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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, 21 November 2013 at 2.00 pm

County Hall, New Road, Oxford

Peter G. Clark
County Solicitor

November 2013

Contact Officer: ***Julie Dean, Tel: (01865) 815322***
julie.dean@oxfordshire.gov.uk

Membership
Chairman – Councillor Ian Hudspeth
Vice Chairman - Dr Stephen Richards

Board Members:

Councillor Mark Booty *(West Oxfordshire District Council)*	Chairman of the Health Improvement Partnership Board
Councillor Mrs Judith Heathcoat *(Oxfordshire County Council)*	Chairman of the Adult Health & Social Care Partnership Board
Councillor Hilary Hibbert-Biles	Member of Health Improvement Partnership Board
John Jackson	Director for Social & Community Services
Dr Mary Keenan	Chairman of the Children & Young People's Partnership Board
Jim Leivers	Director for Children, Education & Families
Dr Joe McManners	Vice Chairman of the Adult Health & Social Care Partnership Board
Dr Jonathan McWilliam	Director of Public Health
Matthew Tait	Area Director, Thames Valley NHS Commissioning Board
Councillor Melinda Tilley *(Oxfordshire County Council)*	Vice Chairman of the Children & Young People's Partnership Board
Councillor Ed Turner *(Oxford City Council)*	Vice Chairman of the Health Improvement Partnership Board
Larry Sanders	Chairman of Healthwatch Oxfordshire

Notes:
- ***Date of next meeting: 13 March 2014***

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 Rachel Dunn on (01865) 815279 or rachel.dunn@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 Chairman, Councillor Ian Hudspeth

2. Apologies for Absence and Temporary Appointments

3. Declarations of Interest - see guidance note opposite

4. Petitions and Public Address

5. Note of Decisions of Last Meeting

To approve the Note of Decisions of the meeting held on 25 July 2013 (**HBW5**) and to receive information arising from them.

6. Performance Report

2:05
20 minutes

Person(s) responsible: Members of the Health & Wellbeing Board
Person giving report; Director of Public Health

There will be a review **(HWB6)** of current performance against all the outcomes set out in the Health & Wellbeing Strategy. Performance of each Partnership will be presented in turn:

- Children & Young People (Jim Leivers and Cllr Melinda Tilley (in Dr Keenan's absence)
- Adult Health & Social Care (John Jackson and Cllr Mrs Judith Heathcoat)
- Health Improvement Board (Dr. Jonathan McWilliam)

Action Required: The Board is asked to note the report and presentations and to consider any action required.

7. Quality in Health and Social Care Services

2:25
10 minutes

Person(s) responsible: Chief Executive Officer, OCCG; Director for Social & Community Services
Person giving report: Director of Public Health

To discuss the current systems for monitoring quality and proposed developments **(HWB7).**

8. Financial Challenge

2:35
5 minutes

Person(s) responsible: Chief Executive Officer, OCCG; Chief Executive, Thames Valley Area Team, NHS England; Director for Social & Community Services, OCC

Person giving report: Dr Stephen Richards, Chief Executive Officer, OCCG.

To brief the Health and Wellbeing Board on the financial performance of the OCCG for the 2013 -14 financial year to September 2013 and the ongoing financial challenge now faced (**HWB8**).

Action Required: To note the report.

9. Integration Transformation Fund

2:40
15 minutes

Persons responsible: Director for Social & Community Services, OCC; Chief Executive Officer, OCCG.

Persons giving the report: John Jackson, Director for Social & Community Services; Dr. Stephen Richards, Chief Executive Officer, OCCG.

To establish the process by which the Health and Wellbeing Board can agree a plan to use the resources allocated to Oxfordshire through the Integration Transformation Fund by April 2014 (**HWB9**).

Action Required: to

(a) agree the proposed process as set out in paragraphs 18-23; and

(b) agree to consider the final Integration Transformation Fund plan at its meeting on 13 March 2014, alongside proposals for the Health to Social Care funding transfer for 2014/15.

10. Clinical Commissioning Group Strategy and Operating Plan

2:55
15 minutes

Person(s) responsible: Chief Executive Officer, OCCG
Person giving report: Dr. Stephen Richards, Chief Executive Officer, OCCG

OCCG has prepared a strategic overview document entitled ' Improving the Health of Oxfordshire' that is out for consultation (a copy of which is attached to the Agenda and colour copies will be available at the meeting).

This is aligned to seeking views on the NHS England 'Call for Action'. A report is attached at **HWB10** which provides an outline of this forthcoming national consultation on priorities in the light of restricted funding.

The following background documents are attached – for information only and not for discussion at the meeting.

- Letter to CCG Clinical Heads from Professor Robert Harris, Director of Strategy, NHS England
- Slideset 'A Call to Action – A Briefing for HWB'
- 'Consolidated Strategy – Planning Products by Process Box.'

11. Annual Reports from the Children's and Adults Safeguarding Boards

3:10
20 minutes

Persons responsible: Andrea Hickman and Donald McPhail, Independent Chairs of the Children's (OSCB) and the Adults Safeguarding Boards (OSAB) respectively
Persons giving reports: Vice - Chairman of OSCB, Peter Clark and John Jackson and Hugh Ellis (in Chairman of OSAB, Donald McPhail's absence)

To present the Annual reports from the OSCB and the OSAB respectively (attached at **HWB11**)

Action Required: To receive the reports.

12. Oxfordshire Children & Young People's Plan 2013/14

3:30
10 minutes

Persons responsible: The Oxfordshire Health & Wellbeing Board
Person giving report: Jim Leivers, Director of Children's Services

The Oxfordshire Children & Young People's Plan 2013/14 was considered by the

Children & Young People's Partnership Board on 24 October 2013. It is attached at **HWB12** for approval.

Action Required: to approve the Children & Young People's Plan 2013/14.

13. Local Healthwatch

3:40
10 minutes

Persons responsible: Larry Sanders, Chairman of Healthwatch, Oxfordshire and David Roulston, Director of Healthwatch Oxfordshire;
Director of Social & Community Services, OCC
Persons giving reports: Larry Sanders, Chairman of Healthwatch Oxfordshire and John Jackson, Director for Social & Community Services, OCC

The Chairman of Healthwatch, Larry Sanders, will give an oral update on recent developments.

John Jackson will also deliver an oral update on the procurement of Healthwatch, Oxfordshire from April 2014.

14. Reports from Partnership Boards

3:50
10 minutes

Oral reports on activities since the last meeting in July will be presented by:

- The Vice - Chairman of the Children & Young People Partnership Board, Cllr Melinda Tilley (in Dr Keenan's absence);
- the Chairman of the Adult Health & Social Care Partnership Board, Cllr Mrs Judith Heathcoat; and
- the Chairman of the Health Improvement Partnership Board, Cllr Mark Booty.

Action Required: To receive updates from each Partnership Board.

PAPERS FOR INFORMATION ONLY

- Letter on Transforming Care for people with learning disabilities and/or autism and mental health conditions or behaviours described as challenging (attached).

- Summary of correspondence received by the Chairman of the Board and how it was responded to (attached).

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 25 July 2013 commencing at 2.00 pm and finishing at 16:25

Present:

Board Members:	Councillor Ian Hudspeth – in the Chair Dr Stephen Richards (Vice-Chairman) Councillor Mrs Judith Heathcoat Councillor Hilary Hibbert-Biles John Jackson Dr Mary Keenan Jim Leivers Dr Joe McManners Dr Jonathan McWilliam Councillor Melinda Tilley City Councillor Ed Turner James Drury (in place of Matthew Tait)
Other Persons in Attendance:	Joanna Simons (Chief Executive, Oxfordshire County Council); Lorraine Foley, (Director of Commissioning & Partnerships, Oxfordshire Clinical Commissioning Group); Gareth Kenworthy, (Director of Finance, Oxfordshire Clinical Commissioning Group)
By Invitation:	
Officers:	
Whole of meeting	Peter Clark and Julie Dean (Oxfordshire County Council)

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 Julie Dean, Tel: (01865) 815322 (julie.dean@oxfordshire.gov.uk)

	ACTION
1/13 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1)	
Councillor Ian Hudspeth welcomed all to the meeting, in particular the new members of the Board, Councillors Hilary Hibbert - Biles, Melinda Tilley and Mrs Judith Heathcoat.	
2/13 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Councillor Mark Booty sent his apologies. James Drury attended in place of Matthew Tait.	
3/13 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no declarations submitted.	
4/13 Petitions and Public Address (Agenda No. 4)	
There had been no requests to address to petition members of the Board.	
5/13 Note of Decisions of Last Meeting (Agenda No. 5)	
The decision note of the meeting held on 14 March 2013 was approved and signed as a correct record.	Julie Dean
6/13 Terms of Reference (Agenda No. 6)	
On 2 April 2013, the County Council formally established a Health & Wellbeing Board for Oxfordshire under the Health & Social Care Act 2012. In so doing the Council formally adopted terms of reference for the Board and confirmed its membership. Since then, the Leader of the Council and Chairman of the Board had used his legislative powers to add the newly constituted Cabinet post of Cabinet member for Public Health & the Voluntary sector to the Board's membership.	

The Board were asked to formally adopt terms of reference for each of the three partnership boards, which included additional district council membership on the Health Improvement Partnership Board and to endorse their 'base membership'. The Board **AGREED** to: (a) note the terms of reference for the main Oxfordshire Health & Wellbeing Board, as determined by the County Council on 2 April 2013 (as set down at Annex 1 of report HWB6), subject to the inclusion of the following clause: ' To agree and monitor the use of the Health Transfer to Social Care funding from NHS England to Oxfordshire County Council pursuant to section 256 of the 2006 NHS Act'; and (b) consider and adopt terms of reference for each of the Partnership Boards, having regard to the drafts included as Annexes 2 – 4 of this report, respectively; (i) Children & Young People's Partnership Board; (ii) Adult Health & Social Care Partnership Board; (iii) Health Improvement Partnership Board	) Peter Clark/ Glenn Watson)
7/13 Performance Report (Agenda No. 7)	
The Board had before them a Performance Report reviewing current performance against all the outcomes set out in the Health & Wellbeing Strategy (HWB7). A table showing the agreed measures under each priority in the Joint Health & Wellbeing Strategy, expected performance and current performance was attached at Appendix A. The Board discussed the question of whether the report should provide further background information on any reported statistical variations within the indicators, to include locality variations. It was generally agreed that it was within the province of, and indeed a duty of, each of the Partnership Boards to execute this and to bring this information to the attention of this Board in the form of a written report.	

It was **AGREED** to note the report and to bring the above to the attention of each Partnership Board.	Ben Threadgold
8/13 Proposed Outcomes for the Joint Health & Wellbeing Strategy 2013/14 (Agenda No. 8)	
The Board considered a report **(HWB8)** which set out revisions to the current Joint Health & Wellbeing Strategy for Oxfordshire and which proposed outcome measures which would be used for performance management in the year ahead, based on responses to the recent public consultation. Cllr Ed Turner circulated a list of suggested amendments to a number of the targets contained in the Strategy, his rationale being that aggregate data might mask inequalities which may need to be addressed. This would allow the relevant Partnership Boards to move towards 'exception reporting', as agreed at Item 7. In response, the consensus was that the Joint Health & Wellbeing Strategy should remain as an overview of whole county performance at the Health & Wellbeing level. The individual partnership boards would be free to 'drill down' into inequalities issues at sub-county level (whether geographical or affecting specific vulnerable groups). The Board **AGREED** to approve the revisions and proposed measures to the current 2013/14 Joint Health & Wellbeing Strategy, subject to the following: • Priority 8.3 – 'At least 50% of those invited for NHS Health Checks will attend (ages 40 – 74)' – to request the Health Improvement Partnership Board to investigate the possibility of raising this target to 65% and to report back to this Board. • Priority 9.3 – '60% of babies are breastfed at 6-8 weeks of age (currently 59.1%) – to raise the target to 62%. and subject to the delegation to the Chairman of any minor alterations to the text, following consultation with the Vice-Chairman and the three Chairmen of the Partnership Boards.	Jonathan McWilliam

9/13 Themed Discussion - Financial Position of NHS and Social Care Commissioning Organisations (Agenda No. 9)	
Dr. Richards introduced the debate introducing Garth Kenworthy, Chief Finance Officer, Oxfordshire Clinical Commissioning Group. Each of the following spoke in turn making reference to their submitted papers(**HWB9**) and highlighting the respective financial pressures and challenges in their field: • John Jackson – Adult Social Care • Gareth Kenworthy – Oxfordshire Clinical Commissioning Group • James Drury - NHS England (Thames Valley Area Team and Specialist Commissioning in Oxfordshire) • Dr. Jonathan McWilliam – Oxfordshire Public Health Key pressure points and challenges highlighted by each were as follows: <u>John Jackson</u> - the challenges associated with demographic change affecting older people and children with a learning disability; - the reduced central government financial settlement this year and focus now being on better integration of Health and Social Care and reducing demand via prevention and early intervention programmes; - more people are requiring care this year than last year and there are also people still in the wrong bed-based setting; - there is the possibility of transferring up to £20million in Oxfordshire from Health to Social Care as part of better integration and funding reform but there is currently only half this figure identified as available in the system to date. <u>Gareth Kenworthy</u> - the biggest risk and current pressure demand is continuing increases in demand; - There is also pressure from limited flexibility in large acute and secondary care contracts - Recently there has been a significant step up in demand for urgent care services, for example, in ambulance services; - the significant financial challenges for the NHS set	

by Central Government amounting to savings of £30billion nationally by 2020.

