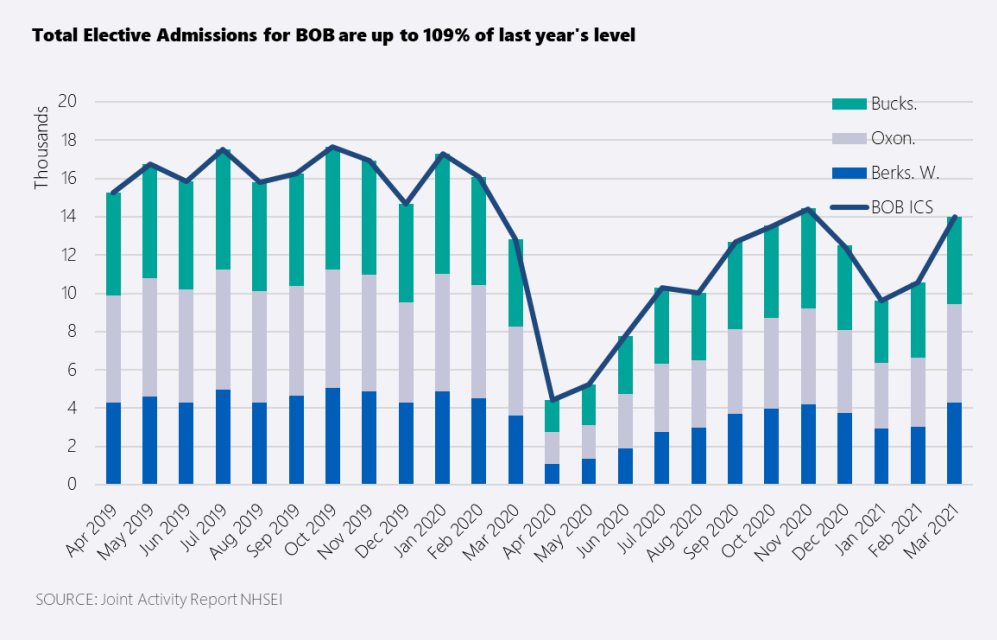
- Oversight of maternity Serious Incidents for all 3 trusts on a monthly basis ensuring information and learning is shared in a structured and systematic way and turning this learning into service improvement. In addition to this the LMNS works to ensure there are shared solutions where there are themes for improvement
- Overseeing local trusts action to implement the seven immediate and essential actions from the Ockenden report.
- Ensuring action is taken to improve the culture of maternity and neonatal services as a building block for safe, personal, and more equitable care. This is being done through reviewing the LMNS vision and engaging with safety culture programmes for maternity and neonatal leaders.
- Co designing and implementing a vision for local maternity and neonatal services with local women through Maternity Voices Partnerships. This are done via the LMNS board, local maternity steering groups and across the LMNS workstream meetings
- Working with ICSs to have a formal structured and systematic oversight of how their LMNS' delivers its function (as the maternity surveillance and transformation wing of the ICS). LMNS' to be included in the ICS governance arrangements for this year going forward
- Working with Frimley LMNS as a buddy for peer review and support

The Ockenden actions are a part of operational priorities for local maternity systems for 21/22.

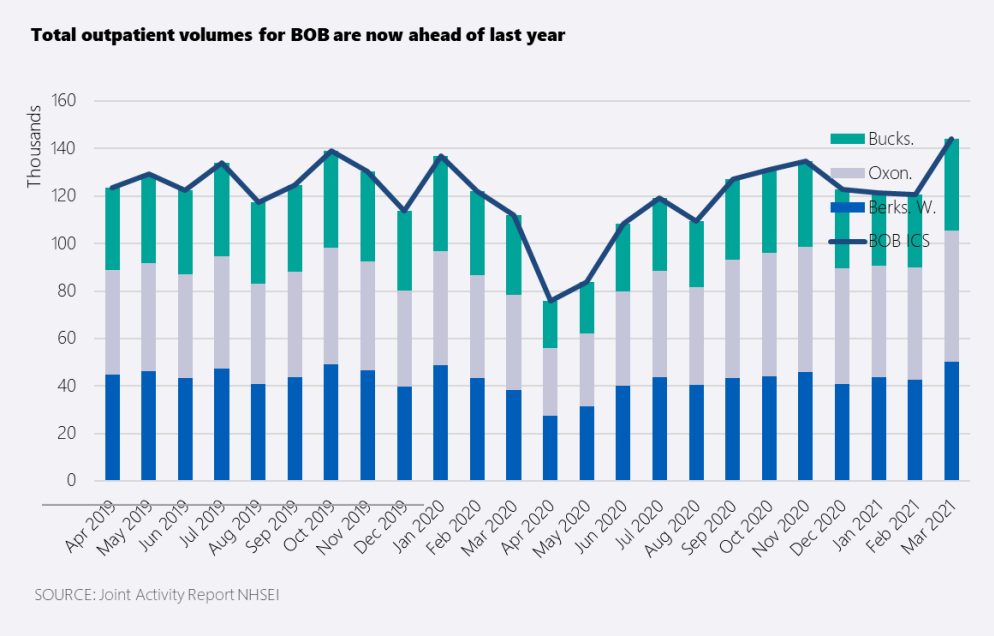
4. Constitution Targets and Priorities for Recovery

4.1 Elective Care

Up to the end of March elective in-patients, across all the ICS providers, had achieved 109% of the level the previous year and day cases 111%. It should be recognised that the activity levels in March 2020 were low due to the impact of the first wave of COVID-19.



First outpatient attendances recovered to 129%.



Despite these efforts 12,599 patients were waiting over 52 weeks as at the end of March. The continued increase in the number of long waiting patients is a result of system capacity restrictions within the providers. Available system capacity is prioritised for cancer and urgent patients (classified as a priority in line with national surgical prioritisation) with routine elective procedures being limited to enable this.

The recovery statistics relate to trajectories that were produced prior to the third wave of COVID, and assumed that elective activity would recover to meet pre-Covid levels. While it is useful to show the CCG current activity compared to historic levels, this data should not be a performance tool to evaluate whether the CCG is meeting NHSE targets, as these expectations have been removed.

CCG's and providers are currently producing refreshed trajectories with NHS planning guidance and baseline thresholds have been set from 70% in April of the 2019 activity levels, rising to 85% from July. The latest data shows that the system achieved over 90% of the baseline activity in April 21. Independent providers will continue to be utilised to support activity levels through errs, Insourcing and sub-contracted Trust activity.

Community services across the system continue to provide additional capacity to support the acute providers.

Elective Care key actions and next steps:

- A Planned Care Recovery Plan has been agreed with seven SROs assigned to lead collaborative programmes across the system. These focus on three key specialties where there are the highest numbers of patients waiting and will work towards single operating models, levelling up on productivity and will be a priority focus for the other programmes designed to ensure equity of access to services.
- Monitor the volume of long waiting patients in conjunction with the risk of clinical harm
- Patients waiting will continue to be regularly reviewed against the risk of clinical harm and are prioritised for treatment accordingly.
- Patients continuing to choose to delay their treatment will be contacted and assessed against the impact of health inequalities influencing their decision.
- Continue to work with any trusts that have referral restriction in place to ensure equity of access

4.2 Independent Sector

The finance and contractual responsibility of the Independent Sector Providers moved back to CCGs from 1st April 2021 as the national contract ended on the 31st March 2021.

Twelve month contracts have been established between providers and commissioners or as NHS provider sub contracts. The value of these contracts have been based on 2019/20 outturn for activity and guaranteed CCG funding (in line with NHS confirmation). Additional activity is also be sourced from providers through sub contracts between NHS Trusts and ISPs.

For the purposes of planning, 70% levels (against 19/20) were commissioned in April in anticipation of transition. Commissioned capacity from May onwards is at 100% of 19/20 with equivalent levels and case mix.

This does not include additional subcontracted activity being developed between Trusts at present. This will be captured within Trust submitted levels.

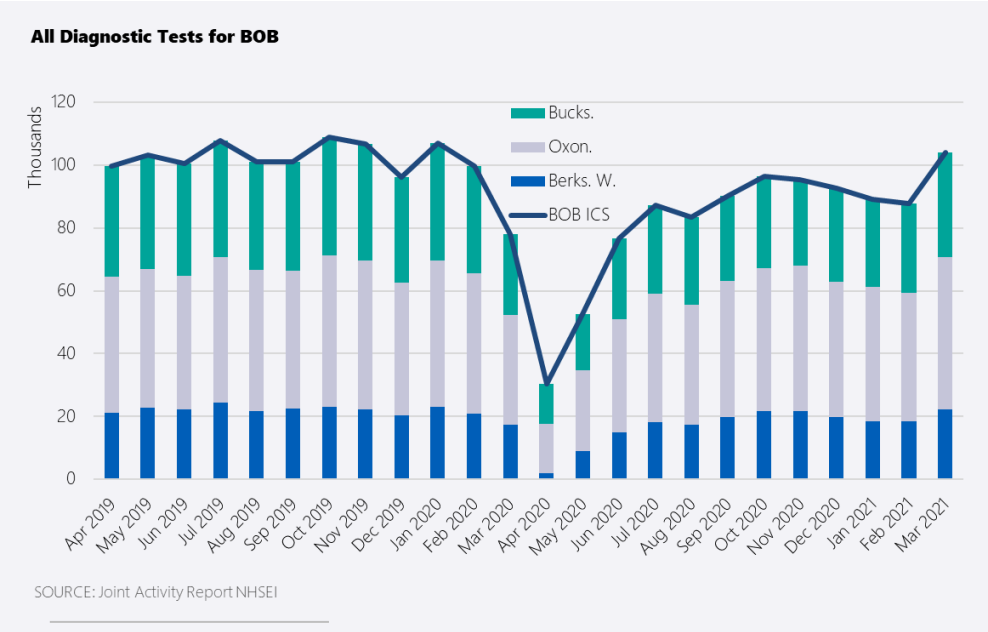
The ISP share of Elective and Outpatient activity within the ICS at present stands at:
Outpatients First Attendances: 2-3% -
Outpatients Follow up Attendances: 2-4%

Elective Day Case: 10%
Elective Inpatient: 10%

Key actions and next steps:

- Current levels of activity are under plan. To mitigate this, the CCGs are developing comms to practices encouraging referrals and increased utilisation of the Independent Sector.
- Inter provider transfers from all NHS sites to ISPs (RBFT, OUH, BHT) have seen lower levels of uptake than anticipated. Providers are working with teams to identify and support patients being transferred but this continues to be a challenge. Work is underway to support Trusts in transferring patients and motivating through local governance and senior leadership.

4.3 Diagnostics



Access to all diagnostic services across the system is being prioritised in line with the national surgical prioritisation guidance, as with all elective procedures. Across the system diagnostics tests are at 80% compared with 2019/2020 and imaging recovery continues to progress and the TV cancer alliance is working with the endoscopy leads to improve the challenges with endoscopy. The number for March 2020 is likely to be understated due to data submission issues at RBFT which has meant averages have been used. Total waits over 6 weeks for endoscopy are starting to show an improving position from March 21.

Some of the actions that have been taken to support diagnostics delivery have included:

- Additional MRI and X-ray capacity at Independent providers is being utilised to support the demand at the acute providers

- Replacement programme of the MRI scanner at Stoke Mandeville Hospital. Mobile scanners are currently based at Wycombe and OUH during the COVID period.
- All providers are experiencing high staff vacancy rates within diagnostics especially radiographers
- Due to capacity issues in CT it is difficult to achieve normal patient flow across all providers. Activity is currently being carried out at additional temporary mobile scanners in some areas preventing waiting lists developing.
- Waiting times in ultra-sound services across the system are increasing due to staffing issues and to manage this services are being delivered by independent providers. Additional resource is provided by agency staff where available.

The ICS diagnostics work programme has identified the requirements for the development of the services in line with the national Richard Review and a system strategy is currently in development

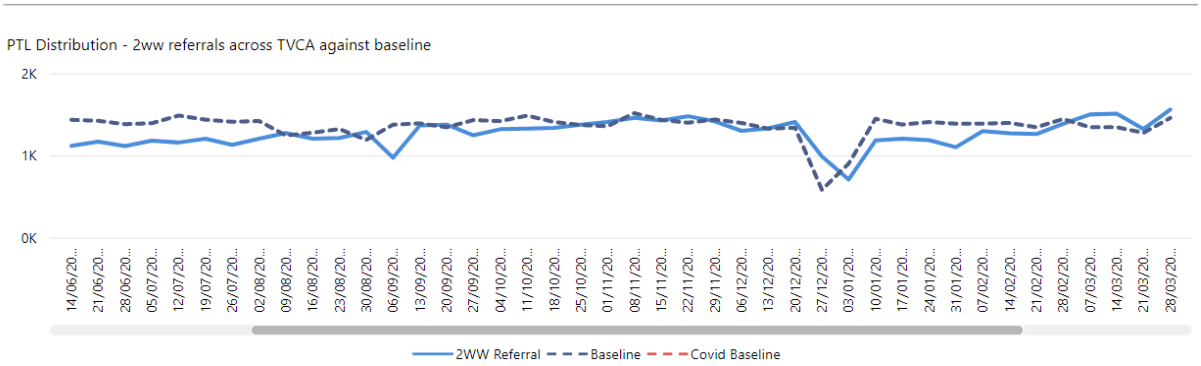
Diagnostics key actions and next steps:

- Development of strategic plan to incorporate the proposals of the Richard Review in line with national guidance.
- Considering community diagnostics hubs options to increase capacity.
- Working to develop networks to strengthen collaboration across the ICS.

4.4 Cancer Waiting Times

Two Week Waits

The recovery of cancer services continues following the covid-19 pandemic. Trusts have continued to work together to ensure patients are prioritised according to the agreed prioritisation framework with additional significant focus on reassuring all patients to attend appointments to ensure cancer diagnosis and treatment can be delivered in a timely way.



SOURCE: TVCA Data Hub

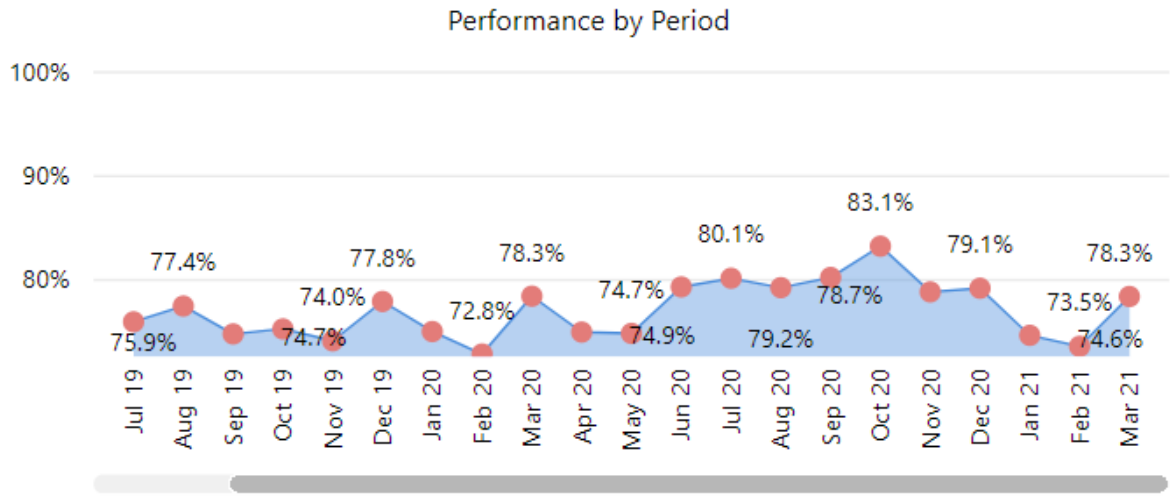
There has been a return to baseline for the 2 week wait referral numbers since early March 2021 with almost all tumour sites at or above baseline. The exception to this remains the Lung pathway which has very recently returned to pre pandemic levels, but it is too early to say this is sustained. Ongoing public awareness campaigns both nationally and locally, alongside ongoing GP education focused on referring patients

with lung cancer symptoms as well as widespread placement of lung awareness banners in vaccination centres have enabled the pathway recover to baseline in March. Concern remains that due to depressed referral numbers in December and January there are patients who are yet to come forward so focus will remain on this pathway to enable full recovery.