James Drury

- reiterated those issues highlighted by Gareth Kenworthy adding that there would be a consultation processes over the coming months with a view to reviewing the scope of Health services across the region. These would be brought to future meetings of the Board.

Dr Jonathan McWilliam

- Public Health were experiencing increasing demand including more sexually transmitted infections, obesity was on the increase and there are more immunisation programmes to support.

Points raised during the debate were:

- David Nicholson had stated that the NHS had to be radical about how health care was to be delivered and that NHS personnel would have to be 'brave' about it. Equally more money was now being spent on early intervention and less on expensive forms of care and this required a different mind-set for the people delivering it;
- Integration was about improving and simplifying pathways of care for patients, making for a smoother service delivery. There were still many challenges along the way to achieve this;
- High quality information and advice was critical for helping people to arrange and manage their own care and support and supporting them to live independent lives at home for as long as possible. More linkage was required into university research etc;
- Finally the Board, together with its Partnership Boards, would take a common sense of purpose in discussing, scrutinising, making relationships and working together at a strategic level.

10/13 Approval of the use of NHS money for Adult Social Care (Agenda No. 10)	
The Department of Health had set out the terms of transferring money from the NHS to Social Care to achieve better outcomes for people in Oxfordshire, where it offered a more efficient use of the funds than if the funds were used for solely NHS purposes. This was the third year of a transfer of funds, and the Board considered a joint report (**HWB10)** from the County Council and the OCCG showing how the money was being used, the outcomes expected and the agreed monitoring arrangements. The draft Section 256 agreement covering the transfer of the funds and their use was attached at Appendix A. Dr Stephens, John Jackson and Gareth Kenworthy presented the report. The Board **AGREED** the use of the Health Transfer to Social Care Funding as set out in the report HWB10 and the draft Section 256 agreement. This was subject to the inclusion of any necessary changes following legal review by the County Council and NHS England and as agreed by the Director for Social & Community Services following consultation with the Cabinet Member for Adult Services.	Dr Richard Stephens/John Jackson/ Cllr Mrs Judith Heathcoat
11/13 Winterbourne View Stocktake - July 2013 (Agenda No. 11)	
In May 2011, serious abuse was uncovered at Winterbourne View, a private specialist hospital for adults with a learning disability and mental health needs. Following the programme, a series of investigations took place. In December 2012 the Department of Health published 'Transforming Care: A national response to Winterbourne View Hospital' which set out key actions for organisations across the health and social care system. A national Joint Improvement Programme had been established to support and oversee the delivery of the actions. The Board considered a report by the Director for Social & Community Services (HWB11), together with the 'Stocktake Winterbourne ViewJoint Improvement Programme Oxfordshire' document setting out how Oxfordshire had responded to these actions. The Board **AGREED** to note the report HWB11 and the Stocktake document.	

12/13 Director of Public Health - Annual Report (Agenda No. 12)	
Dr Jonathan McWilliam, Director of Public Health for Oxfordshire presented his sixth Annual Report 2012/13. The full report was attached at HWB12, together with a summary report. The Board **AGREED** to adopt the relevant recommendations as set out in the attached summary report.	Dr Jonathan McWilliam
13/13 Local Healthwatch (Agenda No. 13)	
Sue Butterworth introduced the newly appointed Director of Healthwatch Oxfordshire, Rosalind Pearce. The Board welcomed her. A new staff team had now been appointed and were based at the Oxfordshire Rural Community Council offices. Currently elections to the new Board were in progress and the first Board meeting had been arranged to take place on 8 August. The Board noted the report.	
14/13 Reports from Partnership Boards (Agenda No. 14)	
Dr Mary Keenan, Councillor Mrs Judith Heathcoat and Cllr Ed Turner each gave oral progress reports on recent activity of each of the three Partnership Boards. <u>Children & Young People's Partnership Board</u> Dr Keenan reported that two workshops had been held since the Board's last meeting, both of which had been well received. The first looked at how to put children at the centre of decisions across the system. A blueprint had been created advising organisations working with children on what could and must be done when making decisions involving children. The second was a conference held for providers of Children & Young People's services. <u>Adult Health & Social Care Partnership Board</u> Councillor Heathcoat reported the following:	

• The Board had looked at and made recommendations on revisions to the Health & Wellbeing Strategy which had then been taken forward to this meeting; • The Older People's Joint Commissioning Strategy and significantly expanded Pooled Budget or Older People had now been agreed and she thanked all contributors for their hard work in its production; • A report had been received on the maintenance and improvement of quality assurance in relation to Health & Social Care. The County Council and the Clinical Commissioning Group were now sharing monitoring procedures; • A report had also been discussed which addressed the potential to join up information and advice provision across the County, including those of the voluntary sector; • In June a Carer's Strategy Implementation workshop had been held, and was well received, looking at available help and support for carers; and • A workshop was planned to take place in September on implementing commissioning intentions in 2013/14. <u>Health Improvement Partnership Board</u> Cllr Ed Turner reported the following: • A workshop had been held looking at the re - commissioning of homeless pathways. The conversation was going well with the various agencies; • A Public Health Protection Forum had been established, organised by Public Health; • The Board had been monitoring performance; • District Council membership on the Board was to be expanded to include representation from all Oxfordshire District Councils. • The next meeting would focus on prevention of obesity. All were thanked for their reports.	
15/13 Integration Pioneer Bid (Agenda No. 15)	
Dr Richards reported on an expression of interest to the Department of Health to be an 'Integration Pioneer', addressing an aspect of integration, which had been submitted by health and social care leaders in Oxfordshire (HWB15). Dr Richards added that colleagues would be attending a future meeting to speak about the work which was in progress to build integrated care around the patient.	

James Drury reported that social care funding would increase in 2015/16 as part of the integration programme, adding that there may be additional funding for this in 2014/15. The Board noted the report.	Dr Richard Stephens/John Jackson
16/13 Approval of procedure regarding pathway for information received from partner organisations (Agenda No. 16)	
The Board had before them for approval a statement of procedure which clarified a pathway for information received from partner organisations (HWB16). The Board **AGREED** the statement of procedure and requested that members of the Board be informed of the decisions made.	Jackie Wildrespin

..... in the Chair

Date of signing .....

Health and Wellbeing Board
21 November 2013

Performance Reporting

Current Performance

1. A table showing the agreed measures under each priority in the Joint Health and Wellbeing Strategy, expected performance and current performance is attached as appendix A.

2. This is the first report against the new measures agreed in July as part of the refreshed strategy. As such, it includes performance for quarter 1 (April – June) and quarter 2 (July – September) where possible. Performance can be summarised as follows:

   24 indicators are Green
   11 indicators are Amber (defined as within 5% of target)
   8 indicators are Red
   27 indicators expected to report in Q1 and/or Q2 do not have information available – explanation is included in the notes column in the appendix.

3. Current performance is generally good, with many targets being met and exceeded. Appropriate action is being taken where performance is not meeting expected levels to improve this. This has been summarised in the notes column of the appendix.

4. It is worth noting that:

   a. the proportion of pupils achieving 5 or more GCSEs at A*-C including English and maths in Oxfordshire is at its highest ever level and is now in line with the national average (indicator 4.4).

   b. The proportion of young people who are Not in Education, Employment or Training (NEET) is lower than the same time last year, although the figures always peak in September (indicator 4.9).

   c. There has been an increase in the number of older people supported with on-going care of over 5% (indicator 6.7)

   d. A further 105 Extra Care Housing places have been opened in Shotover in Oxford and in Yarnton, bringing the total number to 512.

   e. 87.2% of people receiving housing related support are now living independently (indicator 10.2).

   f. 660 people have received carers breaks accessed via their GP so far this year, a significant increase on the same period last year (indicator 7.7).

Ben Threadgold
Strategy and Performance Manager, Joint Commissioning
November 2013

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes

Oxfordshire Health and Wellbeing Board
Performance Report

No.	Indicator	Q1 report Apr-Jun		Q2 report Jul-Sept		Q3 report Oct-Dec		Q4 report Jan-Mar		Notes
	Priority 1: All children have a healthy start in life and stay healthy into adulthood									
1.1	Increase percentage of women who have seen a midwife or maternity health care professional by 13 weeks of pregnancy from 90% to 92% by end March 2014.	Expected 90.5% **Actual** 90.6%	G	Expected 91% **Actual**		Expected 91.5% **Actual**		Expected 92% **Actual**		Due to transition, Health and Social Care Information Centre (HSCIC) decided to collect data for this indicator for 2013/14 Q1 and Q 2 together at Q2. As such, although we have data from Oxford University Hospital Trust (OUHT) for Q1 we haven't got it yet from Berks or Swindon hospitals (although numbers are small) OUHT obviously account for the vast majority of maternity bookings but it is possible that the Q1 figure will change slightly when we have a complete Q1 data set.
1.2	Ensure that at least 90% of children aged 2-2.5 years old receive a Health Visitor review (currently 90%)	Expected 90% **Actual** 94.7%	G	Expected 90% **Actual** **94.8%**	G	Expected 90% **Actual**		Expected 90% **Actual**		This relates to 2132 children aged 2.5 years old during the period and therefore represents good progress.
1.3	Reduce the rate of emergency admissions to hospital with infections, for under 18's from 177.5 per 10,000 to 159.8 per 10,000	Expected 173.1 **Actual** **129.0%**	G	Expected 168.7 **Actual** **121.5%**		Expected 164.3 **Actual**		Expected 159.8 **Actual**		This is good progress although we know that there are always significant seasonal fluctuations in admissions for infection. It is also noted that the reduction in rate of admissions for infection in under 18s

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
										in mirrored in a similar reduction in the overall rate of emergency admissions for under 18s.
1.4	By March 2014 we will have developed a joint measure(s) that will demonstrate the impact of services on the mental health and wellbeing of school age children.							Expected New joint measure will be in place **Actual**		Work has begun in Q2 to develop an indicator and baseline
	Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups									
2.1	Increase the take up of free early education for eligible 2 year olds in 2013/14 to 1080 (from 1050 in 12/13)	**Expected** **360** **Actual** **195**	R	**Expected** **595** **Actual** **525**	A	**Expected** **720** **Actual**		Expected 1080 **Actual**		Targets are set to take into account the starting patterns of children
2.2	Increase the take up of free early education for 2 year-old Looked After children to 80% (currently at 8% - 2/24)	Expected 20% **Actual**		Expected 40% **Actual**		Expected 60% **Actual**		Expected 80% **Actual**		The data for this indicator is not yet available but processes are in the process of being established that will allow the data to be captured by next quarter.
2.3	Maintain the improved rate of teenage conceptions (currently at 23.3 women aged 15-17 per 1000 - in quarter 1 of 2012 this was 65 conceptions	Expected 65 **Actual** **65**	G	Expected 130 **Actual**		Expected 195 **Actual**		Expected 260 **Actual**		
2.4	Maintain the current low level of persistent absence from school for looked after children ((2012 persistent absence figures were			Expected Less than 5%						Data relates to academic year 12/13. Reported cohort refers to children who have been continuously looked after for at least 12 months as of 31 March 2013.

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
	supressed by the Department for Education, however they indicated that the number of children was small, ie less than 4%)).			**Actual** **4.7% (7 pupils) Reported cohort** **9.8% (31 pupils) Whole cohort**	G					Comparative national figures will be published for this cohort in due course. The whole cohort refers to any looked after child for the period of time that the child was in care only. These figures may be revised further as some data is still outstanding.
2.5	Maintain the number of looked after children permanently excluded from school at zero			Expected Zero **Actual** **Zero**	G					
2.6	Establish a baseline of all children in need who are persistently absent from school			Expected Baseline and targets established **Actual**						Baseline and target to be established by end of Quarter 3.
2.7	Establish a baseline of children and young people on the autistic spectrum who have had an exclusion from school (over a school year) and work to reduce this number in future years			Expected Baseline and targets established **Actual**						Baseline and target to be established by end of Quarter 3.

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
2.8	Identify, track and measure the outcomes of all 810 families in Oxfordshire meeting the national Troubled Families criteria (improve attendance and behaviour in school; reduce anti-social behaviour and youth offending; increase adults entering work)	Expected 202 **Actual** Not reported		Expected 405 **Actual** **500**	G	Expected 607 **Actual**		Expected 810 **Actual**		A claim for 500 identified families was made to the Department for Education at the end of July.
2.9	Improve the free school meals attainment gap at all key stages and aim to be in line with the national average by 2014 KS2: 16.8% points; KS4 26% points (currently the free school meal attainment gap in Oxfordshire is in line or above the gap nationally in all key stages)					Expected KS2: 16.8% points; KS4 26% points Actual				KS2 figures due December KS4 figures due January
	Priority 3: Keeping all children and young people safe									
3.1	Maintain the reduction in risk for victims of domestic abuse considered to be high risk to medium or low through Multi-Agency Risk Assessment Conferences (currently 85% for 2012/13 based on a single-agency)							Expected 85% **Actual**		85% is based over the last 5 year period. The baseline for 12/13 is 78% Whilst this trend goes against the direction of travel we understand that it is because we are now dealing with more complex cases of domestic abuse who are less likely to engage with the Independent Domestic Violence Advocacy service.

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
										We also need to bear in mind that this is a single agency measure and therefore a multi-agency measure will be more robust. Partners are working on developing a multi-agency measure for 2014/15 that can be reported on a monthly basis, if required.
3.2	Every child considered likely to be at risk of Child Sexual Exploitation (identified using the CSE screening tool) will have a multi-agency plan in place	Expected 100% **Actual** **100%**	G	Expected 100% **Actual** **100%**	G	Expected 100% **Actual**		Expected 100% **Actual**		Every child that is open to the Kingfisher team is subject to a multi-agency plan
3.3	Reduce prevalence of Child Sexual Exploitation in Oxfordshire through quarterly reporting on victims and perpetrators to the Child Sexual Exploitation sub group of the Oxfordshire Safeguarding Children's Board	Expected Prevalence reported and action taken as appropriate **Actual** **Prevalence reported and action taken as appropriate**	G	Expected Prevalence reported and action taken as appropriate **Actual** **Prevalence reported and action taken as appropriate**	G	Expected Prevalence reported and action taken as appropriate **Actual**		Expected Prevalence reported and action taken as appropriate **Actual**		Prevalence report has been submitted and discussed by the CSE sub-group for the last 2 quarters. All reported incidents of CSE have received an appropriate police and social care response. CSE is still an emerging phenomenon, so it is not yet possible to determine that it is reducing. However, the prevalence report is established as a key component of the strategy to tackle CSE

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
3.4	Reduce the proportion of children who go missing from home 3 or more times in a 12 month period	Expected 8.0% or less **Actual** **7.9%**	G	Expected 10.0% or less **Actual** **10.5%**	**G**	Expected 11.0% or less **Actual**		Expected 12.0% or less **Actual**		37 children out of the 351 who have gone missing have been missing 3 or more times in the year. This is 10.5% However the actual number of children going missing 3 or more times in the year (37) is the same as at this point last year, and less than the same point 2 years ago (44). The increased percentage represents the fact that fewer children overall (351 compared to 382) have gone missing
3.5	A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire's Safeguarding Children Board covering the following agencies: children's social care; youth offending service; education services; children and adult health services; early intervention services; services provided by the police. Over 50% of these audits will show a positive overall impact							Expected 50% **Actual**		
	Priority 4: Raising achievement for all children and young people									
4.1	Increase the number of funded 2-4 year olds attending good and outstanding early years settings to			Expected 81.7% or		Expected 82.3% or 8790		Expected 83% or 8870		

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
	83% or 8870 children (currently 80.5% or 8600 children)			8725 children **Actual** **82.3% or 8800 children**	G	children **Actual**		children **Actual**		
4.2	80% (5700) of children will achieve Level 2b or above in reading at the end of Key Stage 1 of the academic year 2012/13 (currently 78% or 5,382 children for the academic year 2011/12)			Expected 80% or 5700 children **Actual** **81% or 5791 children**	G					
4.3	80% (4800) of children at the end of Key Stage 2 will achieve Level 4 or above in reading, writing and maths (currently 78% or 4800 children)			Expected 80% or 4800 children **Actual** **77% or 4666 children**	A					This was a redefined performance measure this year and although this has not met the aspirational target set, performance remains above national (77% compared to 75%)
4.4	61% (3840 children) of young people achieve 5 GCSEs at A*-C including English and Maths at the end of the academic year 2012/13 (currently 57.9% or 3474 children)			**Expected** 61% or 3840 children **Actual** **60.3% or 3776 children**	A					Although performance remains slightly below target, the proportion of children meeting this key measure in Oxfordshire increased from 57.9% in 2012 and is now in line with the national average (60.4%)

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
4.5	At least 70% (4400 children)) of young people will make the expected 3 levels of progress between key stages 2-4 in English and 72%(4525 children) in Maths (currently 65% or 3800 young people for English and 71% or 4170 young people for Maths)			Expected 70% - Eng 72% - Maths **Actual** **70% - Eng** **71% - Maths**	**A**					Revised targets for the academic year 13/14 are currently in the process of being revised.
4.6	Increase the proportion of pupils attending good or outstanding primary schools from 59% (29,160) to 70% (34,590) and the proportion attending good or outstanding secondary schools from 74% (26,920) to 76% (27,640) (currently 67% primary and 74% secondary)	Expected Primary: 62% (31,280 pupils) Secondary: 74% (26,800 pupils) **Actual** **Primary: 70% (35,233 pupils)** **Secondary 84% (30,506 pupils)**	**G**	Expected Primary: 65% (32,795 pupils) Secondary: 76% (27,525 pupils) **Actual** **Primary: 72% (36,240 pupils)** **Secondary: 84% (30,506 pupils)**	**G**	Expected Primary: 67% (33,800 pupils) Secondary: 76% (27,525 pupils) **Actual**		Expected Primary: 70% (35,310 pupils) Secondary: 76% (27,525 pupils) **Actual**		2013/14 academic year targets are in the process of being updated taking into account current performance and will be reported in Q3.
4.7	Of those pupils at School Action Plus, increase the proportion achieving 5 GCSEs at A* - C including English and Maths to 17% (70 children) (currently 7% or 30 children)							Expected 17% or 70 children		Official figures due Jan 14

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
								Actual		
4.8	To reduce the persistent absence rates in primary schools to 2.6% (1070 children) and secondary schools to 7.2% (2250 children) by the end of 2012/13 academic year. (The current rates are 3.0% or 1233 children for primary schools and 8.0% or 2500 children for secondary schools)			Expected Primary: 2.6% (1070 pupils) Secondary: 7.2% (2250 pupils) **Actual** **Primary: 2.9%** **Secondary: 6.4%**	**A**					
~~**4.9**~~	Reduce the number of young people not in education, employment or training to 5% (870 children) (currently 5.4% or 937 young people)	Expected 4.8% **Actual** **5.8% (1027) June**	**R**	Expected 8.0% (NB figures always peak in September) **Actual** **7.4% (919) Sept**	**A**	Expected 5.7% **Actual**		Expected 5% or 870 children **Actual**		Figures for end of September show an increase from June. This is expected at this time of year, though the figure is below target and also below the figure for the same period in 2012 (8.4%).
	Priority 5: Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential									

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
5.1	75% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 69%, 129 of 186 responses)							Expected 75% **Actual**		This target is reported using the results of the annual survey. Provisional results for 2013 will be available in May 2014.
5.2	Maintain the proportion of people with a long-term condition who feel supported to manage their condition at 85%.							Expected 85% **Actual**		Target set using the Annual GP Patient Survey.
5.3	100% patients with schizophrenia are supported to undertake a physical health assessment during 2013/14 (this is a new indicator and the baseline will be established this year)							Expected 100% **Actual**		
5.4	At least 60% of people with learning disabilities will have an annual physical health check by their GP (currently 45.7%)							Expected 60% **Actual**		Target reported using information from the Learning Disabilities Observatory. Information for 2013/14 likely to be available in September 2014.
5.5	Maintain the high number of people with a learning disability who say they have seen their GP in the last 12 months at over 90% (currently 93%, 223 of 241 respondents for 2012/13)							Expected 90% **Actual**		Target reported using information from the Learning Disabilities Observatory. Information for 2013/14 likely to be available in September 2014.

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
5.6	Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages (baseline rate of 1012.6 per 100,000)							Expected 1012.6 per 100,000 **Actual**		Target based on national indicator from the NHS Information Centre Indicator Portal (NHSICIP). From Q2 this target can be reported quarterly.
5.7	Reduce unplanned hospitalisation for chronic conditions that can be actively managed (such as congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension) for people of all ages (baseline rate of 490.5 per 100,000)							Expected 490.5 per 100,000 **Actual**		Target based on national indicator from the NHS Information Centre Indicator Portal (NHSICIP). From Q2 this target can be reported quarterly.
5.8	Provide autism awareness training for an additional 500 front line health and social care workers in Oxfordshire (1000 have been trained since 2011/12)	Expected 125 **Actual** **86**	**R**	Expected 250 **Actual** **194**	**R**	Expected 375 **Actual**		Expected 500 **Actual**		Fewer people have been trained because of delays in arranging dates, mainly due to staff availability and a lack of autism-friendly venues in the area which are suitable for our autistic team due to sensory issues. Most of the training is booked and due to take place in Quarters 3 and 4.
5.9	Develop a measure of how effectively people with mental health needs are supported to find and stay in employment by March 2014, based on the relative severity of people's illness							Expected Measure developed and baseline established **Actual**		Measure being developed by Clinical Commissioning Group.
	Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support									

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
6.1	Reduce the number of patients delayed for transfer or discharge from hospital so that Oxfordshire's performance is out of the bottom quartile (current ranking is 151/151)	Expected 72 delays **Actual** **128**	R	Expected 72 delays **Actual** **166**	R	Expected 72 delays **Actual**		Expected 72 delays **Actual**		Figure to end of September is 166. Oxfordshire has the highest actual number of delays and delays per capita in the country. The detailed actions to address delayed transfers of care are managed by the Chief Operating Officers Group, which consists of the County Council, Oxford Health NHS Trust, Oxford University Hospital Trust and Oxfordshire Clinical Commissioning Group. The Clinical Commissioning Group has also appointed a dedicated lead for this area who is developing revised plans to improve performance. This includes targeting a significant proportion of the £10m winter funding Oxfordshire will receive at discharge, including discharge coordinators on each ward, extra transport to facilitate discharge at weekends, funding for extra therapists and social work support.
6.2	Reduce the average number of days that a patient is delayed for discharge from hospital (baseline 14.8 days in acute hospital)			Expected Less than 14.8 **Actual** **16.8**	R	Expected Less than 14.8 **Actual**		Expected Less than 14.8 **Actual**		Figure relates to delays in acute hospitals (Oxford University Hospitals). Systems are being set up to report on the length of delay in community hospitals.
6.3	Reduce the number of emergency admissions to hospital for older people aged 60+ (from 25,538 in 2012/13)	Expected 5442	R	Expected 11,056	A	Expected 17,159		Expected 22,819		Figure to the end of September represents an increase of 2.6% on the same period last year

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
		Actual **5652**		**Actual** **11,344**		**Actual**		**Actual**		
6.4	Develop a model for matching capacity to demand for health and social care, to support smooth discharge from hospital, by September 2013			Expected Model developed **Actual** Model being rolled out	G					The model has been developed by Oxford Health involving Social Care and Acute Services. It is currently being rolled out involving Oxford Health staff.
6.5	No more than 400 older people per year to be permanently admitted to a care home (currently 582)	Expected 100 **Actual** **156**	R	Expected 200 **Actual** **311**	R	Expected 300 **Actual**		Expected 400 **Actual**		The target was to have no more than 400 admissions, and already there have been 311. 168 of these have entered from hospital (or an assessment bed following hospital). The council's approach is to purchase additional home care to support people in their own homes. However the reablement service have not picked up the number of episodes needed (20% below capacity), and there have been difficulties accessing home care that may mean people are being placed in care homes because appropriate care is not available.
6.6	By September 2013, review and redesign the range of community services that support people to live independently at home,			Expected Review completed						Review not yet complete, although a proposed set of measures agreed by the Older People Joint Management Group with expectation to report on these from