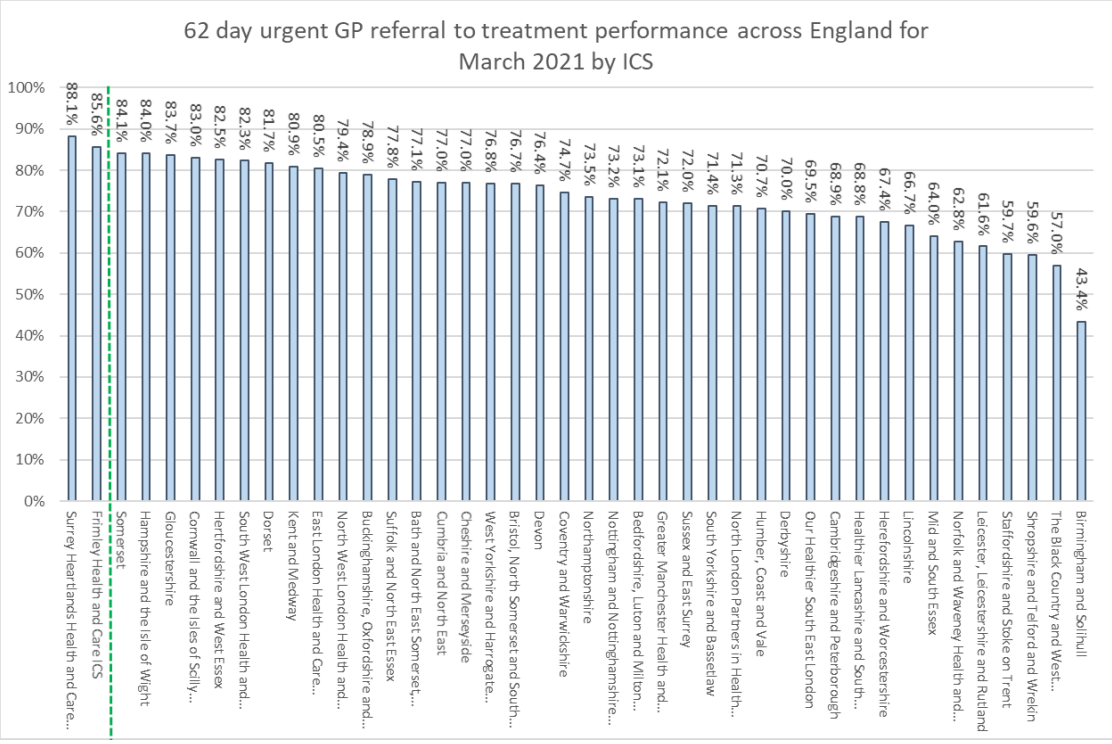
Conversely the breast 2WW pathway has experienced significantly over baseline demand with an average of 20% more patients being referred compared to 2019 pre pandemic levels. The Thames Valley cancer alliance has run widespread education events focused on the importance of breast examination and optimal referral practise, alongside developing better advice and guidance channels back to primary care to help support the demand within secondary care.

Ongoing improved utilization of FIT testing in primary care is continuing to support the lower GI pathway, this will remain a focus to ensure we can demonstrate uptake across all of primary care across BOB.

62 day wait



The 62-day pathway continues to be a key focus to ensure patients receive timely access to treatment. Whilst for BOB this is not currently a compliant position it is on an upward trajectory from February 74.6% to 78.3% in March 2021.



The graph above indicates BOB is positioned 13th of 42 ICS systems. A key focus in delivering the 62-day pathway is ensuring a diagnosis within 28 days which will is a nationally reported cancer standard from June. Shadow reporting currently indicates a compliant position of 83.3%. This standard will be an ongoing focus for the alliance and ICS and will be further supported by the roll out of Rapid Diagnostic services for the lung and colorectal pathways across all of BOB during 2021/22.

Cancer key actions and next steps:

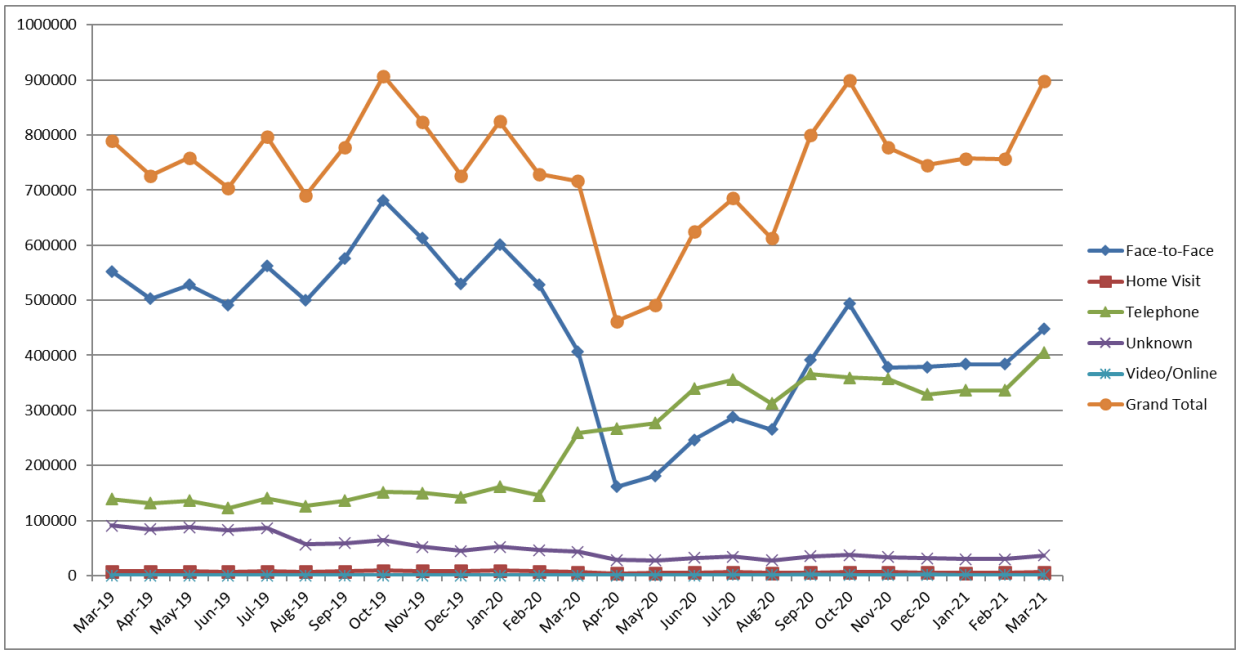
The cancer alliance is working closely with BOB ICS to finalise the system recovery plan for cancer which is focused on:

1) Addressing the shortfall in treatment in 2021
2) Achieving sustainable operational performance for all cancer standards
3) Rolling out rapid diagnostic services for lung and colorectal cancers
4) Ensuring access to personalised care interventions for 6 cancer tumour sites
5) Supporting the Oxford University Hospital Trust with specific actions on 2 week wait pressures and screening

5.0 Primary Care

Activity levels in Primary Care remain high. The most recent NHS Digital activity information continues to demonstrate that pre pandemic levels of activity have been sustained across BOB (and all 3 places) since September 2020.

The general practice appointment data shows a marked increase in appointments in March. The graph below shows the increase in both face to face and telephone appointments. This data does not include the appointments for the delivery of the vaccination programme.



BOB ICS General Practice Appointments by mode March 2021[1]

This data from NHS Digital is in line with reports from practices that the levels of patient contact are at overwhelming levels in some places. Work is underway to support greater levels of proactive and informative communications to try to ease the burden of queries that could be answered in other ways. There is a recognition that practices have been getting high volumes of calls in relation to the ongoing vaccination programme.

Work is under way to better support patient expectations and practices continue to operate within infection prevention and control guideline. This will include setting out the range of different appointment types including telephone appointments and face to face. The total triage approach is likely to remain we will need to work together with practices to ensure that members of the public understand the new ways of work and the benefits that it can bring.

There have been small numbers of reports that patients are not being able to access face to face appointments. These have been followed up.

6.0 Urgent and Emergency Care

A&E performance against the national standard has improved as compared to previous months across all providers in the ICS when compared to January and February. The number of patients attending A&E departments in the ICS has

[1] https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice

increased and is at 88% of pre-pandemic levels. No patients have waited 12 hours from the decision to admit to reaching a bed across all Emergency Departments in the ICS.

Provider	Performance	Total Attendances	Attendances Over 4 Hours	Emergency Admissions	4-12 Hour Waits*	Over 12 Hour
Oxford University Hospitals NHS Foundation	88.22%	11,720	1,381	7,553	285	0
Royal Berkshire NHS Foundation Trust	88.84%	11,098	1,238	3,527	77	0
Buckinghamshire Healthcare NHS Trust	82.69%	9,879	1,710	4,820	539	0

RBFT: RBFT performance was at 88.9% with attendances to ED rapidly increasing at the trust especially the paediatric unit. There was a reduction in the number of COVID patients in the hospital. The A&E department capital works is expected to be completed by April. There has been an improvement compared to Jan 21 for handovers within15minutes of arrival. Improving from 34% to 43%. Clearance of elective backlog is underway. There has been a reported increase in ED with blood clot concerns following a vaccination as a result of news / media.

OUH: Regular and consistent use of ED huddles were introduced 24/7 to maintain patient flow and reduce long waits. The SOP for ambulance handovers was reviewed and updated with further escalation to reduce ambulance handover delays. The virtual head injury pathway was implemented to reduce unnecessary ED presentations for those who contacted NHS 111. Children's Clinical Decision Unit is now open 24 hours a day to improve the pathway from GP's and 999 crews.

BHT: The Trust performance remains below the national target. The total attendances and the emergency admissions continue rise with non Covid-19 type illnesses. Enhanced system-wide work is in place to ensure that the use of ED alternatives are maximized so that ED remains accessible to patients who need to be seen and treated in an Acute setting.
Bucks system is noted as a place of interest for LLOS over 21 days. To support a reduction, 3 times weekly meetings are set up with whole system engagement - clinical, commissioning and ASC. These started on 19th April and have reduced the number of LLOS patients from 62 to 46. An internal target has been set to achieve a number of 25 for over 21 day LLOS on SMH site by 31/05. The system is focussed on achieving this target.
Bucks remains as an area of focus for ambulance handovers and patients spending over 12 hrs in ED. System-wide support continues to enable improvements in the handover processes and ensure enhanced liaison between the teams. As a result, the percentage of 15 minute handovers has improved from 64% to 70%. The aim is to ensure that at least 75% of all handovers are completed within 15 minutes by the end of this month. Similarly, overall daily handover delays have seen an improvement from 280 mins to 138 min and the next step is to ensure that these remain below 120 min daily. To improve the handover process and help direct suitable patients to alternative

settings such as SDEC, Bucks CCG has recently agreed funding for a HALO position at front end ED at Stoke Mandeville Hospital.
There is a national drive to ensure that patients spend no longer than 12 hrs in ED. Bucks have achieved a significant reduction in figures and mitigations have been identified to ensure that there is collective system effort to bring these to zero by the end of this month.

Ambulance (999): SCAS have maintained good performance through Q4 and reported at the BOB Urgent and Emergency Care Programme Board that they are consistently the second best performing ambulance trust nationally. Hear and treat and see and treat rates have been good supporting a non-conveyance rate of approximately 50%. Handover delays remain challenged in Q4.

111: SCAS have been part of national contingency arrangements during much of the pandemic response so it is difficult to comment on performance. The referral rate onto 999 has been particularly high with over 15% of callers receiving a 999 disposition during January. The referral rate to ED has stayed steadier and was maintained at fewer than 6% during January for the contract.
The CCGs has funded an additional GP to work in the Clinical Assessment Service to support validation of 999 and ED dispositions until the end of March. Call abandonment rates were also running high at around 10% during Jan and Feb but recent daily data shows a marked improvement as the SCAS service returns to a more normal service.
Bucks were an early implementer of 111 First which has been successfully implemented and from 1st February there are now 48 ED appointment slots which 111 can book directly into.

7.0 Mental Health

- **IAPT:** All three CCGs haven't achieved the access standard for 2021-22. A recovery plan for Berkshire West CCG is in place to mitigate this as Berkshire West CCG was achieving the standard prior to the pandemic. For both Buckinghamshire and Oxfordshire CCG, the commissioned IAPT services have been below the national standard in 2020-21. Plans are in place to mitigate this by additional investment through the Mental Health Investment Standard for both CCGs.

- **Dementia:** Significant reduction in diagnosis rate in 2020-21 as compared to previous years across all CCGs. This was due to the closure / pause on memory clinics and reduction in number of patients seen in practices as a result of the pandemic. Online clinics have been set up as part of the digital offer across the three CCGs; however there has been limited uptake owing to the nature of patients referred into these clinics. The plan across all three CCGs is to recover performance by the end of 2021-22. This involves setting up digital memory clinics, review access in buildings, recruitment of additional staff, and support to primary care for patients discharged from memory clinics.

- **Severe Mental Illness Health Checks:** Performance was challenged across all three CCGs in 2020-21. Berkshire West CCG saw an improvement in this year's performance (32.6%) compared to the previous year although significantly behind

the national target of 60%. Buckinghamshire and Oxfordshire CCG performance was at 16.3% and 17% respectively. A key factor in the reduced performance across the CCGs was the pandemic as primary care has been adversely affected by impact of covid with primary focus on vaccination programme through the second half of the year. To improve performance in the 2021-22, monthly reports are shared across the PCNs to identify areas with capacity constraints across BOB. SMI health checks are also incentivised through QOF payments as of April 2021 which will also have a positive impact on performance / reporting.

- **CAMHS:** All three CCGs have achieved the access standard for 2021-22. Waiting times to access interventions and support is an area of concern and is closely monitored at has been identified as a service priority across the ICS. Additional investment in CAMHS planned through MHIS and service development transformation funding.

- **CYP ED:**

Indicator	CCG	Standard	Q1	Q2	Q3	Q4
CYP ED Urgent	Berkshire West CCG	95%	80.80%	86.20%	80.60%	80.00%
	Buckinghamshire CCG		80.00%	76.90%	80.00%	87.50%
	Oxfordshire CCG		77.80%	100.00%	100.00%	100.00%
CYP ED Routine	Berkshire West CCG	95%	86.30%	92.20%	93.10%	93.90%
	Buckinghamshire CCG		86.70%	90.10%	82.20%	66.40%
	Oxfordshire CCG		74.60%	80.50%	71.50%	57.70%

Oxfordshire and Buckinghamshire CCG:
Oxforshire CCG has achieved the urgent standard (seen within 1 week) in the last three quarters of 2020-21. Performance against the national standard for routine referrals was significantly challenged in Q4. Buckinghamshire CCG's performance against routine referrals deteriorated in Q4.
Additional investment through 20/21 and planned for 21/22 through MHIS. Remedial measures through 20/21 included redeployment of staff. Recovery is anticipated in 2021-22. Locum staff recruitment have now been recruited to support recovery.