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
	receive good quality local support of their choice when needed and to help avoid getting into a crisis situation, and implement a way of monitoring waiting times for health and social care services at home that provide support in an emergency.			**Actual** **Review underway**	**A**					quarter 3
6.7	Increase the proportion of older people with an ongoing care package supported to live at home from 60% to 63% (currently 2122 of 3537 clients)	Expected 60.75% **Actual** **60.4%**	**A**	Expected 61.5% **Actual** **60.9%**	**A**	Expected 62.25% **Actual**		Expected 63% **Actual**		There has been an increase in the number of older people supported with on-going care of 5.2% (3537 to 3721). While the increase in people supported at home is in line with plans, there has been a 34% increase in people supported in long term care home places driven by an increase in permanent admissions (see 6.5)
6.8	60% of the expected population (4251 of 7086 people) with dementia will have a recorded diagnosis (currently 49.6% or 3516 people)	Expected 52.4% **Actual** **40% (3555 people)**	**R**	Expected 54.9% **Actual** **42.9% (3815 people)**	**R**	Expected 57.4% **Actual**		Expected 60% **Actual**		A national tool has been issued for estimating the number of people with dementia and this has increased the numbers in the expected population. The baseline re-worked on the new methodology would be 41%.
6.9	Set up a network of dignity and dementia champions in care homes so that by March 2014 90% of care homes (95 of 105) in the county have a champion	Expected 22.5% (24 homes)		Expected 45% (48 homes)		Expected 67.5% (71 homes)		Expected 90% (95 homes)		Plan developed and implementation on track. Currently 137 dignity champions across all services. Contacting care homes in September to identify how many champions they each have.

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
	(baseline zero as this is a new initiative)	**Actual**		**Actual**		**Actual**		**Actual**		
6.10	3500 people will receive a reablement service (currently 2197)	Expected 819 **Actual 681**	R	Expected 1728 **Actual 1353**	R	Expected 2562 **Actual**		Expected 3500 **Actual**		The number of people receiving reablement dropped in the quarter. Director level meetings are taking place to review the future arrangements of the contract.
6.11	Increase proportion of people who complete reablement who need no on-going care from 50% to 55% (was 426 of 858 Oct to March, would be 1484 of 2698 based on current numbers)	**Expected 55%** **Actual 50%**	R	Expected 55% **Actual 52%**	R	Expected 55% **Actual**		Expected 55% **Actual**		52% of people who completed reablement needed no on-going care. This figure has been consistent since the new contract in October varying month on month from a minimum figure of 47.2% to a maximum of 60%.
6.12	Maintain the current high standard of supporting people at home with dignity as measured by people themselves (currently 89.9%, 246 of 274 respondents).							Expected 90% **Actual**		Annual indicator taken from survey.
6.13	Increase the proportion of older people who use social care who reported that they have adequate social contact or as much social contact as they would like to							Expected 81.2%		Annual indicator taken from survey.

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
	81.2% (currently 80.4%, 229 of 285 respondents)							**Actual**		
6.14	Ensure an additional 523 Extra Care Housing places by the end of March 2015, bringing the total number of places to 930	Expected 55 **Actual** **55**	**G**			Expected 50 **Actual**				55 Flats opened at Shotover in Oxford in April. A further 50 are due to open in Yarnton in October 2013. This brings the total number of places to 512. A further four schemes are due to complete during 2014/15 which will increase the total number to 771 places. Schemes in Carterton and Chipping Norton will deliver another 176 units (making the total 944), but will not complete until later in 2015.
6.15	Produce an analysis of demand for alternative housing options for older people within Oxfordshire to inform future targets and planning by September 2013			Expected Analysis completed **Actual** **Analysis completed**	**G**					The analysis was completed and shared with the 5 district councils. The Health Improvement Board and Adult Health and Social Care Board have both received reports and presentations on housing needs for Older People based on the analysis. Needs and targets will be considered further in the context of the current Oxfordshire Strategic Housing Market Analysis (SHMA), and a final report produced which can be agreed by County and District Councils. This final report will then be brought to the Health and Wellbeing Board for approval in March 2014.

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
6.16	Maintain the high number of older people who use adult social care and say that they find information very or fairly easy to find (currently 77.7%, 146 of 188 respondents for adult social care)							Expected 77.7% **Actual**		Annual indicator taken from survey.
6.17	Bereaved carers' views on the quality of care the person they cared for received in the last 3 months of life (baseline and target to be confirmed as awaiting national figures – these are due in September 2013)					Expected Baseline and target to be confirmed Sept 2013 **Actual**				Annual only. National figures for 2012/13 are not yet published.
6.18	Increase the proportion of adults who use social care that say they receive their care and support in a timely way to 85% (currently 214 of 259 – 83%)							Expected 85% **Actual**		Annual indicator taken from survey.
	Priority 7: Working together to improve quality and value for money in the Health and Social Care System									

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
7.1	Implement a joint plan for fully integrated health (community and older adult's mental health) and social care services in GP locality areas by March 2014, leading to improved outcomes for individuals							Expected Joint plan developed and implemented **Actual**		Plans are in place for integration of community health services, accessed via a single front door by the end of September. Integration of Health and Social Care staff into locality teams to be complete by March 2014.
7.2	Agree an expanded and genuinely pooled budget for older people by July 2013			Expected Pooled budget agreed **Actual** **Pooled budget agreed**	**G**					Expanded pooled budget arrangements were agreed by the County Council and Clinical Commissioning Group in July.
7.3	Achieve above the national average of people very satisfied with the care and support they receive from adult social care (currently 62.4% against a national figure of 63.7% for 2012/13)							Expected Above the national average **Actual**		Annual indicator taken from survey.
7.4	Achieve above the national average of people satisfied with their experience of hospital care (currently 78.7% against national figure of 75.6% for 2012/13)					Expected Above the national average **Actual**				Annual indicator taken from survey.

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
7.5	Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (currently 91% against national figure of 87% for 2012/13)							Expected Above the national average **Actual**		Annual indicator taken from survey.
7.6	Increase the number of carers known and supported by adult social care by 10% to 15,265 (currently 13,877 are known so this would represent an additional 1,388)	Expected 14,224 carers known **Actual** **14255**	G	Expected 14,571 carers known **Actual** **14,656**	G	Expected 14,918 carers known **Actual**		Expected 15,265 carers known **Actual**		Forecasting 15,471 by year end.
	880 carers breaks jointly funded and accessed via GPs (currently 881)	Expected 220 **Actual** **409**	G	Expected 440 **Actual** **633**	G	Expected 660 **Actual**		Expected 880 **Actual**		1,266 at year end at current rate.
	Priority 8: Preventing early death and improving quality of life in later years									
8.1	At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years)	Expected 60% **Actual**		Expected 60% **Actual**		Expected 60% **Actual**		Expected 60% **Actual**		Bowel cancer screening data is released at least 4-5 months in arrears

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
8.2	Number of invitations sent out for NHS Health Checks to reach the target of 39,114 people aged 40-74 in 2013-14 (Invitations sent in 2012-13 = 40914 as more people were eligible in 2012-13)	Expected 9,778 **Actual** 9,938	G	Expected 19,557 **Actual** 20,329	G	Expected 29,335 **Actual**		Expected 39,114 Actual		NHS Health Check data is usually available a month after quarter end
8.3	At least 65% of those invited for NHS Health Checks will attend (ages 40-74)	Expected 65% **Actual** **41.9% (4165 of 9938)**	R	Expected 65% **Actual** **46% (9351 of 19557)**	R	Expected 65% **Actual**		Expected 65% **Actual**		Uptake in Q1 of 41.9% is better than Thames Valley uptake rate of 41.5%. There was also a technical issue with reporting in Q1 which means that the Oxfordshire figure is an underestimate. In Q2 we have over performed in terms of inviting people for Health Checks (target offered: 19557, Actual offered: 20329). The actual uptake rate is 48%, however as we have offered more Health Checks than the target set the uptake looks like 46%. In Q3 work to further improve the uptake rates will include; Analysing the Q2 data and communicating performance information to practices; Providing tailored support to low performing practices including training and sharing best practice to improve uptake rates; Working with Clinical Commissioning Group locality teams to provide additional support to practices; Developing the Health Check Communication and Media plan to increase public awareness of Health Check programme
8.4	At least 3800 people will quit smoking for at least 4 weeks (last year target 3676, actual 3703)	Expected 851	G	Expected 1639		Expected 2523		Expected 3800		Smoking quitters data is at least 2-3 months in arrears because people need to quit for 4 weeks to be considered as

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
		Actual **875**		**Actual**		**Actual**		**Actual**		having quit smoking
Priority 9: Preventing chronic disease through tackling obesity										
9.1	Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2012 this was 15.6%)					Expected 14.9% or less **Actual**				Childhood obesity data is an annual data return that follows the school year instead of financial year cycle
9.2	Increase to 62.2% the percentage of adults who do at least 150 minutes of physical activity a week . (Baseline for Oxfordshire 61.2% 2011-12)							Expected 62.2% **Actual**		This is reported annually from the Active People Survey monitored / managed by the Oxfordshire Sports Partnership
9.3	62% of babies are breastfed at 6-8 weeks of age (currently 59.1%)	Expected 62% **Actual** **59%**	**A**	Expected 62% **Actual**		Expected 62% **Actual**		Expected 62% **Actual**		Breastfeeding data is received at least 2 months in arrears Although the expected level was not reached in quarter 1, the figure represents an improvement on quarter 4 (56.9%) in 2012/13. A request has been made to Oxford Health to produce a recovery plan detailing work towards improving rates of breastfeeding
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness										

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
10.1	The number of households in temporary accommodation as at 31 March 2014 should be no greater than the level reported in March 2013 (baseline 216 households in Oxfordshire)							Expected 216 or less **Actual**		
10.2	At least 75% of people receiving housing related support will depart services to take up independent living	Expected 75% **Actual** **85.7%**	G	Expected 75% **Actual** **87.2%**	G	Expected 75% **Actual**		Expected 75% **Actual**		
10.3	At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless (baseline 2012- 2013 when there were 2468 households known to services, of which 1992 households were prevented from becoming homeless. 1992/2468 = 80.7%)	Expected 80% **Actual** 82.3%	G	Expected 80% **Actual**		Expected 80% **Actual**		Expected 80% **Actual**		
10.4	Fuel poverty outcome to be determined			Expected Outcome measure to be determined						Work to determine current activity on reducing fuel poverty in Oxfordshire is continuing. It is important for stakeholders to identify where additional work will add value. A new outcome measure is being introduced nationally which may provide an indicator for this

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
				Actual						work.
Priority 11: Preventing infectious disease through immunisation										
11.1	At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 95%)	Expected 95% **Actual 96.2%**	**G**	Expected 95% **Actual**		Expected 95% **Actual**		Expected 95% **Actual**		Childhood immunisations data is usually available 1-2 months after the quarter end
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.7%)	Expected 95% **Actual 92.4%**	**A**	Expected 95% **Actual**		Expected 95% **Actual**		Expected 95% **Actual**		Childhood immunisations data is usually available 1-2 months after the quarter end. Oxfordshire County Council has recently run a campaign encouraging parents to ensure their children are immunised before returning to school.
11.3	At least 55% of people aged under 65 in "risk groups" receive flu vaccination (currently 51.6%)							Expected 55% **Actual**		Seasonal flu is annual data usually available in Quarter 4
11.4	At least 90% 12-13 year old girls receive all 3 doses of human papilloma virus vaccination (currently 88.1%).							Expected 90% **Actual**		Annual data usually available in Quarter 4

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OXFORDSHIRE HEALTH & WELLBEING BOARD – 21 NOVEMBER 2013

Quality in Health and Social Care Services

Joint Report by Chief Executive Officer, OCCG, Director for Social & Community Services, OCC and Director of Public Health, OCC

Background

1. Following public consultation and discussion at the Health and Wellbeing Board (H&WB), it was agreed that the revised Joint Health and Wellbeing Strategy should include specific work on assurance of quality in services. The relevant section from the strategy is included in Annex 1.