Berkshire West CCG: The CCG saw an improvement in waiting time responses when compared to previous year even against the context of COVID impact on the service. Routine performance has significantly improved as compared to Q1. Service has already prioritised the urgent and escalating cases, deploying nurse and assistant psych time from winter and discharge funding (continuing into 21/22) to offer more home meal support (offering at least 2 interventions a week). In addition, this would enable higher support to the Acute ward. Service continues to invest in the novel SHARON platform for online support.
An assessment on the SE review on CYPED was carried out by BHFT and work is underway to remodel capacity requirements to meet increasing demand with the help of the CREST tool by the end of June.
Work started on improving the acute and primary care workforce understanding of need to identify as early as possible – BEAT providing the training offer. System

has agreed to fund an Acute MH CYP role that will support workforce in wards and improve safe and timely discharge of CYP MH cases, many that are ED – recruitment in process.
Berkshire ED service has begun implementing the FREED model.

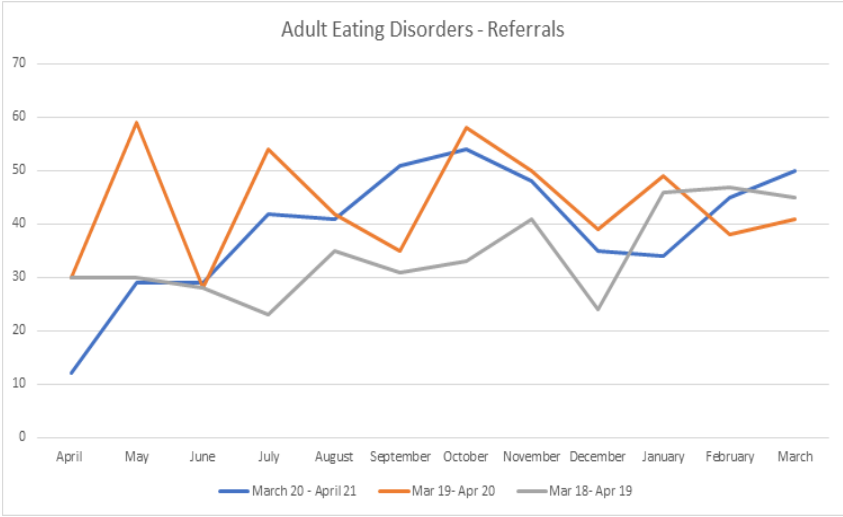
- **Learning Disabilities:**

  Berkshire West CCG: Currently 9 CCG and 5 NHS E funded patients end of March 2021. The CCG had planned to discharge 4 patients out of hospital at the end of quarter 4 2020/21, however these were not achieved due to unavoidable factors.
  Buckinghamshire CCG: Currently 9 CCG and 5 NHS E funded patients end of March 2021. 20/21 saw a small spike to adult inpatients including a delay due to COVID of 2 discharges, taking the numbers above projected trajectories. Three ASD admissions over Xmas period also led to an increase in inpatient numbers.
  Oxfordshire CCG: There were 11 CCG funded adult inpatients and 5 NHSE funded CYP inpatients at the end of March 2021. Key worker pilot has been mobilised and meeting all milestones for the CCG.

  Work needs to be done across the system to prevent admission for the ASD pathway in community.

Adult Eating Disorders (Oxfordshire):

Year	Referrals	Wait referral to Assessment (weeks)	Still waiting	Longest wait in weeks
20/21	470	2.57	34	13.7
19/20	523	7.57	33	73.57
18/19	413	9.14	1	123
17/18	406	8.14	0	0



The AED Service is only prioritising urgent and emergency referrals at present. During 2020 - The service has seen increasing demand and complexity of referrals, significant recruitment and retention challenges. A Considerable recruitment drive has taken place and the current position with staffing is 13.68 WTE in post with plan for 17 WTE.

The patients on the waiting list are actively monitored until formal treatment starts. Regular update meetings with CCG GP lead CD, OHFT and PCNs and LMC. All patients waiting for treatment are contacted every six weeks for a check-in and offered self-help guidance. Daily advice line is also open to GPs. A High-risk clinic is available for complex patients as is the option of online therapy.

Gaining support from adult colleagues to use therapists time offering therapy to patients on the waiting list.

In-house training and national training is available to staff. In 21/22 - FREED model for 17.5-21 year olds and CBTE model will be used. Tier 4 OHFT led provider collaborative service to start by Oct 2021. CMHF will support preventative approach and needs of AED as an area of focus. Long term established links with the Oxford University also provides an opportunity for building on CBTE, QI and innovation.

Appendix I: Performance Statistics

	Month	Standard	BOB Performance Month	BOB Performance YTD	Bucks CCG Performance Month	Bucks CCG Performance YTD	Oxford CCG Performance Month	Oxford CCG Performance YTD	Berks West CCG Performance Month	Berks West CCG Performance YTD	OUH Performance Month	OUH Performance YTD	BHT Performance Month	BHT Performance YTD	Royal Berkshire Performance Month	Royal Berkshire Performance YTD
Cancer																
2 Week Waits	Mar 21	**93%**	90%	88%	97%	95%	77%	77%	96%	94%	73%	75%	99%	96%	97%	94%
2 WW Breast		**93%**	74%	61%	100%	85%	48%	30%	99%	96%	44%	25%	100%	84%	99%	97%
31D 1st Treatment		**96%**	96%	96%	97%	96%	96%	96%	94%	95%	95%	95%	98%	96%	95%	95%
31D Sub - Drug		**98%**	99%	99%	98%	99%	100%	99%	99%	100%	99%	99%	100%	99%	99%	100%
31D Sub -Radio		**94%**	95%	95%	100%	98%	96%	97%	86%	90%	96%	98%	100%	100%	88%	89%
31D Sub - Surgery		**94%**	92%	91%	97%	92%	86%	90%	93%	90%	89%	90%	100%	90%	93%	88%
62D Urgent Referral		**85%**	79%	80%	80%	79%	78%	80%	80%	80%	75%	76%	83%	81%	81%	80%
62D Screening		**90%**	90%	82%	91%	90%	100%	83%	78%	74%	97%	82%	100%	92%	83%	75%
62D Upgrade		**86%**	82%	82%	88%	85%	67%	68%	60%	84%	50%	63%	89%	85%	33%	79%
RTT - Incomplete																
RTT <18 wk waits	Mar 21	**92%**	62%		56%		66%		64%		69%		53%		61%	
RTT > 52 Week			12,599		6,106		4,075		2,418		4,934		5,433		2,794	
Diagnostics																
< 6 weeks	Mar 21	**>1%**	15%	24%	29%	28%	9%	23%	6%	22%	8%	21%	40%	33%	4%	20%
A&E																
< 4 Hour Waits	Apr 21	**95%**	87%	87%							85%	85%	82%	82%	89%	89%
Mental Health - IAPT																
Access*	Feb-21	****5.87%**	5.19%		5.44%		5.03%		5.17%							
Moving to Recovery		**50%**	54%	55%	57%	58%	53%	52%	53%	55%						
6 Week Wait		**75%**	98%	97%	99%	97%	99%	98%	97%	96%						
18 Week Wait		**95%**	100%	100%	100%	100%	100%	100%	100%	100%						
Dementia																
Dementia Diagnosis Rate	Mar 21	**67%**	59%		57%		61%		58%							
Children and Adolescent Mental Health Services																
Number Accessing in Period	Feb 21		13720		3815		6390		3515							
C&YP Eating Disorders																
Urgent (1 week)	Q4	**95%**		84%		88%		100%		80%						
Routine (4 weeks)		**95%**		65%		66%		58%		94%						

**Access = Performance (entering treatment)*

***Standard = monthly target*

	Month	Standard	BOB Performance Quarter	Bucks CCG Performance Quarter	Oxford CCG Performance Quarter	Berks West CCG Performance Quarter
Learning Disabilities						
Mortality Reviews (LeDeR)	Q2 20/21			75% to 100%	75% to 100%	25% to <50%
Severe Mental Illness (SMI) 6 health checks	Q4 20/21	60%	20%	16%	16%	33%
LD Inpatients CCG funded	Q4 20/21	<>12*	22.77	18.96	12.05	40.01
LD Inpatients NHS funded	Q4 20/21	<>12*	22.77	18.96	24.11	26.67

** rate per 1000000*

			TV North Cluster		Bucks CCG		Oxford CCG		Berks West CCG	
	Month	Standard	Month	Q4	Month	Q4	Month	Q4	Month	Q4
Ambulance Response Times										
Cat 1 - Mean	Mar 21	7 mins	00:06:13	00:06:22	00:06:27	00:06:35	00:06:33	00:06:47	00:05:59	00:05:54
Cat 1 - 90th Percentile		15 mins	00:11:27	00:11:48	00:12:05	00:12:44	00:13:06	00:13:36	00:10:41	00:10:24
Cat 2 - Mean		18 mins	00:14:21	00:17:53	00:14:53	00:20:21	00:14:32	00:16:02	00:13:51	00:16:01
Cat 2 - 90th Percentile		40 mins	00:27:39	00:35:31	00:28:15	00:40:41	00:27:13	00:30:29	00:26:51	00:31:11
Cat 3 - 90th Percentile		120 mins	01:55:19	02:20:58	02:00:53	02:32:26	01:38:01	01:52:50	01:55:56	02:19:02
Cat 4 - 90th Percentile		180 mins	02:40:24	02:44:04	03:09:50	03:06:34	02:20:56	02:21:46	02:30:37	02:37:23

Thames Valley North figures include: Oxfordshire, Buckinghamshire, Milton Keynes, Berkshire West and Berkshire East CCGs

Appendix II: Recovery Statistics

	Month	Phase 3 Target	BOB In Month Activity	BOB In Month Plan	Bucks CCG In Month Activity	Bucks CCG In Month Plan	Oxford CCG In Month Activity	Oxford CCG In Month Plan	Berks West CCG In Month Activity	Berks West CCG In Month Plan	OUH In Month Activity	OUH In Month Plan	BHT In Month Activity	BHT In Month Plan	Royal Berkshire In Month Activity	Royal Berkshire In Month Plan
Elective Indicators																
Incomplete pathways at month end Against Last Year	Mar 21		109,962	92,237	37,357	31,688	31,746	28,861	40,859	31,688	29,548	41,231	30,261	33,033	43,394	30,000
Incomplete Pathways over 52 weeks at month end against last year			12,188	5,395	5,997	3,203	3,845	2,110	2,346	82	3,777	3,000	5,670	3,160	2,752	0
Total GP Referrals Against Last Year			114%	136%	116%	111%	123%	141%	100%	153%	105%	112%	95%	139%	89%	135%
Total Other Referrals Against Last Year			176%	131%	136%	115%	152%	185%	219%	100%	77%	123%	98%	517%	219%	112%
Total All Referrals Against Last Year			134%	134%	122%	112%	131%	152%	147%	132%	94%	116%	96%	243%	144%	125%
Total First Attendances against last year		**100%**	143%	114%	117%	104%	165%	116%	141%	120%	176%	136%	115%	102%	148%	147%
Total Follow-up Attendances against last year		**100%**	120%	115%	114%	124%	121%	109%	126%	113%	120%	138%	111%	158%	126%	167%
Total Attendances against last Year		**100%**	129%	114%	115%	116%	138%	112%	131%	115%	140%	137%	112%	136%	135%	159%
Percent Day Case Admissions Against Last Year		**100%**	111%	137%	104%	143%	111%	159%	122%	101%	104%	151%	92%	132%	127%	118%
Percent Ordinary Elective Admissions Against Last Year		**100%**	95%	134%	73%	146%	103%	151%	109%	101%	85%	234%	70%	88%	116%	127%
Percent Total Elective Admissions Against Last Year		**100%**	109%	137%	100%	144%	110%	158%	120%	101%	101%	162%	90%	129%	126%	119%

In the Above table In-Month Activity is RAG rated based on the In-Month Plan. Metrics achieving In-Month Plan are green, Metrics within 3% of In-Month Plan are Amber, Metrics outside of this are red. Please see Metrics List for detail.

	Month	Target	BOB In Month Activity	BOB In Month YTD	Bucks CCG In Month Activity	Bucks CCG In Month YTD	Oxford CCG In Month Activity	Oxford CCG In Month YTD	Berks West CCG In Month Activity	Berks West CCG In Month YTD
Primary Care Indicators										
% GP appointments compared to same month in previous year	Mar 21	**100%**	122%	91%	114%	87%	127%	92%	125%	93%

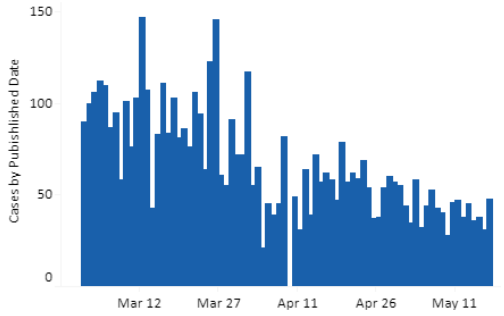
	Month	BOB In Month Activity	BOB In Month Plan	Bucks CCG In Month Activity	Bucks CCG In Month Plan	Oxford CCG In Month Activity	Oxford CCG In Month Plan	Berks West CCG In Month Activity	Berks West CCG In Month Plan	OUH In Month Activity	OUH In Month Plan	BHT In Month Activity	BHT In Month Plan	Royal Berkshire In Month Activity	Royal Berkshire In Month Plan
Diagnostic Indicators															
Percent of Diagnostics Waiting list 6 weeks or more	Mar 21	15%	4%	29%	4%	9%	4%	6%	7%	8%	4%	40%	3%	4%	0%
Percent of Diagnostic Tests Against Last Year		67%	100%	65%	100%	70%	100%	64%	100%	63%	100%	54%	100%	66%	100%
Percent of Current MRI list waiting 6 weeks or more		12%	3%	7%	2%	18%	2%	2%	7%	18%	4%	1%	3%	0%	0%
Percent of MRI Tests Against Last Year		65%	60%	62%	54%	76%	70%	55%	56%	60%	78%	58%	66%	54%	53%
Percent of Current CT list waiting 6 weeks or more		2%	2%	6%	3%	0%	1%	2%	8%	1%	1%	0%	7%	0%	0%
Percent of CT Tests Against Last Year		76%	66%	79%	72%	77%	67%	67%	57%	70%	65%	66%	75%	68%	59%

In the Above table In-Month Activity is RAG rated based on the In-Month Plan. Metrics achieving In-Month Plan are green, Metrics within 3% of In-Month Plan are Amber, Metrics outside of this are red. Please see Metrics List for detail.

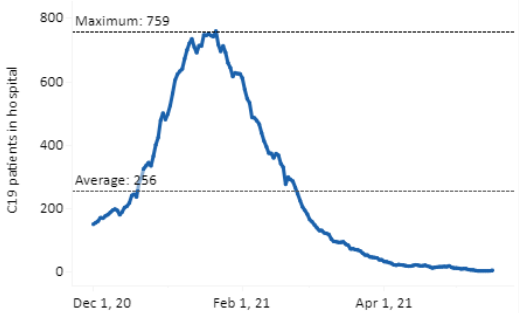
The Royal Berkshire Hospital submitted no Diagnostic Test Data in March 2020, for this reason a proportion (determined using an average of significant NHS providers) of the average for April to February has been applied.

Appendix III: Quality Indicators

Cases: Cases by published date (STP/UTLA/LTLA)

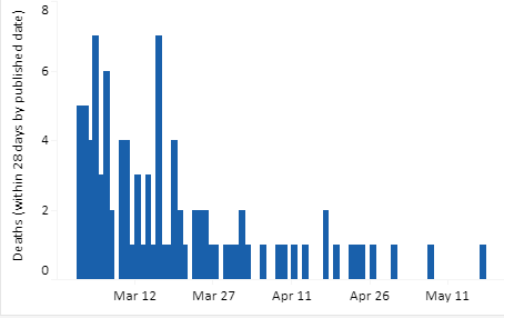


Covid-19 Admissions: Total Covid-19 Patients in Hospital



Covid-19 Admissions: Total Covid-19 Patients in HDU/ITU

Deaths by published date (STP/UTLA/LTLA)



Summary of Covid-19 Vaccination Compared to BOB Average Census Date:- 10/05/2021

	Total Patients Vaccinated				Variance against BOB			Patients with one dose				Variance against BOB			Patients with two doses				Variance against BOB		
	Berks W	Bucks	Oxon	BOB	Berks W	Bucks	Oxon	Berks W	Bucks	Oxon	BOB	Berks W	Bucks	Oxon	Berks W	Bucks	Oxon	BOB	Berks W	Bucks	Oxon
18 to 19	10.5%	12.0%	9.0%	10.1%	0.3%	1.9%	-1.2%	7.1%	8.1%	6.0%	6.8%	0.3%	1.3%	-0.8%	3.4%	4.0%	3.0%	3.3%	0.1%	0.6%	-0.4%
20 to 29	15.9%	18.7%	15.7%	16.5%	-0.6%	2.2%	-0.8%	9.4%	10.4%	8.5%	9.2%	0.2%	1.2%	-0.8%	6.5%	8.3%	7.3%	7.3%	-0.8%	1.0%	0.0%
30 to 39	20.7%	25.7%	21.8%	22.5%	-1.8%	3.2%	-0.7%	13.5%	15.5%	12.5%	13.6%	-0.1%	1.8%	-1.1%	7.2%	10.2%	9.3%	8.9%	-1.7%	1.3%	0.4%
40 to 49	59.8%	68.2%	68.7%	65.8%	-6.0%	2.4%	2.8%	49.9%	54.3%	56.5%	53.8%	-3.9%	0.5%	2.7%	9.9%	13.9%	12.1%	12.0%	-2.1%	1.9%	0.2%
50 to 59	87.0%	89.2%	88.5%	88.3%	-1.3%	0.9%	0.2%	70.5%	68.4%	71.6%	70.3%	0.2%	-1.9%	1.3%	16.6%	20.8%	17.0%	18.1%	-1.5%	2.7%	-1.1%
60 to 69	91.6%	92.8%	92.2%	92.3%	-0.6%	0.6%	0.0%	55.1%	45.3%	51.3%	50.3%	4.7%	-5.0%	0.9%	36.6%	47.5%	40.9%	41.9%	-5.4%	5.6%	-1.0%
70 to 79	95.8%	96.1%	96.0%	96.0%	-0.2%	0.1%	0.0%	4.9%	4.6%	3.8%	4.4%	0.5%	0.2%	-0.5%	90.9%	91.5%	92.1%	91.6%	-0.7%	-0.1%	0.5%
80 to 89	96.9%	96.9%	97.4%	97.1%	-0.2%	-0.2%	0.3%	3.1%	4.2%	2.5%	3.3%	-0.1%	1.0%	-0.7%	93.8%	92.6%	94.8%	93.8%	0.0%	-1.2%	1.0%
90+	96.6%	96.0%	97.2%	96.6%	-0.1%	-0.7%	0.6%	5.4%	7.4%	3.9%	5.4%	0.0%	2.0%	-1.5%	91.2%	88.6%	93.3%	91.2%	0.0%	-2.6%	2.1%
Overall	57.1%	65.1%	58.7%	60.1%	-3.0%	4.9%	-1.4%	32.6%	33.4%	31.5%	32.4%	0.2%	1.0%	-0.9%	24.4%	31.6%	27.2%	27.7%	-3.3%	3.9%	-0.6%

Summary of Covid-19 Vaccination Compared to National Position - Ethnicity Census Date:- 10/05/2021

	Aged 50 up - Received at least one dose of vaccine					Variance against national			
	National	BOB	Berks W	Bucks	Oxon	BOB	Berks W	Bucks	Oxon
British and Mixed British	93.7%	95.9%	95.6%	96.1%	96.0%	2.2%	1.9%	2.4%	2.3%
White Other	80.8%	83.4%	87.1%	82.1%	81.0%	2.6%	6.3%	1.3%	0.2%
Black African	71.2%	69.3%	66.6%	74.4%	68.7%	-1.9%	-4.6%	3.2%	-2.5%
Black Caribbean	66.8%	75.1%	74.2%	74.8%	77.0%	8.3%	7.4%	8.0%	10.2%
Bangladeshi	86.9%	87.4%	87.9%	91.9%	85.0%	0.5%	1.0%	5.0%	-1.9%
Pakistani	78.4%	79.6%	77.6%	82.4%	75.5%	1.2%	-0.8%	4.0%	-2.9%

RAG
Greater than 0%
Between 0% & -5%
Greater than -5%

Local figures based on census of 10th May - National 12th April - now based on patients aged 50+

Appendix IV: Quality Indicators

		BOB		Bucks CCG		Oxford CCG		Berks West CCG	
Indicators	**Month**	**Month**	**YTD**	**Month**	**YTD**	**Month**	**YTD**	**Month**	**YTD**
Clostridioides difficile (C. difficile)	March 21	34	339	6	94	14	145	14	100
E. coli		94	1085	31	365	38	379	25	341
Klebsiella spp		30	332	12	118	8	120	10	94
MRSA		3	18	0	2	2	11	1	5
MSSA		36	388	11	114	11	146	14	128
Pseudomonas aeruginosa		11	156	7	44	4	63	0	49

		OUH		BHT		Royal Berkshire	
Indicators	**Month**	**Observed**	**Confidence Interval**	**Observed**	**Confidence Interval**	**Observed**	**Confidence Interval**
HSMR	Feb 20 – Jan 21	92.3	88-96.7	102.5	96-109.4	102.9	97.1-109

		OUH		BHT		Royal Berkshire		Oxford Health		BHFT		SCAS	
Indicators	**Month**	**Month**		**Month**	**YTD**	**Month**	**YTD**	**Month**	**YTD**	**Month**	**YTD**	**Month**	**YTD**
Serious Incidents	March 21	11	82	7	76	13	92	10	89	9	81	0	15
Never Events		0	2	0	2	1	5	0	0	0	0	0	0
12 Hour Trolley Waits	March 21	0	1	0	69	0	0						

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Oxfordshire Community Services Strategy Update for Health & Wellbeing Board

Presenters: Diane Hedges and Dr Ben Riley
June 2021

BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

NHS Oxford Health NHS Foundation Trust

NHS Oxfordshire Clinical Commissioning Group

NHS Oxford University Hospitals NHS Foundation Trust

Cherwell District Council North Oxfordshire

Oxfordshire County Council

Oxford City Council

West Oxfordshire District Council

South Oxfordshire District Council

Vale of White Horse

Actions from previous meetings

1. Programme timeline and structure
   - Further details to deliver a whole system community services strategy and approach to evaluating success
2. Engagement process
   - Set out the extensive engagement planned in strategy development
3. Fail-safes/checkpoints
   - Checkpoint created to offer confidence in resolving Wantage Community Hospital inpatient future

Our response

We have:

- Reviewed project scope, timelines, resourcing and governance
- Developed an approach to be taken to evaluating success within the programme
- Developed an engagement proposal detailing start of the engagement process
  - Underpinning Strategy Principles to be developed by September
- Identified key fail-safes/checkpoints to ensure progress on agreeing long term future for Wantage Community Hospital

Context to be considered

- Plan to have 2 hour crisis response community response service in place by October 2021
  - 8am to 8pm, 7 days a week
  - 2 day reablement offer identified within the NHS Long term plan
- Currently re-procuring a ‘home first’ reablement model to support rapid discharge from acute hospital and at home
- Plan to recruit additional roles to primary care to support care closer to home agenda expecting 61 this year and a further 55 new roles over the following two years
- Improving digital capacity to run clinics closer to home

Key questions the strategy needs to answer

- How does Oxfordshire organise to enable our residents to enjoy optimal independence?
- What does Oxfordshire need to ensure to meet Population growth, demographics and need for services?
- What is the capacity of key services?
  - Enablement based
  - Bed based
- How should we maximise the use of our resources – estate, technology and workforce?
- How should we deliver care pathways and offer the integrated services to meet the needs of the population?
- What is the best way of delivering community bed based care?
  - Nature, number and location of Beds
  - Does this require Wantage in-patient beds to reopen?

Programme plan checkpoints

To ensure that the system programme continues to deliver the necessary progress, it is proposed that checkpoints be included at: June 21, September 21, January 22 and June 22

	Months:			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Task	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**
CHECKPOINTS			x			x				x					x					
Develop programme structure and governance																				
Develop knowledge base & needs analysis including beds																				
Develop and engage on strategy principles and approach																				
Co-production of evaluation approach																				
Targeted engagement to support proposals																				
Develop plans to support implementation enablers																				
Develop options appraisal																				
Publish options appraisal and supporting information																				
Complete options analysis and pre-consultation business case																				
NHS assurance process																				
Formal public consultation																				
Consultation review and write up																				
Final business case to CCG/ICS Board for decision																				

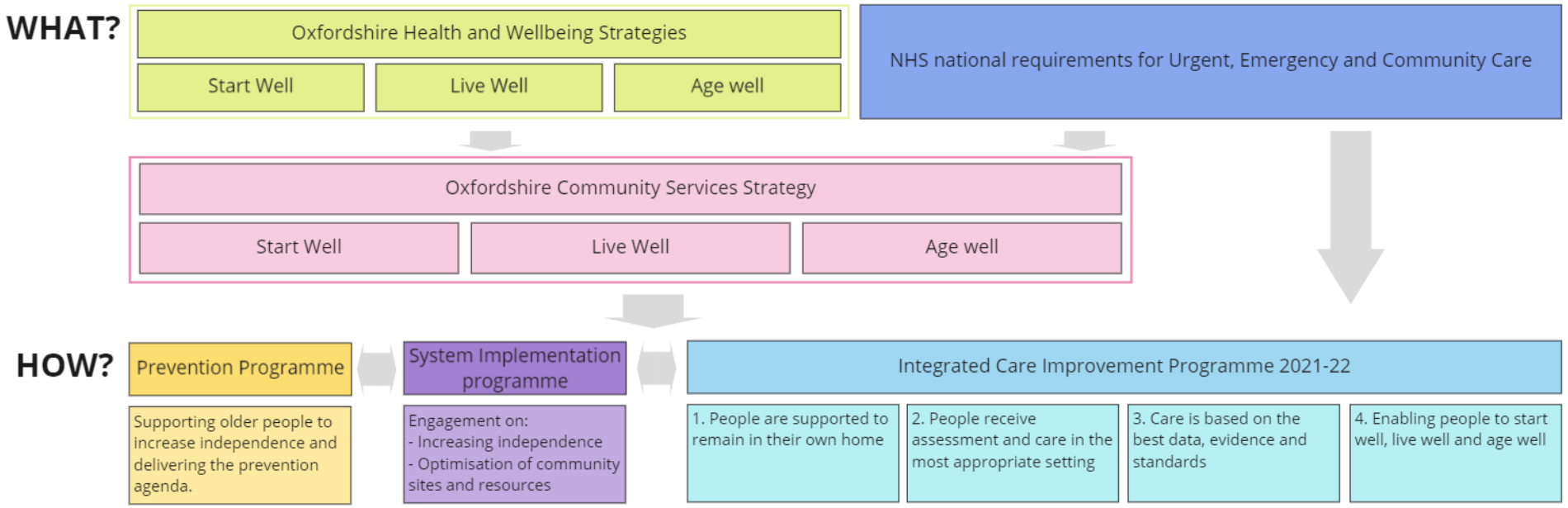
Further details of the timeline and programme phases can be found in the supporting paper

Fail-safes identified

- Regular reporting on checkpoints to every HWB & HOSC to provide assurance
- Sept 21: Early engagement on principles and aims of the strategy
  - Fail-safe: If unable to publish report on the early engagement work on the principles and aims of the strategy by this time, Chief Executives to report to HWB & HOSC to confirm actions to be taken to address delay
- Jan 22: Progress to countywide strategy options appraisal
  - Fail-safe: If unable to complete the work required to progress to the development of the options analysis and pre-consultation business case, then Chief Executives to report to HWB & HOSC to confirm actions to be taken to address delay and discuss alternative plan

Mainstreaming this work

A programme structure that will cover all partners for prevention, include primary care and community and through an Integrated care improvement programme deliver essential workstreams across both community and urgent care services

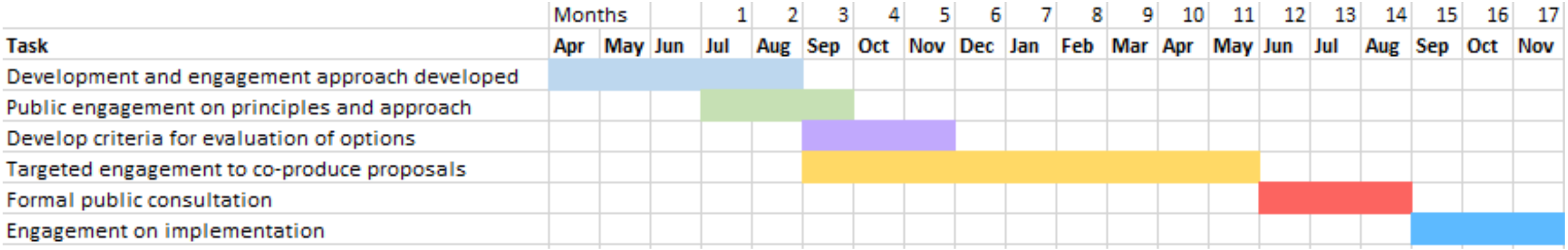


Resource plan

- Effective implementation of the strategy will require the following resource; Programme manager, Data lead, Engagement lead, Finance, Estates, Digital, HR/Organisational development

- Costs (prudent)
  - Additional staff costs 145k
  - Engagement and Consultation 150k

Engagement approach



Engagement is central to the delivery of the community services system strategy and will be broken down into a number of phases over the course of the strategy;

- Development and engagement approach developed; working with a range of stakeholders to develop the approach which will be taken to delivering the strategy
- Public engagement on principles and approach; developing the principles which will shape the strategy
- Development of the criteria for evaluation of options; co-production of the criteria to evaluate options
- Targeted engagement to co-produce proposals; working with members of the public, staff, carers and patients to shape the options
- Formal public consultation; Formal process to consult on and substantial service changes
- Engagement on implementation; Feedback of outcome of decision and implementation plan to deliver proposals

Additional information on the engagement process can be found in the supporting paper

Wantage community hospital approach

Wantage Community Hospital is central to the plans for community services in Wantage, Grove and the surrounding villages.

Services currently being delivered from the community hospital include: Speech and Language Therapy (children's and adults), Podiatry, School health nurses, Oxford University Hospital maternity services and birthing unit, Healthshare musculoskeletal services (MSK).

Since the beds were temporarily closed in 2016, significant expansion of new care pathways has enabled more care to be provided to older people directly in the home, which is generally their preferred option. This includes the accelerated roll-out of the 'Home First' and 'Ageing Well' pathways in the OX12 area, which has contributed to a further drop in the need for bed-based hospital care.

Over the last 12 months we have seen a significant average reduction in length of stay and reducing bed occupancy levels, suggesting that there is no current need for greater numbers of general community beds.

In the short term, in order to test plans for more accessible services to a greater number of people in the community, we propose to run 'test and learn' pilots of outpatient services at the Hospital, starting by the end of quarter 2. These will focus on addressing identified local population needs – current plans include Audiology, Ophthalmology, Ear Nose and Throat as well as Mental Health services (all ages).