2. Recent developments include
- Assurance on the current systems in operation across health and social care in Oxfordshire has been sought
- Local response to national issues of concerns have been discussed at the H&WB e.g. the Francis Report; Winterbourne View, Safeguarding Board reports.
- A range of patient reported outcome measures has been included in the performance framework for the H&WB.
- Oxfordshire Healthwatch has established a Board and working practices for their role as an independent organisation to monitor quality and raise issues.
- Discussions have taken place on potential developments to current systems, resulting in the recommendations set out in this paper.

Current quality assurance systems

3. An overview of current quality assurance systems operated by partners in the H&WB highlighted a range of groups that interlink. Local groups oversee governance, performance and contract management. National regulatory and inspection bodies produce reports that are acted upon locally. The groups that oversee this work include:

National Inspectorates	• Care Quality Commission • Monitor (Foundation NHS Trusts) • Trust Development Agencies (non-Foundation Trusts) • Healthwatch England
Regional (Thames Valley)	• Quality Surveillance Group (NHS England Area Team)
Local (Oxfordshire)	• Quality and Performance Committee of the Clinical Commissioning Group • Social & Community Services Directorate Leadership Team • Public Health Governance, Performance & Quality Committee

	• Oxfordshire Children's Safeguarding Board • Oxfordshire Adults' Safeguarding Board. • Oxfordshire Healthwatch

4. There is an expectation that Social and Community Services will share information via the Quality Surveillance Group on a planned basis, or in between meetings if a serious safeguarding or quality issue arises, subject to data protection restrictions.

5. It was also recognised that Social and Community Services are developing ways of strengthening user voice in quality monitoring.

6. It was agreed that the current working arrangements needs to continue and assurance should be sought by the H&WB.

Quality outcome measures

7. The performance framework for the Joint Health and Wellbeing Strategy includes a range of patient reported outcome measures of quality. These are listed in Annex 2. Performance is reported at each meeting of the Board and the relevant partnership boards take responsibility for delivery.

RECOMMENDATIONS

8. The Board is **RECOMMENDED**:

a) receive, on an annual basis, summary reports from the local and regional quality assurance groups listed above: to include an overview of common issues and concerns raised in the groups and a summary of issues reported by regulators;

b) continue to receive reports on national issues of concern as they arise, with information on the situation in Oxfordshire as reported by the Quality leads from partner organisations; and

c) that the role of Oxfordshire Healthwatch will develop alongside the organisational quality assurance systems providing a strong and independent network to raise issues of concern across health and social care both directly to the H&WB and in other forums.

Authors:
Jonathan McWilliam and Jackie Wilderspin (Public Health),
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November 2013

Annex 1 Extract from Oxfordshire Joint Health and Wellbeing Strategy

5. A strategic focus on Quality

9. Discussion at the Health and Wellbeing Board in 2012-13 has further fuelled our intention to build a strategic focus on quality issues. The role of the Health and Wellbeing Board is to set strategic concerns for the whole system and to receive assurance of good practice. For the last year we have been monitoring a range of quality outcomes measures and see a fairly good picture overall, but believe there is more to do. We consulted on a process for developing this area of our work and the responses received were supportive but called for specific action.

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

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

12. Process for setting additional outcomes for 2013-14

- It is proposed that a range of patient reported outcome measures will continue to be monitored, as in 2012-13. These are listed under the relevant priorities.
- In addition there will be a joint review of current systems of quality assurance across partner organisations. These systems are set up for recognising, monitoring, reporting and acting upon concerns about quality of services. This review will be completed by September 2013.
- Additional proposals for continual quality improvement in Oxfordshire will be discussed and approved by the Health and Wellbeing Board in November 2013.

Annex 2 Patient reported outcome measures currently in the Joint Health and Wellbeing Strategy and other outcomes that measure quality.

1.4	By March 2014 we will have developed a joint measure(s) that will demonstrate the impact of services on the mental health and wellbeing of school age children.
3.5	A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire's Safeguarding Children Board covering the following agencies: children's social care; youth offending service; education services; children and adult health services; early intervention services; services provided by the police. Over 50% of these audits will show a positive overall impact
4.6	Increase the proportion of pupils attending good or outstanding primary schools from 59% (29,160) to 70% (34,590) and the proportion attending good or outstanding secondary schools from 74% (26,920) to 76% (27,640) (currently 67% primary and 74% secondary)
5.1	75% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 69%, 129 of 186 responses)
5.2	Maintain the proportion of people with a long-term condition who feel supported to manage their condition at 85%.
6.13	Increase the proportion of older people who use social care who reported that they have adequate social contact or as much social contact as they would like to 81.2% (currently 80.4%, 229 of 285 respondents)
6.16	Maintain the high number of older people who use adult social care and say that they find information very or fairly easy to find (currently 77.7%, 146 of 188 respondents for adult social care)
6.17	Bereaved carers' views on the quality of care the person they cared for received in the last 3 months of life (baseline and target to be confirmed as awaiting national figures – these are due in September 2013)
6.18	Increase the proportion of adults who use social care that say they receive their care and support in a timely way to 85% (currently 214 of 259 – 83%)
7.3	Achieve above the national average of people very satisfied with the care and support they receive from adult social care (currently 62.4% against a national figure of 63.7% for 2012/13)
7.4	Achieve above the national average of people satisfied with their experience of hospital care (currently 78.7% against national figure of 75.6% for 2012/13)
7.5	Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (currently 91% against national figure of 87% for 2012/13)

NHS

Oxfordshire

Clinical Commissioning Group

Oxfordshire Health and Wellbeing Board - 21 November 2013

Purpose of Paper: To brief the Health and Wellbeing Board on the financial performance of the CCG for the 2013-14 financial year to September 2013 and the ongoing financial challenge now faced.

Executive Summary and Dashboard:

(based on extract from OCCG Finance Report for the Finance and Investment Committee at 30th September 2013)

Executive Summary

At 30th September 2013 (month 6), NHS Oxfordshire Clinical Commissioning Group (OCCG) reported an over spend of £6m against budget (2%) to NHS England. The forecast outturn for the year was £9.2m overspend against budget (1.5%). This includes commitment of all of the CCGs contingency reserves of £7m.

There are however, substantial uncertainties surrounding the forecast. The spread between best case forecast outturn (surplus of £6.1m) and worst case forecast outturn (deficit of £12.8m) is considerable. The main reasons for this level of uncertainty are:

- A year to date level of over performance at Oxford University Hospitals Trust (OUH), the main acute provider, that if continued would lead to over performance of £20m (the impact of the Activity Management Plan process yet to be reflected)
- Concern over the yield from the QIPP schemes

The CCG has set up a Financial Challenge Programme Board to oversee the various projects that contribute to financial recovery. An interim Chief Operating Officer/Deputy to the Accountable Officer has been appointed as well as a part time Head of PMO to provide additional resource to manage the programme. External support has been commissioned and Deloitte's will commence work on site on 4th November. These initiatives aim to ensure sufficient capacity and capability to address the challenges of the current financial position for the current year and in planning for future years

Dashboard:

	M6 £'000	RAG rating	M5 £'000	Movement £'000
Plan ytd	1,601	SURPLUS	1,334	267
Actual ytd	-4,441	DEFICIT	-3,799	-642
Variance	6,042	OVER SPEND	5,133	909
Plan Forecast	3,202	SURPLUS	3,202	0
Forecast Outturn	-6,000	DEFICIT	65	-6,065
Variance	9,202	OVER SPEND	3,137	6,065

	YTD variance	YTD Change from last month	Forecast Outturn (FOT) Variance	FOT Change from last month	RAG YTD	RAG FOT	Key Risks
Acute Services	9,857	868	15,639	5,633	RED	RED	Over performance at OUH and SCAS/Under delivery of QIPP/Delayed contract agreements for other providers
Community health Services	80	-1	100	100	AMBER	AMBER	Palliative care now forecasting an overspend
Continuing Healthcare	697	397	1,394	674	RED	RED	Older Peoples and Physical Disability pool overspend and potential impact of risk share arrangements
Mental Health	-101	347	146	-81	BLUE	AMBER	Learning Disability Pool – average cost of residential placements rising
Primary Care (Prescribing, Out of Hours Service and Locally Enhanced Services)	-229	23	-500	-95	BLUE	BLUE	Prescribing underspend offsets pressure on Out of Hours service
Other Corporate	26	15	92	91	AMBER	AMBER	Some residual risk re Premises costs for Commissioned Services
Total Programme Costs	10,330	1,649	16,869	6,322			
Running Costs	-772	-117	-636	-165	BLUE	BLUE	
Total Programme and running costs	9,559	1,533	16,233	6,157			
Use of Contingency Budget provision	-3,516	-624	-7,031	-92			
Use of Surplus Budget Provision	-1,601	-267	-3,202	0			
Total	4,441	642	6,000	6,065			

Key:	
High Impact/Risk of not achieving plan (variance 25%/£250k or over against plan	RED
Medium Impact/Risk of not achieving plan (variance against plan below 25%/£250k	AMBER
On target or marginally positive	GREEN
Positive variances against plan	BLUE

Key points

The year to date deficit is £4.4m against a year to date plan for a £1.6m surplus. This position is after application of £3.5m of the £7.0m contingency reserve.

- The year to date M6 position on Oxford University Hospitals NHS Trust (OUH) contract is an over spend of just under £9.4m due to elective over performance arising from waiting list pressures and non-elective over performance above QIPP phasing impact.

- The level of over activity in Month 3 triggered the initiation of an Activity Management Plan (AMP) with OUH as provided for under the contract. The first phase of this process included data analysis, QIPP review and review of clinical transformation workstreams and were reported to the September Governing Body. The scope and plan for the remaining AMP work was considered in detail by the Financial Challenge Programme Board on 15 October.

- The OUH contract pressure is offset to a degree by a year to date under spend on running costs (£0.8m), Primary care (£0.2m) and Mental Health (£0.1m) as well as use of the contingency reserve.

- A target of £13m of QIPP was required in 2013-14 in order to support the approved financial plan and to mitigate against forecast demand/activity. The AMP and the Financial Challenge Programme Board are reviewing current QIPP plans for £10.3m in order to identify trajectories and to maximise the yield where possible

- For the current forecast outturn position, QIPP delivery of only £4.9m has been assumed, based on best estimates of delivery at this time.

- The Oxfordshire system bid for non-recurrent funding to support the management of winter pressures has been approved. This totals £10.2m and will be invested in providers (including the County Council) following approval of supporting business cases and non-recurrent contract variations. The funding will support the system in its management of winter pressures and will provide additional capacity in the urgent care pathway to manage forecast demand and mitigate against additional activity.

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OXFORDSHIRE HEALTH & WELLBEING BOARD
21 NOVEMBER 2013

Integration Transformation Fund

Purpose

1. To establish the process by which the Health and Wellbeing Board can agree a plan to use the resources allocated to Oxfordshire through the Integration Transformation Fund by April 2014.

Background

2. The Integration Transformation Fund was announced in the June 2013 Spending Round. It will come into operation in 2015/16 and will require the reallocation of £3.8 billion nationally of existing health and local government funding to ensure closer integration between health and social care and improved outcomes for patients and service users.

3. The £3.8 billion nationally from 2015/16 comprises £1.9 billion of NHS funding, and £1.9 billion based on existing funding that is already allocated across the health and wider care system.

4. In 2014/15 there is an additional £200m transfer nationally from the NHS to social care, as well as £900m already planned, to enable preparations for the full transfer in 2015/16.

Details of the ITF Fund

The June 2013 SR set out the following:	
2014/15	2015/16
An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned	£3.8bn pooled budget to be deployed locally on health and social care through pooled budget arrangements

In 2015/16 the ITF will be created from the following:
£1.9bn NHS funding
£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. Composed of:
• £130m Carers' Breaks funding
• £300m CCG reablement funding
• £354m capital funding (including c.£220m of Disabled Facilities Grant)
• £1.1bn existing transfer from health to social care

5. The basis of determining local allocations has not yet been agreed, the current national formula is under review and we will be notified of Oxfordshire's specific allocation for 2014/15 and 2015/16 in the coming

weeks. However, a rough calculation based on and Oxfordshire's population being just over 1% of the national population would mean approximately £36-38 million would be included within the Fund in Oxfordshire in 2015/16.

6. The use of funding in 2014/15 remains the same as previously, in that the funding must support adult social care services which also has a health benefit, must be in line with the Joint Strategic Needs Assessment and existing commissioning plans, and it must be agreed between the County Council and Clinical Commissioning Group through the Health and Wellbeing Board.