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Community services strategy supporting information – June 2021

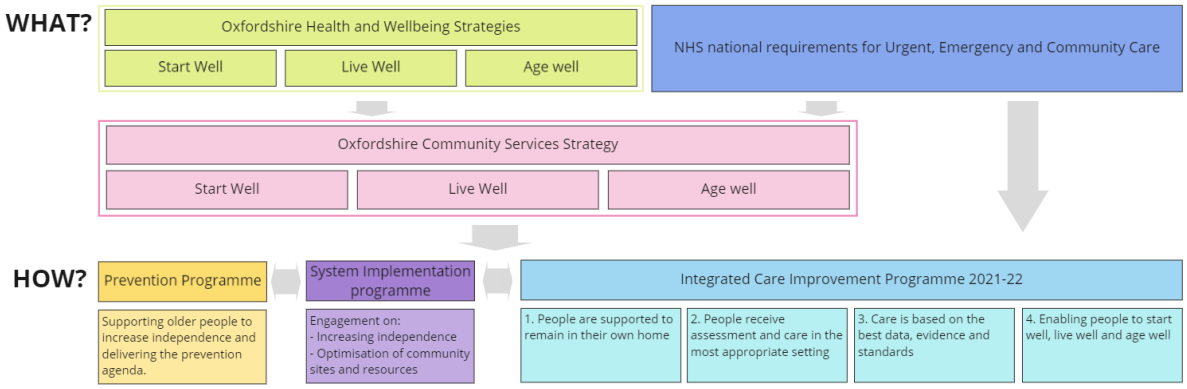
Building on the mandate agreeing the development of a whole system community services strategy, Oxford Health Foundation Trust, Oxfordshire CCG, Oxfordshire County Council, District, and City partners have been working to clarify the structure, governance and resources needed to deliver the strategy. Since this work was last shared, we have focused on developing three key areas:

- Programme structure and plan; Setting out the structure of the programme and the timeline for delivery
- Evaluation approach; Setting out how we will know if the programme is successful, this covers three key areas – test and learn pilots, evaluation criteria for the options proposed and the programme as a whole
- Engagement plan; Central to the success of this plan will be working with all stakeholders to develop change proposals to deliver community care across the county which will more consistently meet population health needs.

Programme structure and plan

Working across the county system partners, we have broken down the strategy into an overarching strategy framework (the 'what') and three implementation programmes (the 'how'). The implementation programmes are:

- Prevention programme; supporting older people to increase independence and delivering the prevention agenda
- System implementation programme; engagement on increasing independence and optimising community sites and resources
- Integrated care improvement programme; delivering workstreams across both community and urgent care services



The widest involvement of all strategy partners will be through the Prevention Programme and the means to deliver this most effectively are being explored with Local Authority Colleagues including potential to report into the Health Improvement Board. The system implementation programme is focused on delivering the work which will enable us to identify any areas which would require substantial change and therefore may need higher engagement and then public consultation.

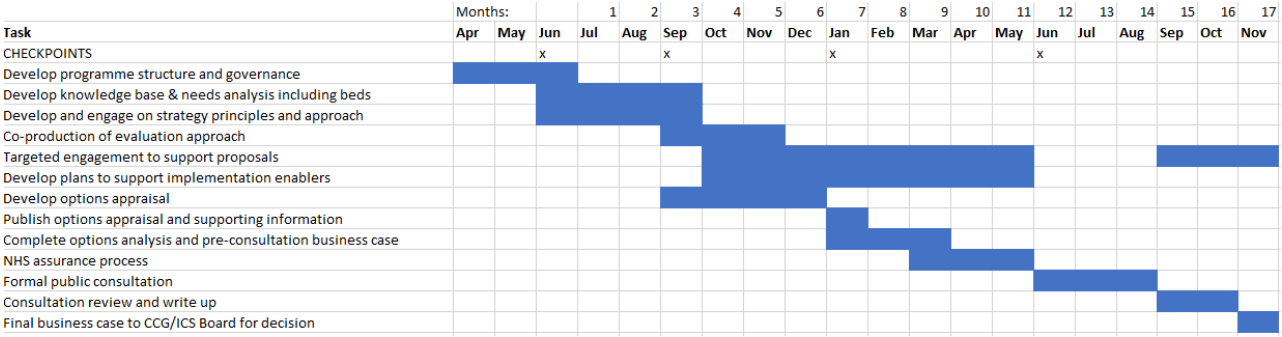
A number of fail-safes have also been built in to ensure that the strategy work delivers the required outcomes. Specifically, these include;

- Regular reporting on checkpoints to every HWB & HOSC to provide assurance
- Sept 21: Early engagement on principles and aims of the strategy

Fail-safe: If unable to publish report on the early engagement work on the principles and aims of the strategy by this time, Chief Executives to report to HWB & HOSC to confirm actions to be taken to address delay

- Jan 22: Progress to countywide strategy options appraisal

Fail-safe: If unable to complete the work required to progress to the development of the options analysis and pre-consultation business case, then Chief Executives to report to HWB & HOSC to confirm actions to be taken to address delay and discuss alternative plan



With Health and Well Being Board support for the approach described herein we will rapidly work up the principles which will inform; the strategy, the support we need for residents and underpin the evaluation of success of the work. These principles will be developed with all Strategy partners to reach a document for engagement with the public before September.

Evaluation approach

We have been asked to layout our approaches to evaluation of this work. There will be different levels that need evaluation:

1. Overall **System Programme**
2. **Test and Learn Pilots** – will determined by specifics of each scheme
3. **Specific options on beds and any other areas of significant change** – in scoping the options for bedded care this will be part of the programme informed by public engagement, criteria will not be clear until this time

System programme review

As mentioned above, a central part of the next steps will be to develop and engage on the Principles for the strategy by September. This will inform how we will evaluate this work. Initially, the following measures have been identified to help identify the impact of the community services strategy in terms of our population:

- User stated outcomes that help a person best gain or regain levels of independence so that they can manage their own needs review informed by the HWBB Older person strategy ambitions
- monitoring activity and outcomes throughout our system
    - In the community/voluntary sector how many people helped, with what impact, what did they do (increased physical activity, decreased loneliness)
    - At NHS, social care and partner "front doors"
    - Attendances and length of stay in hospital
    - People gaining greater assistance to remain in their own homes
    - Through short term help to people numbers in, length of stay, outcome in terms of long-term care needs
    - Through helping people better manage their long- term conditions
    - Through ensuring the right interventions/help is available to people with complex needs
    - Through practitioner experience, demands, ease of referral etc

Assessment of the programme as a whole will also reflect how this work has contributed to the delivery of the outcomes set out within the joint health and wellbeing board strategy.

Test and learn pilots

A central part of the implementation of the community services strategy will be to identify opportunities to test proposals to provide evidence of the opportunities to deliver services differently. We have already shown that we can do much more through the pandemic and we need to take this learning and evidence its impact further.

As we test new ways of delivering services the criteria will be developed to evidence impact. Throughout we will need to evaluate system cost/benefit. We also need to consider overall capacity requirements for services; what might be done remotely, in people's own homes and what can only be delivered through additional physical locations. A key area for test and learn is our HomeFirst work which has extensive weekly reviews of key data as set out by national NHS requirements.

Wantage Community Hospital clinics

An early pilot we will put in place is to test out-patient clinics within Wantage community hospital to provide additional services to the population of Wantage which will not require them to travel to Oxford. The first clinics are due to start by the end of quarter 2 and will then be reviewed after 6 months to assess their impact. This will be a temporary arrangement whilst we determine the future of the beds.

As with the wider strategy, we will base the evaluation of the pilot on whether or not it meets the principles agreed for the wider strategy. We will also put in place specific metrics to measure impact and outcomes which will be weighted. Examples of the metrics which could be used to evaluate the proposal include:

Patient contacts

- Is there a demand to justify this service within the local area?
    - Number of referrals
- How many people are benefitting from this service?
    - Number of patient contacts
    - How efficient is the Clinic
    - Numbers of DNA appointments
    - How has digital technology been used and is this safe, effective and equitable?
- Is this benefitting the local community?
    - Patient location data
- Has the pilot improved access to services?
    - Waiting times
    - Reduced travel (patients)

Patient feedback

- Are people positive about their experience of the service?
    - Patient feedback surveys

Staffing implications

- Is it possible to staff this effectively?
    - Staff vacancy rate
    - Cost of staffing
    - Number of staff required to run the service

System benefits

- Is this a cost-effective service?
    - Capital and revenue cost implications
    - System cost implications
    - Benchmarking against other similar services
- Is there an opportunity to deliver services differently?
    - Review opportunities to run clinics digitally
- Demand within the wider system
    - Waiting lists across the wider system for these types of services

Whilst understanding system cost/benefit we will work through the overall capacity requirements for the service; what might be done digitally and what are physical capacity requirements. This will then assist in establishing if these clinics are beneficial to Oxfordshire as a model of care.

Options appraisal framework - Specific options on beds and other areas of significant change

The following approach will be taken to developing specific evaluation to create case for options on beds other areas of significant change:

Developing and weighting the criteria;

- This will be undertaken following input from stakeholders including workshops described in the engagement process

Option appraisal;

- The output from other work streams will be used to provide the information required to assess each of the shortlisted options against the agreed and weighted criteria.

- An appraisal panel who will be set up to undertake the scoring and full option appraisal. It is proposed this will include NHS clinical and managerial; key partners; community groups and patient/public members.
- The output from the appraisal panel will be presented for discussion at stakeholder event(s) and presented to HOSC prior to any formal consultation.

Communications & engagement plan

Our vision is to improve the health, wellbeing, independence and care experiences of individual residents, while strengthening the interdependence of people, families and communities across all of Oxfordshire. To achieve this, we have identified four areas of focus;

- Quality; achieve the best health outcomes and experiences
- People; be the best possible place to work in community care
- Sustainability & Partnership; enable people and communities to stay healthy and resilient
- Research & Training; continuously improve health in our communities

We can only achieve this vision by engaging effectively across our local community and stakeholder groups. This engagement strategy shows how we will do this by:

- Engaging and listening to our stakeholders and acting on what they tell us to share our proposals for change
- Engaging with and energising our staff as our most important asset

Background

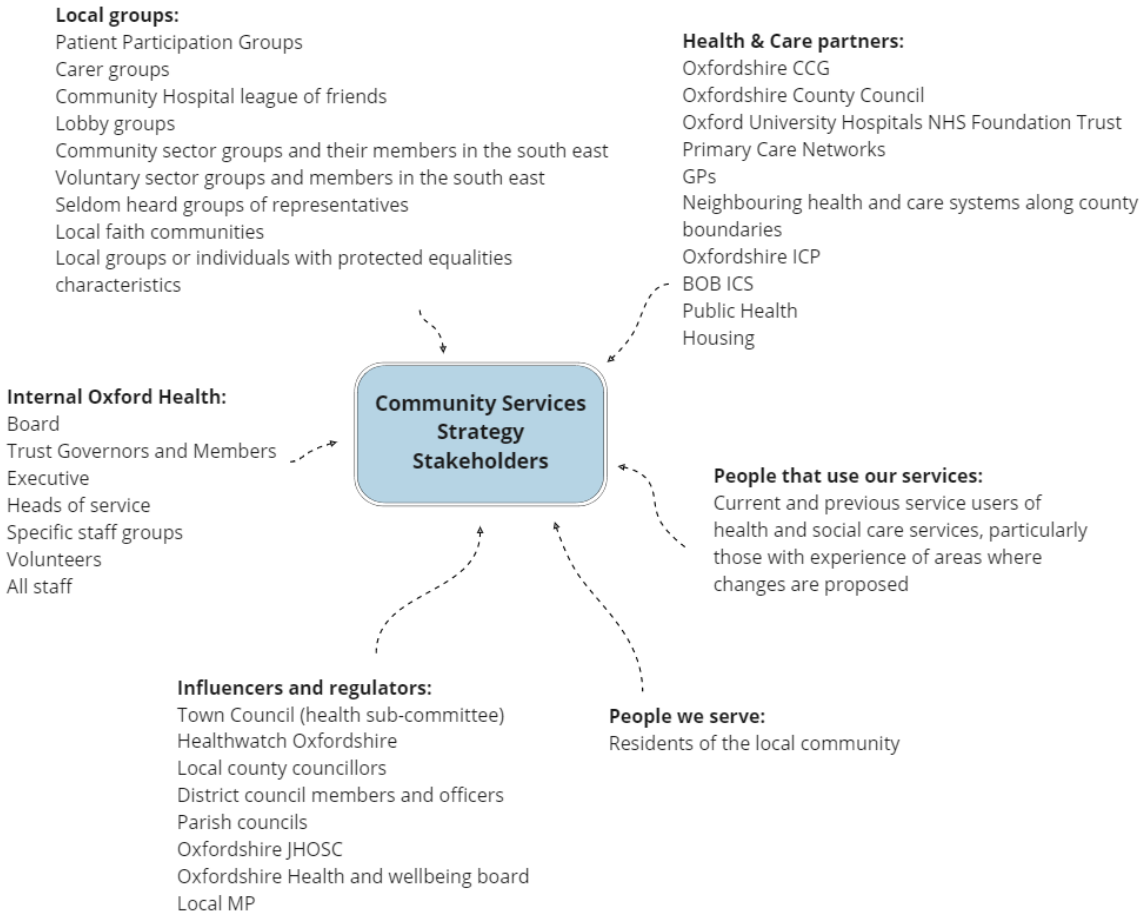
Significant engagement has been carried out across community services within Oxfordshire over the past few years. There has been countywide work and in-depth work in specific geographies or needs areas. The engagement exercise carried out as part of the OX12 project delivered by the CCG to explore options for Wantage Community hospital will also inform the thinking. This plan builds on this existing work and focuses on learning from past engagement to understand how we can most effectively engage local communities to shape services.

Aim and objectives

The overarching aim of the communications and engagement plan is to ensure that those affected by future proposals have the opportunity to be involved in shaping these proposals. This will be achieved by:

- Listening to the views and experiences of local communities to design a set of principles and inform future decision making both regarding specific proposals and across the County more widely
- Ensuring staff understand the objectives of the strategy and have an opportunity to share their feedback to inform future plans
- Providing clear and consistent messages and information to all stakeholders
- Continually reviewing and developing this engagement plan to ensure it takes into account the views of all stakeholders
- Promoting any services delivered during pilots to relevant stakeholders to increase referrals and enable effective evaluation of impact

Stakeholders



Key messages

Messages should be underpinned by our absolute commitment to providing the best care possible for local people and to reassure people that the objective of the new service is to provide better quality care, delivered closer to home and out of hospital in local communities.

Detailed messaging in relation to specific proposals will be developed with relevant stakeholders. However, the overarching messages we want to communicate are:

- It is vital that patients, the public and stakeholders get involved in the shaping of outline options for discussion around the provision of local health and care services for their area
- Options appraisals will be designed in partnership with local people and will operate across the whole healthcare system to deliver consistent outcomes for patients through standardised models of care except where variation is clinically justified
- Proposals will be developed using evidence of current needs and future needs as population changes.

In relation to the pilot proposals, key messages include:

- Timescales and details of pilot proposals and what changes will be seen by the local community as a result
- This is a pilot and is not a fait accompli and feedback will be key to shaping future decisions on wider implementation
- How we are taking on board and responding to feedback
- The benefits to our patients, service users, communities and staff

Where a longer-term change is being proposed we will ensure that engagement is completed with stakeholders regarding;

- The process which will be followed and the type of engagement or formal consultation which will be completed before any decision is made
- The evidence base which will be used to make the decision
- Suggested decision criteria and how stakeholders will be able to engage in shaping these

Engagement types

Throughout the course of the development and implementation of the community services strategy the following types of engagement will be completed:

System led engagement;

- Public & wider stakeholder engagement; members of the public and special interest groups with an interest in the development of the strategy including those with a specific interest in Wantage community hospital

Oxford Health led engagement;

- Patient engagement; patients with experience of community services
- Carer engagement; carers for those who have used/currently use community services
- Staff engagement; staff who deliver community services
- Partner/provider engagement; working with partners and other service providers to explore options proposed and increase understanding of the implications

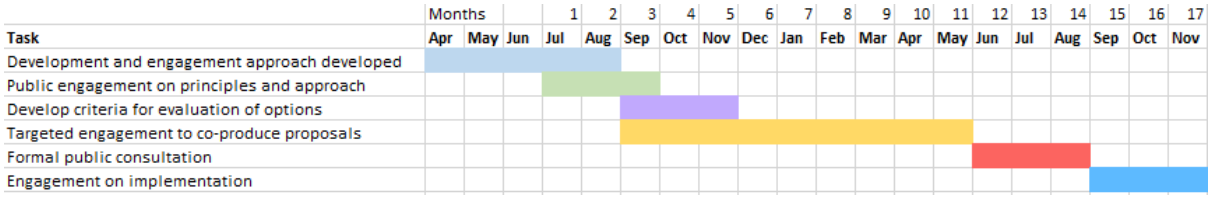
Key phases of engagement

1. Initial information gathering
   - Review of historic engagement activity
   - Share outline proposals for initial review and comments to shape wider engagement approach
2. Key principles and approach for the strategy by September
   - Share proposals for how to shape the strategy
   - All stakeholders feedback on proposals
3. Development of evaluation criteria
   - Workshops held to gather the views of stakeholders on the criteria which will be used to assess options proposed for consultation
   - Agreement of weighting and methodology to be used
4. Public engagement on options
   - Engagement on change options identified as a result of the principles
   - Shaping of consultation papers to ensure they reflect stakeholder reviews
5. Patient and carer engagement on options
   - Co-production of proposals with patients and carers
6. Staff engagement on options
   - Co-production of service models with staff within community services
7. Provider and partner engagement on options
   - Sharing of proposals for feedback with system partners and other providers
8. Formal public consultation
   - Consultation process on substantial changes
9. Engagement on decision and implementation
   - Feedback to all stakeholders on the decision resulting from the consultation process and implementation plan

Types of engagement will be shaped by Covid public health requirements but will include:

- Surveys
- Interviews with patients/carers/families/visitors
- Attendance at local meetings and community groups
- Public meetings
- Facilitated engagement sessions
- Focus group sessions
- Partner and stakeholder communications and newsletters
- Staff bulletin/intranet
- Team briefings
- Press releases and social media
- Website updates

Draft engagement timeline



Engagement evaluation

Success of the engagement relating to this strategy will be assessed based on the criteria including;

- Levels of and nature of feedback, complaints and compliments from patients and other stakeholders to explore how effective communications have been
- Levels of staff engagement and satisfaction
- Media coverage across Oxfordshire
- Feedback from professionals in order to understand the awareness, understanding and support for the service
- Reach of social media (including positive comments, sharing links, retweets, likes etc)
- Increase in number of job applicant

Request of Health and Well Being Board:

Does Health and Well Being Board support the outlined

- Project timeline
- Evaluation approach
- Engagement plan

Presenters:
Dr Ben Riley, Executive Managing Director – Primary, Community and Dental Care Services
Oxford Health NHS Foundation Trust
Diane Hedges, Deputy CEO Oxfordshire Clinical Commissioning Group

Divisions Affected – N/A

HEALTH AND WELLBEING BOARD – 17 June 2021

Domestic Abuse Act 2021 and implications for Oxfordshire

Report by Corporate Director for Public Health

RECOMMENDATION

1. **The Board is RECOMMENDED to note the report.**

Executive Summary

2. This report is to inform members of the Health and Wellbeing Board of the new duties for Local Authorities enacted by the Domestic Abuse Act 2021 and the current context for the implementation of these.

3. It updates the Board on funding awarded to Oxfordshire for 2021-22 to meet local need in connection with the new statutory duties.

4. The report shares progress in Oxfordshire so far and sets out next steps in fulfilling these new duties.

Background

5. The Domestic Abuse Act 2021 enacts new duties for Local Authorities in respect of understanding and meeting needs of victims of domestic abuse in their area and following on from that a duty to report on local need to central government. Primary duties under the new Act sit with tier 1 authorities but there is also a duty on tier 2 Authorities to co-operate with their tier 1 partners in delivery of these new responsibilities. Specifically, the Act requires tier 1 Local Authorities to form a strategic board consisting of membership from a range of organisations from the system. We are also required to monitor delivery of the strategy and provide an annual report to the Secretary of State.

6. A further duty falling to tier 1 authorities is to organise a local needs assessment with the following scope: “comprehensive assessment of need for support in safe accommodation in your area”. This will inform an updated strategy on domestic abuse, required under the MHCLG’s Memorandum of Understanding, by August 2021. Alongside this duty the Ministry of Housing Communities and Local Government has applied a formula to allocate a new

£125m Safe Accommodation budget to individual Councils to be spent on meeting the needs of victims and their families.

7. The most recent needs assessment for domestic abuse in Oxfordshire was completed in 2016[1]. This informed the Oxfordshire Domestic Abuse Strategy 2019 - 2024 with annual delivery plans [2]. Existing services are in place to deliver the recommendations of this strategy. The current Oxfordshire Domestic Abuse Strategic Board usually meets quarterly, and is responsible for the overall strategy, governance of multi-agency arrangements and includes membership from most organisations required under the new Act.

8. In Oxfordshire, in addition to the Domestic Abuse Strategic Board, we also hold a monthly operational board (Oxfordshire Domestic Abuse Partnership - OxDAP). This operational partnership evolved to its current form due to the specific needs of a more engaged and focused multi-agency response to domestic abuse under Covid-19 lockdown and the impacts for victims under these very unusual circumstances. Meeting initially weekly then fortnightly and now monthly these meetings provide an effective joint working approach based on a "gold standard" response to domestic abuse referred to as a Co-ordinated Community Response (CCR) as set out in our local strategy. The Strategic Board oversees OxDAP and its role in delivery of Oxfordshire's Domestic Abuse Strategy.

Funding awards for Oxfordshire

9. A grant of £1.14 million has been awarded by Ministry of Housing Communities and Local Government (MHCLG) to Oxfordshire County Council for delivery of services to meet the safe accommodation needs of victims and their families in Oxfordshire. This is in year funding for 2021-22 and as yet the funding allocation for future years is unconfirmed. In addition, small grants have been awarded to tier 2 local authorities (approximately £30k per District / City Council) to help them with their duty to co-operate with their tier 1 local authority partners.

Oxfordshire's progress with new duties under the Domestic Abuse Act 2021

New Terms of Reference for the Strategic Board

10. Changes to our existing Strategic Board were required to meet the requirements of the new statutory board. We have now reviewed our Terms of Reference and agreed these with existing Board members (which includes all tier 2 local authorities). Both membership and purpose have been reviewed to align with the Act. The enhanced membership includes the voice of victim - survivors of domestic abuse and representatives from providers of

[1] Strategic Review of Domestic Abuse Oxfordshire 2016
[2] Microsoft Word - Oxfordshire Domestic Abuse Strategy 2019-24 FINAL

specialist domestic abuse services. We are developing a survivor forum to ensure diversity in the voice of victim – survivors. We will also hold meetings in two parts with selective attendance for one part to avoid potential conflicts of interest.

Commissioning a Housing Needs Assessment

11. Guidance for the required Housing Needs Assessment (HNA) was issued by MHCLG in March making it clear that the Needs assessment was to be limited to the safe accommodation needs (including pathways to such) of victims and families affected by domestic abuse. The Strategic Board took the view that it would be more helpful to broaden this remit to include perpetrators and other specialist support services that would ensure we were taking a "whole system approach". We developed a specification to reflect this and having followed a competitive process have identified a provider to deliver this Needs Assessment. We intend that the Needs Assessment and updated Strategy will be completed towards the end of August or early September 2021.

Rapid review gap analysis and initial spend plan

12. There is already a significant evidence base provided by specific pieces of work highlighting gaps in support for victims and families, for example the Thames Valley Black Asian Minority Ethnic (BAMER) Report published in Autumn 2020. To ensure we make best use of our allocation of funding for 2021-22 meeting known needs straight away rather than wait for the outcome of the Needs Analysis we have undertaken a rapid review gap analysis and used that to inform the development of an initial spending plan. This will be finalised at our first statutory board meeting on 16 June 2021.

Next Steps

Updating our local domestic abuse strategy

13. We have included this in our specification for our Needs Assessment provider to be completed once the Strategic Board has had an opportunity to feed back on the Needs Assessment.

Reporting to central government

14. Both the Needs Assessment and the updated strategy are required to be shared with the Domestic Abuse Commissioners Office within MHCLG. We will also need to monitor delivery of the strategy and provide an annual report to the Secretary of State. It has been indicated by MHCLG that there will be a reporting framework for regular reporting by the Strategic Board on service delivery thereafter.

Ansaf Azhar, Corporate Director for Public Health

Contact Officer: Sarah Carter, Strategic Lead for Domestic Abuse, Public Health, Oxfordshire County Council, Sarah.Carter@Oxfordshire.gov.uk
June 2021

Healthwatch Oxfordshire Report to Health and Wellbeing Board June 2021

Since the last Board meeting in March 2021, we have continued to reach out and gather people's experiences of health and social care services in the county.

The following gives an overview of our activity since the last meeting.

1 Outreach and communication

We continue to engage using a range of methods including surveys (paper and online), zoom events and direct communications via local groups and media. We are also increasing face to face engagement as the Covid restrictions lift. Planning outreach activity in Chipping Norton at the end of June / early July – COVID restrictions allowing.

2 Recent reports

Full and summary sheets of all reports, plus responses from commissioners and providers available on: https://healthwatchoxfordshire.co.uk/our-reports/healthwatch-oxfordshire-reports/

We have recently published:

2.1 Experience of using pharmacists in Oxfordshire in 2020.

We heard from 370 people between February and September 2020 about their experiences of using pharmacies in the county. Respondents valued the role, service, and presence of community pharmacies, particularly important during COVID-19, although there was some anxiety about need to queue and social distance, and initial delays to medications.

Using pharmacies for advice varied - 52% respondents 'sometimes' asked the pharmacy for advice, and 30% 'never' used pharmacy for advice. People are not always clear who they are talking to in the pharmacy, and sense 'too busy' to talk. If aspirations for role of pharmacies in NHS Long Term Plan are to be fulfilled, more needs to be done to:

- Educate the public and communicate the pharmacist's role in support of minor conditions, advice, and prevention along with specialist commissioned roles.
- Provide clear information in the pharmacy about the role, qualification, and expertise of pharmacists to provide information and support.
- Clearly signpost pharmacist personnel within staff team at pharmacies - including availability of confidential space
- Actively encourage the public to 'ask your pharmacist'.
- Address issues highlighted with repeat prescriptions including delays, errors, and reliability.

2.2 Seeing a dentist during COVID-19

Overall people who responded said they had had access to timely emergency and routine care from dentists during COVID-19. However, some face continued challenges in accessing emergency care and NHS dentists. Our report on *Access to Oxfordshire Dental Services during Covid 19 Restrictions* captured people's experiences of dental care from later in the pandemic:

- Restricted access has meant that people who cannot see a dentist for urgent care have been left in pain or with worsening oral health.
- While wealthier people were able to access treatment during this time by paying privately, this effectively excludes those on lower incomes.
- People told us they wanted more and fairer access to dental care across public and private sectors, especially for urgent or emergency treatment.

Despite NHS England targets being imposed, we continue to hear that many people are still finding it difficult to get a dentist appointment. **Full report and response** from NHS Dental Commissioner available on our website.

2.3 Voices of the loved ones of care home residents during the Covid-19 Pandemic

Between November 2020 and the end of February 2021 59 people told us about their personal experiences of having a family member living in a care home during the COVID-19 pandemic.

This report sets out what we heard and the strong themes that appeared, which we believe are reflections of others' experiences.

The personal stories shared were powerful, often painful and intimate.

"Nearly a whole year of not hugging/kissing mum is breaking my heart"

What we heard:

- There is little consistency across care homes for supporting relatives.
- Relatives and residents find visiting often upsetting, challenging, distressing, stressful and frustrating due to the COVID-19 constraints.
- The impact on families has led to intense feelings of loss, fear, and distress, and some relatives believe the impact on residents has been detrimental to their physical and mental health.
- Generally, relatives are very positive about the carers looking after their loved ones but there is a sense of sadness and envy that their close relationships have transferred from relative to carer.

"It's heart-breaking not being able to touch or get close to my husband. He doesn't understand why I can't come in and feels abandoned. It's cruel beyond belief."

Strong themes appeared in what we heard from relatives that we believe are experienced more widely. We would like to see more flexibility around visiting and discussions around how relatives can be treated as part of the caring team.

We have called a round table meeting on June 23rd of organisations involved in commissioning and regulating care homes in the county, along with local care providers. We want to hear their responses to the report and initiate work on how Oxfordshire care homes can become exemplars of good practice in valuing the role of families of care home residents.

Responses received to the report:

- Eddy McDowall, Chief Executive of Oxfordshire Association of Care Providers (OACP), who said: "We very much hope that the learning we have all had, coupled with continued partnership working across all of our health and care system, will support a way back to normal as soon as possible". Read his response in full here. (pdf)
- Suzanne Westhead, Interim Deputy Director, Health, Education & Social Care Commissioning at Oxfordshire County Council, who has said they would like to work with Healthwatch Oxfordshire to respond to the findings and will attend the round table event.

2.4 The Covid-19 vaccination programme in Oxfordshire – what we heard.

We ran two surveys from January to March 2021

- General public survey was open to anyone whether vaccinated or not.
- Survey for people who attended the Kassam Stadium vaccination hub.

People who took part in the surveys

- General survey: 512 people responded.
- Kassam survey: 104 people responded.
- Most respondents were older, white British - a group generally known to be supportive of the vaccination programme.

Views about the Covid-19 vaccine

- Overall, respondents were very positive about the benefits of vaccines in general and were in favour of the Covid-19 vaccine.
- A small number in the general survey said they were hesitant about the vaccine or would refuse it.
- The main reasons for hesitancy or refusal were:
    - distrust in the vaccine or the clinical approval process
    - uncertainty about safety or efficacy
    - fear of possible side-effects
- Other barriers that might prevent people having the vaccine included:
    - Access to transport

- Distance to the vaccination centre
- Hesitancy to use public transport.

Information and communication about the Covid-19 vaccine

- Most people felt that information and communication about Covid-19 vaccines was clear, understandable, and effective.
- People generally felt able to distinguish between scientific information and misinformation often published on social media.
- People found Government 'mixed-messaging' about the vaccines and sudden changes in decisions confusing and unhelpful.
- Accurate and consistent information needs to be clearly communicated for people to know what to do.
- People from vulnerable groups (especially ethnic minority and people with underlying health conditions or allergies) need easy access to information about vaccine safety and possible side-effects.

Experiences of getting the vaccine Covid-19 vaccine.

- Most feedback very positive:
  - vaccination centres well-organised and safe
  - vaccination process clear and efficient
  - staff and volunteers friendly and helpful
- A few criticisms:
  - difficulty booking appointments (getting timeslots or trying to book for two people)
  - too many people in the vaccination centres and little social distancing

Healthwatch Oxfordshire are attending the Oxfordshire Vaccination Delivery Board meeting in middle of June to present the report.

2.5 Didcot April 2021

146 people shared their opinions of living in the Didcot area and their experiences of accessing health, social care and community services.

We heard that:

- Overall people are positive about living in the area.
- Almost a quarter of respondents complained about access to GP practices and health service appointments.
- Many people travelled out of the area to see a dentist due to lack of NHS provision in Didcot.
- 42% complained of traffic and poor road conditions.
- 15% said lack of provision and facilities for young people and families was a problem in the town.
- We also heard concerns about the impact of housing growth on infrastructure and health services.

Our call to action:

Those public bodies and partnerships responsible for planning and delivering services to the Didcot communities must work together with these communities to ensure that population growth in the area is sustainable and supported with adequate infrastructure. We have invited stakeholders to a roundtable meeting on 18th June 2021 to build on existing discussions and develop relationships.

2.6 GP website check-up April 2021

During the 2020 COVID-19 pandemic patients were recommended not to attend surgeries for appointments. Healthwatch Oxfordshire heard from patients that it was taking longer to get in touch with their GP surgeries using their surgery websites and by telephone.