7. Our expectation is that existing resources already committed for a key activity will continue to be used for that purpose. This includes the resources for carers' breaks, reablement and Disabled Facilities Grants. Some of the resources have to be used for capital purposes (including the element for Disabled Facilities Grants).

8. Resources already transferred from NHS to adult social services have been used to fund more care packages, additional resources for equipment and the ALERT service and to fund the introduction of the Crisis Response service.

9. It is also important to understand that none of this money is new. The NHS funding is currently within the system. NHS England has assumed that this will come from current spending on acute care.

10. It is also important to understand that the County Council believes the fund is intended to help protect adult social care from the full impact of the reductions in spending required from local government that were announced in the Government's Spending Round announced in June 2013.

Requirements of the Funding

11. For 2015/16 we are required to submit a plan by April 2014 that demonstrates how the use of the funding will address six national conditions:

    1. **Plans to be jointly agreed** by the County Council and Clinical Commissioning Group, with the expectation this will be through the Health and Wellbeing Board, following engagement of all providers likely to be affected by the use of the fund.
    2. **Protection for social care services (not spending),** with a definition of exactly what protecting services means and how local social care services will be protected to be agreed locally.
    3. **7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends,** or an explanation of why this cannot be provided
    4. **Better data sharing between health and social care,** confirming that the NHS Number is being used as the primary identifier for health and care services (and if not, when it will be), a commitment to pursuing Open Application Programming Interfaces (enabling websites and other

systems to interact with each other) and ensuring that appropriate Information Governance controls are in place for information sharing.

5. **Ensure a joint approach to assessments and care planning** following the principles of self-management help and person-centred planning, and ensure that, where funding is used for integrated packages of care, there will be an accountable professional.
6. **Agreement on the consequential impact of changes in the acute sector,** identify, provider-by-provider, what the impact will be in their local area provider-by-provider as well as ensuring public, patient and political engagement.

12. It will be important to understand the resource implications of each of these conditions.

13. Once agreed, delivery of the plan will be governed through a Section 75 agreement for pooled budget arrangements. Oxfordshire already has well-established pooled budget arrangements in place, as well as an existing Section 256 Agreement for the transfer of NHS funding to social care for the delivery of improved outcomes, although it is likely these will need to be expanded to accommodate the requirements of the fund.

14. For example, further consideration will need to be given to the potential for risk sharing and contingency plans if performance objectives are not met. These could be based on the existing pooled budget arrangements, or alternative arrangements as agreed between partners.

Funding linked to outcomes

15. The Spending Review agreed the £1 billion of the £3.8 billion would be linked to achieving outcomes. This will be contingent on submitting a plan that meets national conditions by April 2014, and on the basis of 2014/15 and 2015/16 performance.

16. Details of exactly how this will work, and the measures that can be used in 2015/16, are still be agreed nationally, but areas under consideration include:
    - Delayed transfers of care
    - Emergency admissions
    - Effectiveness of reablement
    - Admissions to residential and nursing care
    - Patient and service user experience

17. There will also need to be one locally set ambition against at least one locally chosen measure.

Timescales and Process

18. A jointly agreed plan must be submitted by April 2014. It is therefore proposed to present the final version of the plan to the Health and Wellbeing Board for consideration at its meeting on 13 March 2014, alongside proposals for the Health to Social Care funding transfer for 2014/15.

19. The Clinical Commissioning Group will be establishing a multi-agency working group to oversee the development of their 2 year operational and 5 year strategic plans. The plans for the use of the Integration Transformation Fund have to be completely integrated with these CGC plans and also the County Council's proposed Service and Resource Plans which will be made public in December.

20. It is proposed that the Integration Transformation Fund should be considered further at the Older People Joint Management Group on 3rd December. This Joint Management Group is proposed because it has oversight of most of the key performance indicators that are set out in paragraph 15.

21. There is ongoing discussion about how the NHS will sign off the plans, with further guidance expected in due course. It is anticipated that the Thames Valley Area Team will have a quality assurance role, and the Team has requested that near complete plans are submitted on 17th January 2014. This is the same time as the Clinical Commissioning Group must submit the 2 year operational plan and 5 year strategic plan to the NHS for quality assurance, and these both link closely to the Integration Transformation Fund plan.

22. The Local Government Association and NHS England have requested a planning template by 15 February 2014 as part of their offer to provide assurance on the suitability of plans.

23. As these dates fall between meetings of the Health and Wellbeing Board, it is proposed that this planning template is agreed by the County Council and Clinical Commissioning Group and signed off by the Chairman and Vice-Chairman prior to submission. Any final changes in the light of regional and national feedback will then be made and reported to the Health and Wellbeing Board on 13 March 2014.

Recommendations

The Oxfordshire Health and Wellbeing Board is **RECOMMENDED** to:

(a) agree the proposed process as set out in paragraphs 18-23 above; and

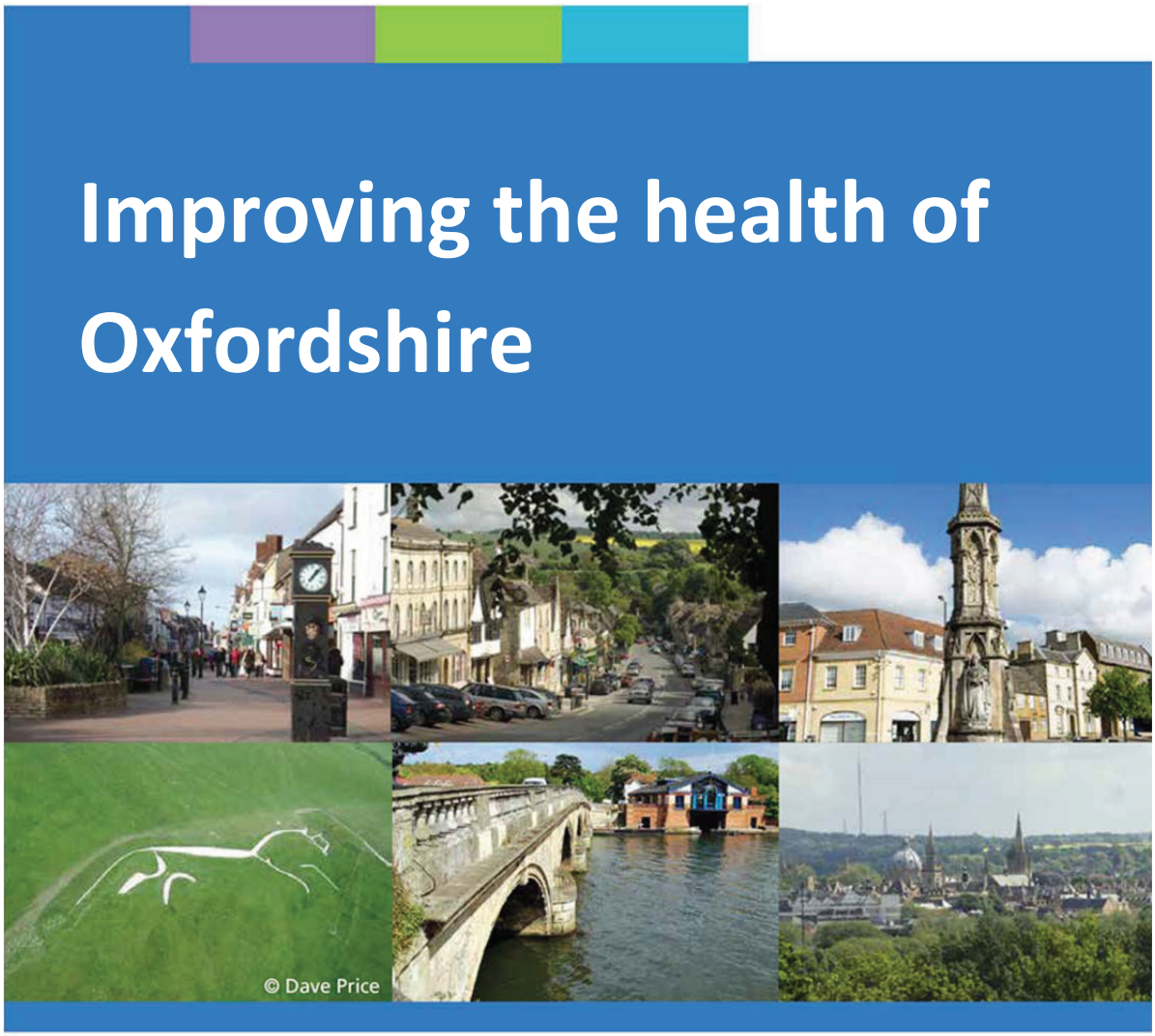
(b) agree to consider the final Integration Transformation Fund plan at its meeting on 13 March 2014, alongside proposals for the Health to Social Care funding transfer for 2014/15.

John Jackson
Director of Social & Community Services
Oxfordshire County Council

Dr Stephen Richards
Chief Executive Officer
Oxfordshire Clinical Commissioning Group

November 2013

NHS
Oxfordshire
Clinical Commissioning Group



Oxfordshire Clinical Commissioning Group
Overview of our Strategic Direction

Final draft for engagement
1 November 2013

Contents

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Oxfordshire Clinical Commission Group: Our vision

Oxfordshire Clinical Commissioning Group (CCG) is the body responsible for ensuring quality healthcare services for the 685,000 people living in Oxfordshire. Our role is to commission (plan, design and pay for) community services, mental health services, learning disability services and hospital services for our population.

Oxfordshire CCG is a clinically led organisation, formed of the 83 GP practices in the county. We are the clinical body responsible for healthcare services in Oxford. **Our vision** is that by working together we will create a healthier Oxfordshire, with fewer inequalities, and health services that are high quality, cost effective and sustainable.

Creating a healthier Oxfordshire

Our vision is that by working together we will have a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable.

The CCG is supported by and accountable to NHS England. NHS England is also responsible for commissioning GP services, pharmacies, opticians, dentists and specialised services for the Oxfordshire population.

The Government, through the NHS Mandate, has reaffirmed its guarantee that the NHS will remain comprehensive and universal, available to all based on clinical need (not on ability to pay), and able to meet patient's needs and expectations now and in the future.

Every day the NHS in Oxfordshire helps people to stay healthy, recover from illness and live independent and fulfilling lives. However, the NHS doesn't always live up to the high expectations people have of it. Demand for NHS services is rising and our financial resources are constrained. Unchecked, these pressures threaten to overwhelm the NHS; we need to find a new approach to how we deliver and use health and care services so that we can continue to provide high quality healthcare, and meet the future needs of the population.

We are optimistic about the future and ambitious about the scale of improvement that can be made as we enable clinicians to work together and with patients to redesign health services.

This document provides an overview of the approach we are taking to tackle the challenges we face, and to achieve our vision of a healthier Oxfordshire. It is consistent with the issues and themes in the NHS England publication "A Call to Action"[1] which describes the challenges faced by the NHS as a whole. The purpose of this document is to enable a discussion with our partners about the proposed approach, to seek ideas and views about what else we need to do, and about how we should work together to deliver the changes required. A five year plan for the CCG is now being developed, based on the themes set out in this document.

[1] http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs-belongs.pdf

Health needs in Oxfordshire

Oxfordshire, compared to the rest of the UK, is a healthy county. However, Oxfordshire's Joint Strategic Needs Assessment (published in March 2013)[2] and the Director of Public Health's Annual Report for Oxfordshire (published in May 2013)[3] identify that Oxfordshire faces a number of long-term health challenges. These are summarised in the figure below.

An ageing population

We celebrate the fact that people are living longer and we want all people as they age to lead lives that are healthy and fulfilling. However, older patients account for the majority of health expenditure and so the ageing population creates serious pressures for the health and care system. As there will be an increasing number of people needing care in the future, that care has to be both effective and affordable

Breaking the cycle of disadvantage

Whilst Oxfordshire is a healthy county, areas of disadvantage persist. Across the county we have pockets of deprivation in rural and in urban areas. Poverty and socio-economic disadvantage have a negative impact on people's health and are associated with earlier death; life expectancy in the worst off areas in Oxfordshire is 6 years lower than in the best off areas

Improving mental health

Mental health problems such as anxiety and depression are common. In Oxfordshire 5,000 people suffer from severe mental health problems such as schizophrenia, 3,200 people suffer from dementia. Mental health problems occur hand in hand with some of the most serious social issues we face as a society, and can not be separated from physical health, as one can cause the other.

The rising tide of obesity

Around 1 in 4 adults in Oxfordshire are obese. Being obese takes around 9 years off a person's lifespan, leads to the development of long term conditions and reduces mobility. Once obesity is established in childhood it is very hard to shake off in later life. The fight against obesity is our most important lifestyle challenge

Reducing Alcohol intake

Alcohol consumption continues to rise, with 1 in 5 adults exceeding recommended drink levels. Hospital admissions for alcohol related disease continued to rise. Whilst the majority of drinkers are not harmed, a worrying minority are - and they tend to harm society and those around them too. Alcohol is a cause of more than 60 diseases and damages families and social networks. .

Fighting killer diseases

Killer infectious diseases remain a constant threat to good health. Major life-threatening diseases can be prevented by immunisation in childhood. Sexually Transmitted Infections (STIs) are continuing to increase, but are preventable

[2] http://insight.oxfordshire.gov.uk/cms/jsna-2012
[3] www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/publichealth/PH_AR_2013-14.pdf

The NHS Outcomes Framework[4] sets out the measures used to hold the NHS to account for improvements in health outcomes. Across the five domains of the NHS Outcomes Framework, Oxfordshire CCG currently performs consistently well.

High public expectations of the NHS

Patients and the public have high expectations of the NHS. Overall we know that the people of Oxfordshire have a positive experience of the health service. The GP patient survey consistently shows a very good level of satisfaction with primary care services. National and local surveys consistently show high levels of patient satisfaction with the hospital and community based services provided in Oxfordshire. Patient satisfaction with mental health services has been lower, and we are working to tackle the issues that patients and service users raise. The recent findings of the Friend and Family Test show that 93% of respondents would be 'likely' or 'extremely likely' to recommend the service to friend or family who had the same need.

However, there is a lot more we need to do. We must work to ensure that all patients experience the standard of treatment they deserve and expect. People expect the services provided by the NHS to be convenient, in terms of where and when they are delivered and in the use they make of new technologies, such as online services. Patients and their families express concerns about transport to, and parking at, larger hospitals. Patients tell us that they would prefer to receive as much of their care as possible as close as possible to their home. Those with complex needs believe that services need to be more integrated, both within the health sector and between health and social care. To achieve the levels of convenience, co-ordination and access that people expect, we must re-think where and how services are provided.

A joint health and well-being strategy for Oxfordshire

The local Health and Wellbeing Board, a partnership between Oxfordshire County Council, the NHS and the people of Oxfordshire, is working to improve the health and wellbeing of the local population. Its priorities[5] – which are based on the health needs identified in the Joint Strategic Needs Assessment, the challenges identified by the Director of Public Health, the current outcomes delivered by health services in Oxfordshire, and the expectations of patients - are summarised in the figure below:

[4] www.gov.uk/government/uploads/system/uploads/attachment_data/file/213055/121109-NHS-Outcomes-Framework-2013-14.pdf
[5] www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/plansperformancepolicy/oxfordshirejointhwbstrategy.pdf

Priorities for children and young people

1: All children have a healthy start in life and stay healthy into adulthood
2: Narrowing the gap for our most disadvantaged and vulnerable groups
3: Keeping all children and young people safe
4: Raising achievement for all children and young people.

Priorities for adult health and social care

5: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential
6: Support older people to live independently with dignity whilst reducing the need for care & support
7: Working together to improve quality and value for money in the Health and Social Care System

Priorities for health improvement

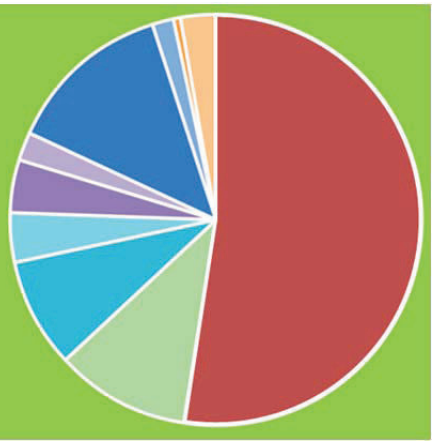
8: Preventing early death & improving quality of life in later years
9: Preventing chronic disease through tackling obesity
10: Tackling the broader determinants of health through better housing and preventing homelessness
11: Preventing infectious disease through immunisation

It is these priorities which drive our strategic direction and have informed our plans for the next five years.

Making the best use of the available resources

Oxfordshire CCG has resources of £612m for 2013/14. NHS funding allocations are derived from measurable levels of deprivation; Oxfordshire is a largely healthy county and as such has one of the lowest funding per capita in England. This means that Oxfordshire has less to spend on healthcare services than other counties. The table below shows where resources are currently spent.

Where the money is spent	£000
Hospital service e.g , Oxford University Hospitals	321,479
Community healthcare	65,518
Mental Health	52,517
Patient transport	23,066
Continuing healthcare and Funded nursing care	27,142
Learning Disabilities	12,007
GP Prescribing	81,019
Additional primary care services	9,104
Other	4,052
Running costs	16,260
Total	612,164

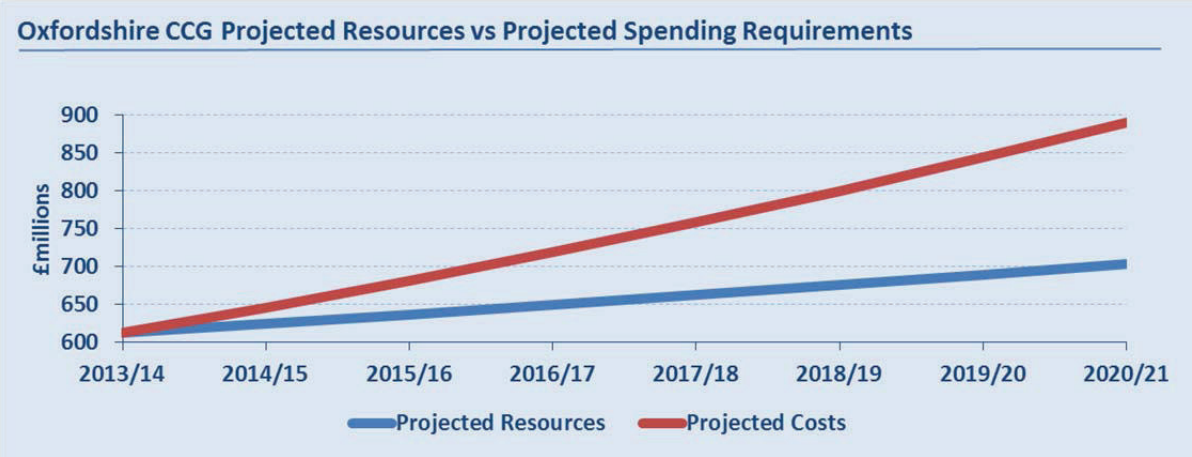


The CCG only has the funding for some of the services for the Oxfordshire population. NHS England is responsible for commissioning primary care (GPs, Pharmacists, dentist and Optometrists) and specialised services. NHS England spend approximately £123m on primary care services and £167m on specialised services for the Oxfordshire population. In addition Public Health services are now commissioned by Oxfordshire County Council. The CCG works close with these other commissioners to ensure all the available funding is used to best effect.

Providing healthcare is becoming more expensive. New technologies, new drugs and new treatments extend the range of services that the NHS is able to deliver, but often also increase costs. Coupled with the costs of meeting increased demand, this means that the cost of providing services to meet the future needs of the population of Oxfordshire will continue to rise.

These pressures come at a challenging time for the NHS nationally and locally. After a period of sustained investment, which averaged nearly 7% per year in England in the decade to 2010/11, the NHS has now entered an unprecedented and difficult economic environment.

Looking ahead, if we continue with the current model of care, the gap between the projected spending requirements and the resources that will be available to the CCG will rise to almost £200m by 2020/21. This estimate is before taking into account any productivity improvements and assumes that the health budget will remain protected in real terms.



The need to find a new approach

Daily operational pressures place the local health and social care system under strain. This results in failures in parts of the system; too many patients current experience delays in ambulance transfers, in waits to be seen in A&E, and in waits for treatment.

In overall terms the NHS in Oxfordshire benchmarks well in terms of efficiency compared to other parts of the country[6], with low emergency admission rates, low A&E attendance rates, low GP referral rates, low elective admission rates and low prescribing spend in primary care. For example, in 2011 this CCG had 86 non-elective admissions per 1,000 population compared to a median of 100 in its ONS cluster and the national average of 111.

Currently the 2013/14 allocation of £938 per head of population that the CCG receives is the second lowest in the country compared to a national average of £1,137. NHS England have been reviewing the allocations policy and using the new formula (based on the Advisory Committee on Resource Allocation (ACRA) recommendations) would mean that OCCG is nearly £40m below its target allocation compared to the actual 2013/14 allocation of £612m we received. The proposed revisions to the allocation formula would increase our per capita allocation to £995. The pace of change in implementing a new allocations policy will be agreed to ensure that no system is destabilised by the movement of resources. This means that any increase in allocation to OCCG will be phased in over many years.

We estimate that the efficiency required within the NHS in Oxfordshire will be as high as 5-6% per annum in the period to 2020/21. Improvements such as better performance management, reducing length of stay, wage freezes or better procurement practices all have a

[6] http://www.england.nhs.uk/wp-content/uploads/2012/12/ccg-pack-10q.pdf

role to play in keeping health spending at affordable levels. However, these measures have been employed for a number of years and there is a limit to how much more can be achieved without damaging quality or safety. **A fundamentally different Oxfordshire health service is now needed, one capable of meeting future health needs with broadly the same resources**.

Our performance as a health system is generally good, but not good enough. We need to be consistently among the very best health systems in the UK in terms of quality and productivity, across all service areas. We need to ensure that every pound of public money that we spend is demonstrably providing value for money and evidence based care.

Oxfordshire CCG is committed to closer working with social care and approximately one-third of the CCG's resources are already allocated to pooled budgets, in the realms of care for older people, care for those with physical and/or learning disability and those with serious mental health problems.

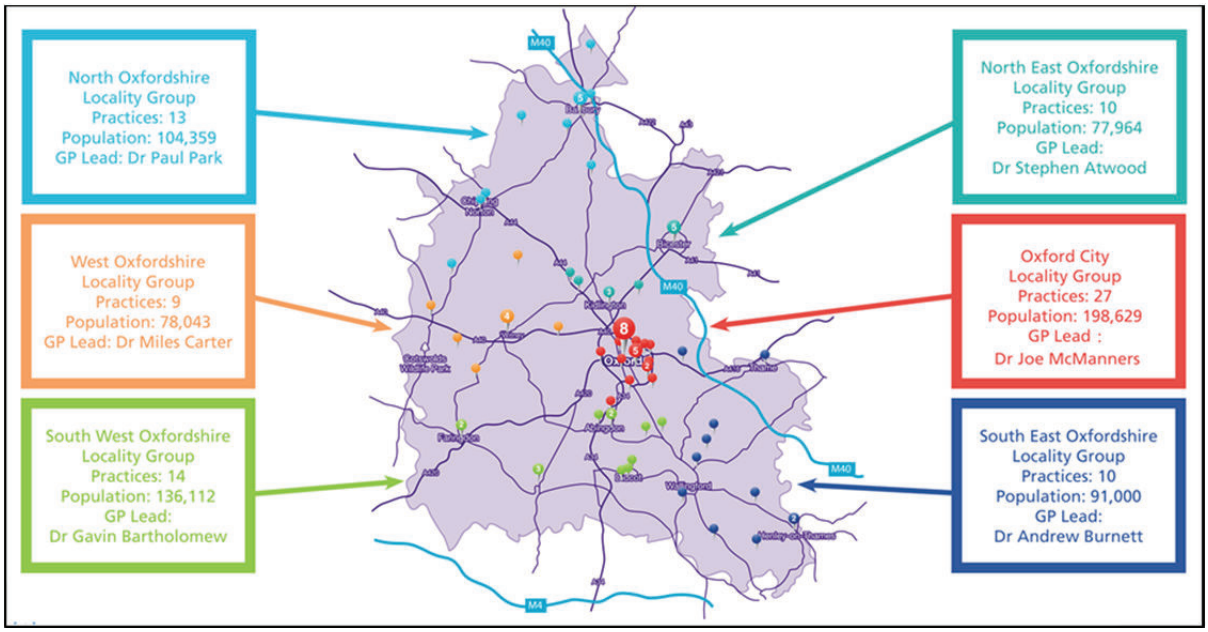
By bringing clinicians together with patients, to redesign how services are delivered, we can address the challenges we face – improving quality at the same time as making a significant reduction in waste and duplication and releasing savings. Many costs are 'trapped' in the system as a consequence of the ways we currently work. For example we know that many patients spend longer in hospital than they need to, because delays occur in putting in place the arrangements needed to support them at home. Unnecessarily extended stays in hospital can lead to reduced independence for patients and to patients acquiring secondary problems such as infections. This is also poor use of resources – with up to £20m spent each year in Oxfordshire on inpatient care for individuals experiencing delayed transfers of care.