Given that patients were being recommended to use their practice website we wanted to find out how easy websites were to navigate for patients.

All 67 Oxfordshire GP practice websites were surveyed between November 2020 and January 2021 to assess the ease of use and clarity of information on the site.

The survey was carried out by Patient Participation Group Chairs and Healthwatch Oxfordshire volunteers. We found:

All 67 Oxfordshire GP surgeries have a website, information on these sites was often:

- Inconsistent across different web pages.
- Out of date.
- Links to internal and external pages not working.
- Links led to pages with no content.

Requirements to complete registration at the practice included:

- 43 practices asked for patient identification.
- 43 practices required proof of address.

Recommendations

1. All GP surgeries must review and update their websites by **the end of July 2021**. This review must include checking accessibility, translation, checking that links to other sites / documents work, information on how to make a complaint. Healthwatch Oxfordshire will carry out a second review of all GP websites during August 2021 and report back to GP surgeries, Oxfordshire Clinical Commissioning Group, and Care Quality Commission.

2. All GP surgeries must make information about how to register with the practice easy to find on the website and accessible.

3. Information about how to register with the practice must be clear and in line with the NHS guidance and documentations. This can be found here:

https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/

4. The registration document must be the NHS GMS1 registration form. This form together with guidance on completion can be found here https://www.gov.uk/government/publications/gms1

5. A clear statement must be posted saying that:

Anyone in England can register with a GP surgery.
You do not need proof of address or immigration status, ID or an NHS number.
If you have problems registering with a GP surgery:
Call the NHS England Customer Contact Centre on 0300 311 22 33
or
Contact Oxfordshire Clinical Commissioning Group (contact details included)
Or
Contact Healthwatch Oxfordshire (contact details included)

6. Easy to find and updated information on what a Patient Participation Group (PPG) is, how to join it, and how to make contact. This should be done in conjunction with the practice PPG.

The report was circulated to all Oxfordshire GP practices, the Oxfordshire Clinical Commissioning Group, the Care Quality Commission (CQC), and Patient Participation Groups. Each surgery received a copy of the assessment of their website.

2.7 Ongoing research includes:

- Involved in wider group looking at **vaccine hesitancy** and ways forward (convened by Oxfordshire Clinical Commissioning Group) and have supported system linking up to Boater community and other seldom heard groups.
- Views on **Ear Wax Treatment** – survey investigation in response to ongoing inquiries received.

3 Overview of 2020 -21 activity

Our Annual Outcomes and Impact report 2020-21 is due to be published at the end of June 2021. This will be distributed to all Board members.

A quick summary of what a difference our work has made between January and March 2021 shows:

- We helped members of the asylum community to access a COVID-19 vaccination after asking Luther Street Medical Centre if they could attend the vaccination clinic the practice was already running for homeless people. So far, we know that at least 10 refugees have taken up the offer of attending this drop-in vaccination clinic.
- We informed members of the local boating community about a national research project being carried out for NHS England, enabling them to share their views on how access to health services could be improved.

- We continued to seek responses from service providers for patients who gave a review via our Feedback Centre. We published 7 provider replies to people this quarter.
- Oxford University Hospitals cite our coronavirus web page as one of six trusted sources of information they link people to.

Despite spending most of the year unable to work face-to-face in the community we have still heard directly from **7,697** people. This has largely been using social media channels, online meeting spaces, and other electronic means of communication.

Where possible and following COVID-19 protocols we have continued to meet groups in the community, have carried out one Enter & View visit plus some outreach work in Didcot.

4 Wider Healthwatch Oxfordshire Activity

Continued events for Patient Participation Groups (PPG) https://healthwatchoxfordshire.co.uk/what-we-do/ppgs/ including:

- 60 PPG members met on 26th March via Zoom to hear about social prescribing.
- On 30th April PPG members came together to talk and share ideas about how to recruit new members. The PPG Chair from Hightown Surgery, Banbury told us about how the PPG worked with their surgery to promote the PPG to new patients.
- Fortnightly newsletter for PPGs

We are supporting 5 **Community Researchers** to undertake training and small research projects (Community Participative Action Research), via funding from Health Education England and Public Health South-East and separately the Care Quality Commission. They are at the stage of identifying area of focus and will develop skills in research in their communities over the coming year.

Oxfordshire Wellbeing Network (OWN) events including:

- Community outreach workers to support information sharing and networking which was held on 19th May and 30 people attended. A full report will be available in the coming weeks.
- Planning another event on the 15th June for community groups to discuss the Wellbeing in communities report and share their experiences.

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Health & Wellbeing Performance Framework: 2020/21
June 2021 Performance report

A good start in life

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
1.1 Reduce the number of looked after children to 750 by March 2021	750	Q4 2020/21	762	A	788	A	771	A	776	A	The number is higher than last year (767) & tgt (750) as fewer people left the cared for system with backlogs in family courts.
1.2 Maintain the number of children who are the subject of a child protection plan	550	Q4 2020/21	504	G	539	G	525	G	475	G	
1.3 Increase the proportion of children that have their first CAMHS appointment within 12 weeks to 75%	75%	Feb-20	35%	R	35%	R	35%	R	35%	R	Local and national reporting suspended in March 2020 to allow greater focus on managing Covid.
1.5 Reduce the number of hospital admissions as a result of self-harm (15-19 year) to the national average (rate: 617 actual admissions 260 or fewer)	260	Q4 2020/21	35	G	89	G	160	G	242	G	
1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths	73%	19/20 ac yr	n/a		n/a		n/a		n/a		Test results not available for 19/20
1.7 Maintain the proportion of pupils achieving a 5-9 pass in English and maths	43%	19/20 ac yr	n/a		n/a		n/a		n/a		Test results not available for 19/20
1.8 Reduce the persistent absence rate from secondary schools	12.2%	Term 2: 20/21	15.9%		15.9%		17.4%		n/a		With schools not open for parts of the year persistent absence is not a relevent measure
1.9 Reduce the number of permanent exclusions	66	Term 2: 20/21	66		66		7		7		Data affected by pandemic & lockdown. Significant drop in permanent exclusions following work between the Exclusion & Reintegration team and schools to prevent exclusions.
1.10 Ensure that the attainment of pupils with SEND but no statement or EHCP is in line with the national average	tbc	19/20 ac yr	n/a		n/a		n/a		n/a		Test results not available for 19/20
1.11 Reduce the persistent absence of children subject to a Child Protection plan	tbc	Q3 2018/19	n/a		n/a		n/a		n/a		Data available annually only. This is for 2018/19 accademic year. Figure not expected for 19/20 due to lockdown
1.12 Reduce the level of smoking in pregnancy	7%	Q3 2020/21	7.1%	A	7.5%	R	6.9%	A	6.7%	G	Oxfordshire CCG level, Year to date
1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	95%	Q3 2020/21	93.1%	A	95%	G	94.0%	A	93.5%	A	
1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	95%	Q3 2020/21	92.5%	A	92.5%	R	91.5%	A	92.9%	A	
1.15 Reduce the levels of children obese in reception class	7%	2019/20	7.6%	G	6.7%	A	6.7%	A	6.7%	A	Measuring stopped in March 2020 by NHS/PHE - interpret with caution Cherwell 7.1%; Oxford 6.5%; South Oxon 7.9%; Vale 5.5% West Oxon 7.4%
1.16 Reduce the levels of children obese in year 6	16%	2019/20	15.7%	G	16.2%	A	16.2%	A	16.2%	A	Measuring stopped in March 2020 by NHS/PHE - interpret with caution Cherwell 19.9%; Oxford 16.4%; South Oxon 14.7%; Vale 15.6%; West Oxon 3.6%
1.4 The number of early help assessments to 1,500 during 2019/2020	Monitor only	Q4 2020/21	222		569		1177		1794		Target removed because of the impact of lockdown. Last six months 1138 EHA 11% higher than the last six months of 19/20 (1023). Aim once schools are fully functioning would be 2000 a year
1.17 Monitor the number of child victims of crime	Monitor only	Q4 2020/21	651		1503		2278		2692		11% reduction compared with last year
1.18 Monitor the number of children missing from home	Monitor only	Q4 2020/21	292		639		966		1261		38% reduction compared with last year
1.19 Monitor the number of Domestic incidents involving children reported to the police.	Monitor only	Q4 2020/21	1669		3409		5002		6619		4% increase compared with last year

Living well

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average	86%	Q4 2020/21	92%	G	96%	G	95%	G	93%	G	Routine inspection on hold, inspecting only where a concern Is raised
2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies	22%	Feb-21	12%	R	21.7%	A	21.7%	A	19%	R	This is a nationally set target. 22% for Feb (latest figure). 19% for year to date. Figures affected by Covid; national figure is reported on last quarter
2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	75%	Q1 2020/21	98%	G	98%	G	98%	G	98%	G	
2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe: JR (1 hour); HGH (1.5 hours)	95%	Jul-20	98% (JR) 100% (ORH)	G	85% (JR) 88% (ORH)	R	85% (JR) 88% (ORH)	R	85% (JR) 88% (ORH)	R	Figure for July
2.9 Proportion of people followed up within 7 days of discharge within the care programme approach	95%	Dec-19	96%	G	96%	G	96%	G	96%	G	Reporting currently on hold due to Covid
2.10 The proportion of people experiencing first episode psychosis or ARMS (at risk mental state) that wait 2 weeks or less to start a NICE recommended package of care.	56%	Dec-19	83%	G	83%	G	83%	G	83%	G	Reporting currently on hold due to Covid
2.11 Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by March 2020	75%	Q4 2020/21	17%		13%		13%		57%	R	Figure not rated till the end of the year
2.12 The number of people with severe mental illness in employment	18%	Nov-20	22%	G	18%	G	19%	G	19%	G	Reporting currently on hold due to Covid
2.13 Number of new permanent care home admissions for people aged 18-64	< 39	Q4 2020/21			12	G	13	G	17	G	
2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2020	10	Dec-20	0	G	8	A	5	G	5	G	
2.15 Reduce the number of people with learning disability and/or autism placed/living out of county	< 175	Q4 2020/21	165	G	164	G	161	G	158	G	
2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	18.6%	Nov-20	17.8%	A	17.7%	A	17.7%	A	21.3%	R	Cherwell 24.7%; Oxford 13.4%; South Oxfordshire 15.0%; Vale of White Horse 16.5%; West Oxfordshire 19.5%
2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	> 2,337 per 100,000*	Q4 2020/21	3,562	G	1839	R	2423	R	2774	R	
2.18 Increase the level of flu immunisation for at risk groups under 65 years	75%	Sep 20 to Feb 21	53.2%	A	53.2%	A	57.2%	R	58.9%	R	
2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20)	97%	Q3 2020/21	no data		72.8%		80.2%		81.4%		No targets set for 2020/21 as Programme primarily paused due to COVID-19
2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)	49%	Q3 2020/21	no data		35.9%		39.5%		40.0%		No targets set for 2020/21 as Programme primarily paused due to COVID-19
2.21 Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)	80%	Q2 2020/21	68.6%	R	66.9%	R	66.9%	R	65.9%	R	
2.21 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 5.5 years	80%	Q2 2020/21	76.6%	R	76.1%	R	76.1%	A	75.7%	R	

Aging Well

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
3.1 Increase the number of people supported to leave hospital via reablement in the year	Monitor only	Q4 2020/21	139		145		148		156		Figures are the average number per month
3.2 Increase the number of hours from the hospital discharge and reablement services per month	Monitor only	Q4 2020/21	7297		7405		7277		7208		Figures are the average number per month
3.3 Increase the number of hours of reablement provided per month	Monitor only	Q4 2020/21	5090		5316		5417		5502		Figures are the average number per month
3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	>18.8%	Q4 2020/21	20%	G	21%	G	21%	G	19%	G	
3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average	> 69.9%	Feb-21	74%	G	74%	G	74%	G	72%	G	National social care user survey February 2020.3%pts increase in year
3.6 Maintain the number of home care hours purchased per week	21,779	Q4 2020/21	22,480	G	24,153	G	24,642	G	25,282	G	
3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population	24,550 or fewer	Q4 2020/21	23,640	G	23,640	G	23,915	G	24,154	G	23,915 for March; 18,482 year to date
3.8 90th percentile of length of stay for emergency admissions (65+)	18 or below	Q4 2020/21	11	G	13	G	14	G	13	G	13 days for March and year to date
3.9 Reduce the average number of people who are delayed in hospital	< 38	Q4 2020/21	20	G	32	G	30	G	30	G	National publication suspended in March 2020. Local figure for end of March 21 reported here
3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week remains below the national average	14	Q4 2020/21	5	G	9.4	G	10	G	10	G	397 admissions to the end of December
3.13 Increase the Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85% or more	Oct - Dec 2019	67.2	R	67.2	R	67.2	R	67.2	R	Figure fell in year, possibly as people with higher needs were supported
3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	3.3% or more	Oct - Dec 2019	1.75%	A	1.75%	A	1.75%	A	1.75%	A	Figure increased in the year from 1.7 to 1.75 but remains below the national average of 2.8%
3.15 Increase the estimated diagnosis rate for people with dementia	67.8%	Jul-20	61.3%	R	61.2%	R	61.2%	R	61.2%	R	
3.16 Maintain the level of flu immunisations for the over 65s	75%	Sep 20 to Feb 21	76.3%	G	76.3%	G	83.8%	G	84.4%	G	
3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)	60% (Acceptable 52%)	Q2 2020/21	67.4%	G	54.8%	A	54.8%	A	71.4%	G	
3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	80% (Acceptable 70%)	Q4 2019/20	69.2%	R	55.4%	R	55.4%	R	55.4%	R	

Tackling Wider Issues that determine health

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	208	Q2 2020/21	198	G	198	G	-		-		Cherwell 28; Oxford 86; S. Oxon 25; Vale 55; W. Oxon: not available at time of publication
4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	75%	Q2 2020/20	87.9%	G	87.9%	G	87.9%	G	87.9%	G	
4.3 Maintain numbers of rough sleepers in line with the baseline “estimate” targets of 90	90	Q3 2019/20	80	G	80	G	80	G	80	G	
4.4. Monitor the numbers where a “prevention duty is owed” (threatened with homelessness)	Monitor only	Q2 2020/21	377		377		247		247		Cherwell 31; Oxford 60; S. Oxon 66; VoWH 77; W. Oxon 13
4.5 Monitor the number where a “relief duty is owed” (already homeless)	Monitor only	Q2 2020/21	159		159		201		201		Cherwell 33; Oxford 75; S. Oxon 14; VoWH 25; W. Oxon 54
4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	Monitor only	Q2 2020/21	5		5		7		7		

Report to Health and Wellbeing Board

Report from: Children's Trust Board (Chair – Cllr Steve Harrod)
Report Date: 4th June 2021
Dates of meetings held since the last report: 9th March 2021 – Virtual meeting due to COVID-19 restrictions
HWB Priorities addressed in this report – A Healthy Start in Life
Link to any published notes or reports: Children & Young People's Plan 2018 - 2022
Priorities for 2020-21
Be Successful 1. Have the best start in life. 2. Access high quality education, employment and training that is motivational. 3. Go to school and feel inspired to stay and learn. 4. Have good self-esteem and faith in themselves. **Priority focus for 2020/21 and 21/22: Focus on children not engaged in education**
Be Happy and Healthy 5. Be confident that services are available to promote good health and prevent ill health – early in life and before crisis. 6. Learn the importance of healthy, secure relationships and having a support network. 7. Access services to improve overall well-being. 8. Access easy ways to get active. **Priority focus for 2020/21 and 21/22: Focus on social, emotional, physical & mental well-being**
Be Safe 9. Be protected from all types of abuse and neglect. 10. Have a place to feel safe and a sense of belonging. 11. Access education and support about how to stay safe. 12. Have access to appropriate housing. **Priority focus for 2020/21 and 21/22: Focus on domestic abuse**
Be Supported 1. Be empowered to know who to speak to when in need of support and know that they will be listened to and believed. 2. Access information in a way which suits them best. 3. Have inspiring role models. Talk to staff who are experienced and caring. **Priority focus for 2020/21 and 21/22**

1. Progress reports on priority work to deliver the Joint HWB Strategy

Priority	Be Successful
Focus	Children not engaged in education
Deliverable	See updated Children and Young People Plan for list of deliverables
Progress report	Reviewed in Sept 2020

Priority	Be Healthy
Focus	Social, emotional, physical and mental well-being
Deliverable	See updated Children and Young People Plan for list of deliverables.
Progress report	Reviewed in Dec 2020 and Mar 2021

Priority	Be Safe
Focus	Domestic Abuse – update was planned in March 2021 meeting but due to sickness didn't happen
Deliverable	See updated Children and Young People Plan for list of deliverables.
Progress report	To be reviewed at the June 2021 meeting

Priority	Be Supported
Focus	Listen to the feedback from young people in Oxfordshire
Deliverable	This deliverable is measured by a standing agenda item, to hear feedback from young people via VOXY. Additionally, via the "Be Supported Survey."
Progress report	To be reviewed at the Jun 2021 meeting Survey is launched every Jan and will run for 4 weeks. An update is expected at the CTB meeting in June. Due to COVID-19 there has been a delay and has run for 6 weeks

2. Note on what is being done in areas rated Red or Amber in the Performance Framework

Performance remains affected by COVID-19; there were no educational results for the last academic year and traditional attendance measures now longer apply. Reporting on some health measures including CAMHS timeliness has been suspended.

<u>Be Successful</u>

- Since the full return to school more pupils in Oxfordshire are attending school than elsewhere. At the time of writing (mid-May) the latest national figures show 94% of pupils locally were in school compared with 89% nationally. Attendance of more vulnerable children remains comparatively high at 88% for children with an Education, Health and Care Plan compared to 85% nationally
- 83% for children with a social worker compared to 81% nationally

- COVID-19 has also seen an increase in children who are electively home educated. At the end of term 4 there were 930 electively home educated pupils, an increase of 42% on the start of the academic year. Anecdotal evidence is that other areas are seeing greater rises. Nine children who are electively home educated are the subject of a child in need or child protection plan.

Be Healthy

- CAMHS data production has been suspended but the last report for February 2020 timeliness was 41% for the month and 35% for the year to date.
- Levels of hospital activity, which were suppressed in quarter 1 have subsequently risen to expected levels. Even with the drop in quarter 1 the number of Accident & Emergency attendances for self-harm for 16-19 years has increased by 6%.

Be Safe

- This year there has been a 4% increase in domestic incidents and a 17% increase in domestic crimes involving children compared to last year. Reported domestic abuse and crime rates have been rising considerably for some years across the Thames Valley, partly driven by people having greater confidence in being able to report and improved recording within the police. Extensive partnership work took place to reach out to vulnerable people during lockdown including pro-active follow up with repeat callers. Feedback from that work to date indicated no substantive evidence of hidden harm being uncovered.
- Last year the number of MASH enquiries rose by 35%. The increase in demand has been mitigated through 7 additional temporary staff being employed in the MASH. Timeliness of dealing with MASH enquiries improved in the last quarter.
- The increase in MASH contacts has not translated to more children entering social care. The continued development of early help, and implementation of the family solutions model have helped to safely reduce the number of children the subject of child protection plans from over 750 children in June 2018 to 460 by the end of April 2021. We had expected the number of children we care for to follow the child protection trend and reduce but this did not happen last year. Instead the number stayed stable. This is because fewer children are leaving the cared for system. There remains a pressure on placements and the number of people placed out of county and not in neighbouring authorities remains high.

Indicator Number	RAG	What is being done to improve performance?
1.3 Increase the proportion of children that have their first CAMHS appointment within 12 weeks to 75%	N/A	Local and national reporting suspended in March 2020 to allow greater focus on managing COVID-19 The last report for February 2020 timeliness was 41% for the month and 35% for the year to date
1.11 Reduce the persistent absence of children subject to a Child Protection plan	N/A	Data available annually only. This is for 2018/19 academic year
1.1 Reduce the number of children we care (previously looked after children) for to 750 by March 2021	A	Marginal rise to 776 in quarter 4 (20/21) in the year as fewer children left the cared for system

3. Summary of other items discussed by the board

- Update on Children & Young People's Plan

Last year the CYP plan was extended by an extra year due to the impact of the pandemic, so it was recommended that the plan should be extended for a further year until 2023. This would be a five-year plan from 2018-2023 as there have been solid work on the priorities and investment of resources. This was agreed by the members. The same priorities remain a focus for the Board.

- Follow up on Early Intervention Development

*Document for '**Principle for Early Intervention Development Work (March 2021)**' is available upon request from either* colm.OCaomhanaigh@Oxfordshire.gov.uk or indra.gill@oxfordshire.gov.uk

The above stated document is based on discussions that started in a previous Children's Trust Board meeting on how to best develop Early Help within the county. These discussions led to the key principles proposed in the document and are brought to the meeting for consultation.
The intention is to reflect and discuss how to turn these principles into services design work; how to scale the work; how to adapt and be responsive to the needs of a particular area while providing an offer; how we can collectively meet the needs of children in a systemic way and strengthen the partnership. Other areas of consideration are what is the common skill set that all staff should share; how to avoid being territorial with our buildings; how to reduce the bureaucratic burden?
The idea is to see how to move from principles into design ideas that may be translated into new service arrangements. The Children's Trust Board members are in touch with groups where the work can be consolidated, and governance defined making the best use of our time. This would turn into a plan and business case with potential investments likely over the next year.
The CTB members approved the key principles proposed and next steps.

- OXME (young people's website for Oxfordshire County Council) – revised digital wellbeing offer and campaign - demonstration

Link to the page: https://oxme.info/wellbeing

Jessie Dobson gave a presentation on the piece of work they have done on the 'Wellbeing' webpage in the OXME website. They identified three main issues affecting young people (mainly aged from 16 to 19yrs), because of COVID-19. These are anxiety/sleep; isolation/loneliness; and education/employment/training after year 11. This is a lower level of offer for all young people and additional support is on offer for those who may need it.
Regarding the web development, young people are used to looking for information through devices and welcome this initiative. The page works on a 3-click offer. The contents are based on the three areas of concern. There are videos, signposting of routes for support and possible onward referrals. The team is working with partners across Oxfordshire to make them aware that there may be more demand.
The ambition is to have 200 clicks in a month to meet the scale of the problem. We need to start generating interest and discussion and mobilising awareness. Children's Trust

Board members have collaborated with this project and it is very much a partnership initiative.

Forward plan for next meeting

The following items are due to be considered in the forthcoming meeting:

- Children & Young People's Plan Focus Area – Be Safe (report on Domestic Abuse)
- CYPP Implementation Plans – 20-21 Progress and Priorities for 21-22
- Update on Early Intervention Development

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Report to the Health and Wellbeing Board, 13 June 2021

Report from	Health Improvement Partnership Board
Report Date	13 June 2021
Dates of meetings held since the last report:	27 May 2021
HWB Priorities addressed in this report	☐ A coordinated approach to prevention and healthy place-shaping. ☐ Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan). ☐ An approach to working with the public so as to re-shape and transform services locality by locality. ✓ A Healthy Start in Life ✓ Living Well ✓ Ageing Well ✓ Tackling Wider Issues that determine health
Link to any published notes or reports:	Papers for May 2021 meeting were published and can be found here: Agenda for Health Improvement Partnership Board on Thursday, 27 May 2021, 2.00 pm (oxfordshire.gov.uk)
Priorities for 2021-22	In the light of the Coronavirus Pandemic, the Board undertook a review of its key priorities within its overarching objectives to promote prevention and address inequalities. It was agreed that its focus for 2021/22 will be: • Obesity • Smoking • Mental Well-being. These priorities are all supported by recent strategies endorsed by the Board and will have significant impact on inequalities.

1. **Progress reports on priority work to deliver the Joint HWB Strategy (priority, aim, deliverable, progress report)**

A. Delivering a Smokefree Oxfordshire by 2025

Priority	A coordinated approach to prevention
Aim or Focus	The priorities for tobacco control in Oxfordshire in 2021/22 and its ambition to be smoke free by 2025 were presented to the Board.
Deliverable	The Strategy's ambition is for Oxfordshire to be smokefree by 2025 (defined as less than 5% of the adult population smoking). County and District Councils across Oxfordshire have signed up to this ambition, along with Oxford Health NHS Foundation Trust, Oxfordshire University Hospital NHS Foundation Trust and Oxfordshire Clinical Commissioning Group.
Progress report	The strategy highlights the importance of creating healthy smoke free environments and preventing people from starting smoking. It emphasises the need to directly tackle the stark inequalities in smoking rates and tobacco-related harm across the County – particularly among people with long term mental health conditions. It highlights the shared responsibility for achieving this across the member organisations of the Oxfordshire Tobacco Control Alliance **Inequalities in Smoking Prevalence** • Whilst the overall adult smoking rate in Oxfordshire is 12%, it is higher in more deprived parts of the County, with smoking rates among routine and manual workers at 22.5% - nearly double the county average. • In Oxfordshire, 17.3% of adults with a long-term mental health condition smoke and for those with serious mental illness, smoking prevalence is over three times the average in the County at 36.4%. Our tobacco control priorities for 2021/22 focus on prevention and creating healthy smoke free environments, alongside providing targeted stop smoking services for those who need it most, and using enforcement for retailers who break the law. In 2021/22 we are working with senior leaders from member organisations of the Oxfordshire Tobacco Control Alliance (OTCA) to update, finalise, and deliver the OTCA action plan for 2021/22 at all levels. The action plan is not just about smoking cessation services, system partners have a key role to play in shaping, as had the NHS in addressing smoking amongst people being treated for mental health needs.

	This will include working more widely with health service partners across the Integrated Care System

B. The Mental Health Prevention Concordat Partnership and Framework

Priority	A coordinated approach to prevention
Aim or Focus	The Board was updated on progress against the framework for action in Year 1 of the Mental Health Prevention Concordat Partnership and next steps for 2021-2022.
Deliverable	The Health Improvement Board (HIB) signed up to the Public Health England (PHE) Prevention Concordat for Better Mental Health in May 2019. It aims to galvanise local cross-sector action and increase public mental health approaches to support the prevention of mental health problems and the promotion of good mental health and wellbeing across the whole system.
Progress report	The partnership has come together five times since May 2020 to share organisation updates, progress against the areas for action, and insight on the emerging needs and challenges as a result of COVID-19. It has: • Developed a three year evaluation framework 2020-23 with Oxford Brookes University to understand the impact and learning of the partnership. • Formed Oxfordshire communications multi agency group which as of May 2021 has 15 members. We have delivered five joint mental health and wellbeing campaigns on: Sleep, Men's Health Week, World Mental Health and Suicide Prevention Day and Festive campaign targeted at key workers and students. • Delivered mental health and suicide prevention training to 200 frontline staff and volunteers including: Community Food Services, District Councils, NHS and Faith Settings. • Launched a Mental Wellbeing Small Grant scheme in March 2021 for community groups to support local initiatives: 75 applications received and awarded £72,000 to six local organisations.

C. Oxfordshire's Suicide and Self-Harm Prevention Strategy

Priority	A coordinated approach to prevention and improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).
Aim or Focus	To provide an update on the work of the Suicide Multi Agency Group since the launch of the Oxfordshire Suicide and Self-Harm Prevention Strategy in March 2020
Deliverable	The Suicide and Self-Harm (SSH) Prevention Strategy sets out the long-term focus and commitment of the Suicide Multi Agency Group partners to reduce suicide and self-harm in Oxfordshire over the next 4 years.

	The suicide rate in Oxfordshire in 2017-19 was 8.9 per 100,000 of population (all ages) compared to the England rate of 10.1 per 100,000. This is a slight increase from the rate observed in 2016-18 of 8.6 per 100,000. The suicide rate in Oxfordshire males is statistically similar to England with a rate of 14.9 per 100,000 in 2017-19. This is a slight increase on the previous year (2016-18) which showed a rate of 14.2. Among females in Oxfordshire, the rate of suicide per 100,000 in 2017-19 was 3.1, down from 3.2 in the previous year. Compared to a 4.9 per 100,000 population in England.
Progress report	The Oxfordshire strategy, based on national policy, combined with the local knowledge, insight and personal experiences, has four focus areas: • Suicide & self-harm: safer communities • Suicide & self-harm safer professionals & work settings • Accessible support for those effected by suicide & self-harm • Strong, integrated suicide & self-harm network **Progress Update** • Real Time Surveillance System (RTSS) continues to monitor deaths by suspected suicide. • Through partnership working, Public Health delivered geo-targeted digital campaigns to raise awareness of support available for mental health and wellbeing in West Oxfordshire and Cherwell. • The Oxfordshire strategy has an objective to prevent suicides at public places. British Transport Police (BTP) have worked in conjunction with Network Rail to carry out a review of the rail line in Oxfordshire to determine if there were any mitigating actions which could be completed to make the rail line less accessible. Locations on the rail line which have historically been used to gain access for fatalities are frequently patrolled by officers, and Network Rail staff are encouraged to report concerns to the BTP. • Suicide and self-harm prevention training has been a key deliverable for the partners of the Suicide MAG with many focusing on delivering training to front line staff and volunteers throughout the COVID-19 pandemic. Local third sector partners of the Suicide MAG have continued to provide support for the mental health needs of high-risk groups throughout the COVID-19 pandemic.

D. Report on the Healthy Weight Story Map for Oxfordshire and Physical Activity Story Map for Cherwell District Council

Priority	A coordinated approach to prevention
Aim or Focus	To provide an update on the development of the Oxfordshire Healthy Weight Story Map and the Physical Activity Story Map for Cherwell
Deliverable	A story map is a visual way to present data and information for a given geographical area. It is made up of several layers of maps, typically zooming in closer at each layer. The maps are accompanied by a narrative - the story that the mapped data helps to tell. Relevant indicators are chosen (such as proportion of people inactive) to help tell the story of the geographical area That data is then plotted on the map by chosen geographical scale (MSOA, LSOA etc), and displayed, for example in coloured quartiles to show differences across the area. The maps are interactive, meaning you can choose which mapped data you wish to view from any of the indicators presented.
Progress report	As part of the Whole Systems Approach to Healthy Weight in Oxfordshire, OCC has developed the story map to engage cross sector stakeholders, providing a clear picture and evidence to present the case for healthy weight in Oxfordshire.A visual data tool has been created to provide information across the life course about residents most at risk of being overweight or obese. The next phase of development of the map is to be completed during Summer 2021 and will include data on Oxfordshire's built environment. In Cherwell the physical activity story map has been created to better understand activity levels across the District and to map the assets in the District to support people to become more active and to create targeted interventions. The information on the story map will help Cherwell DC and partners better understand its residents and communities, so that collectively we can plan more effectively in areas that need support the most while also demonstrating impact of projects.

2. Note on what is being done in areas rated Red or Amber in the Performance Framework

Of the 21 indicators reported in this paper: Five indicators are green, four indicators are amber, six indicators are red:

- 2.16 Reduce the percentage of the population aged 16+ who are inactive (less than 30 mins/week moderate intensity activity)
- 2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population
- 2.18 Increase the level of flu immunisation for at risk groups under 65 years
- 2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years)

- 2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years)
- 3.18 Increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)

The impact of COVID 19 and the lockdown earlier in the year is reflected in performance, particularly on the uptake of health screenings and NHS health checks, among other face to face services which were affected. Part of the recovery plan is to now restart and improve preventive services.

Rosie Rowe, June 2021