Current contracting approaches are focused around a single patient pathway with separate contracts with each provider and are not fit for purpose. This form of contracting means that care for an individual patient is often provided by different organisations and is therefore fragmented, without agreed outcomes for that patient. There is no financial incentive at the moment for health services to work together to deliver a set of outcomes. Organisations are paid by volume rather than good outcomes for patients, meaning that when money has to be saved the focus is on managing demand for those services rather than joint working to improve efficiency while maintaining quality.

The next five years: Our opportunities to transform healthcare delivery

Oxfordshire CCG: A clinically led organisation based around general practice

A clinically led, membership organisation, Oxfordshire CCG is formed of the 83 GP practices in Oxfordshire and organised into six localities, as illustrated on the map below. The population in each locality has different needs. Working this way, through clinicians in every local practice, allows us to better reflect local health needs in the services we commission.



Our vision, mission and values

Our vision is that by working together we will have a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable.

Our mission is to work with the people of Oxfordshire to develop quality health services, fit for the future. Through clinical leadership we will:

- Achieve good health outcomes for us all within the money available
- Balance the needs of you as individuals with the needs of the whole county

We have set ourselves **values that inform how we work** and the decisions we make.

- Creativity – visionary, resourceful, excellent
- Integrity – ethical, candid, committed
- Inclusivity – responsive, respectful, loyal

Seven themes characterise our approach to address the challenges we face and achieve our vision of a healthier Oxfordshire. At its heart our approach is about harnessing the opportunity we have, as a clinically led organisation rooted in our community, to improve the quality and the effectiveness of NHS services in Oxfordshire.

Clinicians and Patients working together to redesign how we deliver care

Too often in the past, artificial barriers have been created between primary care, community care and acute care, between health and social care, and between commissioning and provision of health care. These barriers have prevented clinicians and organisations working together effectively.

We intend to break down these barriers. We will enable clinicians across the whole of the NHS, from primary care, community care and acute care, from physical health services and from mental health services, from commissioning organisations and from providers, to come together, with patients, to co-design and to implement new, better, ways of delivering care.

"We will break down the barriers that prevent clinicians working together to plan and deliver better patient care"

We will usher in a new era of commissioning, which moves away from a transactional contracting process to one in which clinicians and patients lead a reconfiguration of how we work across the county.

With quality as the underlying design principle, this process of patient and clinician led service and pathway redesign will result in services that deliver higher levels of safety, improved outcomes and improved patient experience, within the available resources.

Reducing health inequalities by tackling the causes of poor health

In Oxfordshire we see persistent health inequalities and in some areas people's social, economic and ethnic origin mean that their health outcomes are amongst the worst in the country. This focus in reducing health inequalities will run through all areas of our work. Oxfordshire CCG will work to address the causes of this by

- Identifying the causes of these health inequalities
- Targeting services to help reduce the gap in health outcomes
- Working with partners in local authorities and wider to tackle the social determinants of poor health
- Providing a strong Locality focus to address local variation in health outcomes
- Developing evidence based interventions with partners to reduce health inequalities
- Work with local communities to help them with solutions to poorer health for some areas and populations.

Outcome based commissioning

As service models and pathways are redesigned, we will change how we contract with providers of NHS services. We will shift from contracts based on levels of activity to contracts that are outcome based, that incentivise providers in the system to work together and that enable a shift of NHS resources to where they are most needed in the system.

The aim is that we put in place contractual mechanisms and levers that encourage and facilitate the system to achieve the patient outcomes to which we all aspire, and which are aligned with the delivery of the clinically designed new models of care.

"40% of contracts will be outcome based by 2015"

Oxfordshire CCG has committed to alter the method of contracting in three areas initially: older people, mental health (psychosis, anxiety and depression) and maternity services. Following the implementation of outcomes in these areas we plan to extend the approach with up to 40% of contracts will be outcome based by 2015.

We see the potential for the move to outcome based commissioning to result in changes in the provider landscape. This may include, for instance, the continued integration of health and social care provision, the emergence of providers who take responsibility for meeting the needs of specific populations, and reconfiguration in primary care as individual practices increasingly work with other practices to deliver care for their local population.

Commissioning Patient Centred High Quality Care

The views of patients and carers will drive the design of services in Oxfordshire, through significantly greater involvement of patients and their representatives in the work we do to redesign care delivery. Through our members – GPs in every local practice – we are in touch with the views of local people, but we will continue to improve the approaches we use to listen to, gather and act on the views of patients. We will design new approaches to hear the experiences of care from those traditionally 'hard to reach groups'.

"Services designed by patients, delivering evidence based care"

We are committed to applying the principle of 'No decision about me without me' to our commissioning approach.

We know that, for patients, their experience of care, as well as the health outcomes resulting from treatment, are very important. We therefore expect to see future services with improved customer service, better and more streamlined administration processes, easier access to care, and fewer handoffs between the various parts of the system.

We expect to commission services which operate to benchmarked levels of best practice, demonstrably delivering evidence based care that supports achievement of our shared objectives. We simply won't be able to afford to commission services that we are not

confident are offering us the very highest levels of patient safety, outcomes, experience and value for money.

Oxfordshire gained substantial benefits and learning from it's experience as a national pilot for personalised health budgets. Personal health budgets will play an increasing role in future, providing individual patients with greater choice and influence over the care and treatment they receive.

A joint Quality Improvement and Innovation Strategy is being developed which will be shared by all health and social care organisations across Oxfordshire. This is designed to enable the NHS to create a culture where it can learn from its mistakes, and where innovation is an integral part of service delivery. It builds on the lessons from the recent Francis[7], Berwick[8] and Keogh[9] Reports, which examined how the NHS can learn from failings and mistakes, and improve quality and safety in the NHS.

Promoting integrated care through joint working

Integration is built on collaborative working, shared decision making and jointly defined priorities. Oxfordshire's pioneering work on the shared care record aims for a fully interoperable IT system with patient access in 5 years.

Being coterminous with Oxfordshire County Council, and our track record and experience of working together means that we are well placed to undertake joint commissioning across an increasing range of services. Integrated health and social care commissioning is a key enabler to achieving our vision of a healthier Oxfordshire.

We will develop partnerships and joint approaches that leverage the skills, capabilities and resources of the third sector across the whole of Oxfordshire.

With the local area team of NHS England, we will work to enable GPs to redesign primary care, and to ensure that appropriate levels of specialist services are commissioned for our population.

With industry and local academic institutions, and through the Oxford Academic Health Science Network, we will work to ensure that the important focus on research and innovation, and the development of new technology, rapidly and cost effectively translates into benefits for patients.

Supporting individuals to manage their own health

We see the opportunity to place a much greater emphasis on supporting individuals to manage and take responsibility for their own health. By doing so we aim to reduce demand for healthcare, improve health and wellbeing and reduce health inequalities across Oxfordshire. There is convincing evidence that investing in prevention can reap benefits for individuals and for the taxpayer.

[7] www.midstaffspublicinquiry.com/report
[8] www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf
[9] www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf

It is estimated that 70-80% of people with long term conditions can be supported to manage their own condition, and self management programmes have been shown to improve health outcomes and patient experience. Self care is actively encouraged and supported. In future we want to see co-created, personalised care plans in place for every individual at risk in the system, with patients having access to high quality information and education, and to care coordinators who will help them navigate services. New technologies will be widely used to support self care, and will play a key role in maintaining patients in their own homes. This will include a single patient record, accessible to patients, and to those involved in their care.

General Practices across Oxfordshire have begun to use risk stratification to better understand the needs of their population. We see the opportunity to go much further, systematically identifying the children, adults and older people who are at greatest risk of becoming unwell, detecting the early stages of disease and intervening before full symptoms develop. This proactive, rather than reactive approach will be a key characteristic of the future NHS in the county.

More care delivered locally

Our aim is to provide as much care as possible as close as possible to where patients live and work. A key thrust of our strategy is to keep people out of hospital when better care can be provided in other settings such as the community or at home.

The planned new models of integrated primary and community care will enable more individuals to be supported at home or in community settings, rather than in hospital, and for those who do need hospital care to be able to return home once the acute phase of their illness is over. New models will also improve the productivity of out of hospital care and improve care co-ordination. Continuity of care is a priority for patients with enduring or complex needs, including very elderly patients, some of those with long-term conditions, disabilities and learning difficulties, and families with young children. Enhanced access arrangements, longer appointments and extended opening hours also help to support strong therapeutic relationships with these patients and reduce the need to use secondary care and out of hours services.

Services delivered in-hours will work seamlessly with out of hours services, and transfers of care will be made safely and quickly. Access to appointments with GPs and other practice staff will be simple and timely, and alternatives to face-to-face consultations such as telephone and online consultations will become standard features of the system. GPs will act as the coordinator of care and navigator of the local health system on behalf of patients. Practices are likely to address some of the pressures they face by federating to share some services and expertise, and to deliver services.

Community services will become fully integrated with each other, with primary, secondary and intermediate care, and with out of hours services. They will be easily accessible to patients and flexible enough to respond to individual need. The planning and design of community services will addresses the different needs of particular communities and groups within communities. Specialist locally-based long term conditions teams, integrated with primary care, will deliver holistic health and social care services.

As the balance of service delivery shifts to community based care, hospitals will focus on specialised urgent and emergency care, and planned care that can not be appropriately delivered elsewhere.

Patients will continue to be able to access excellent hospital based care when they need it. Those who need hospital care will receive world class treatment and the very best experience, delivered by providers with the highest standards of productivity. However, the work we do to strengthen primary and community based care, co-designed by patients, GPs, community clinicians and hospital clinicians, will mean that we need fewer inpatient beds and smaller hospitals, and fewer people will be admitted to long term residential care. Patients nearing the end of their lives will experience better end of life care, and more individuals will be able to spend the last days of their lives at home, rather than in hospital, if that is their choice.

There will be new roles for community and local hospitals, as thriving centres of a network of local integrated care delivery, with local access to diagnostics, planned care, urgent assessment and treatment. Consultants and other clinicians from across Oxfordshire will be involved in delivering local care in local hospitals.

Impact for patients

These changes will improve the quality of care for patients. The figure below summarises what will be different for patients.

What will our strategy mean for patients by 2018?

1. I will continue to be treated with kindness and dignity in a safe environment
2. I will be able to have care locally or in my home where and when it is safe, clinically and cost effective to do so
3. I or my carer will be involved in decisions about my care. If I have an ongoing problem I will have a clear, written plan of what to do and who to contact in a crisis
4. I am confident in the quality of all of the services I receive.
5. I will have different options as to how I can access care and information about my treatment, by a variety of means, using technology
6. I know that those involved in my care will have appropriate access to my medical records, as will I. This means that I get better care and avoid having to repeat my story
7. I, my carer or my representative will be involved in deciding what I and others with my condition would view as positive achievements of care
8. I will need to make fewer and shorter journeys to see healthcare professionals and these are available when it is easier for my friends or family to accompany me
9. I know what to do to help me and those who care about me to stay healthy, and to make informed decisions about our health.

Summary

By working together we will create a healthier Oxfordshire, with fewer inequalities, and health services that are high quality, cost effective and sustainable. The key themes of our approach are:

- Clinicians and Patients working together to redesign how we deliver care
- Commissioning with providers on the basis of Outcomes
- Commissioning Patient Centred High Quality Care
- Promoting integrated care through joint working
- Supporting individuals to manage their own health
- Ensuring that more care is delivered locally

Feedback on our approach

We are sharing this strategic overview widely and there are many opportunities and ways to comment, as follows:

- Print out this document and send in a written response to the following address:
  FREEPOST RRRK-BZBT-ASXU
  Oxfordshire Clinical Commissioning Group (OCCG)
  Communications and Engagement Team
  Jubilee House
  5510 John Smith Drive
  Oxford
  OX4 2LH

- Respond to our survey or join a discussion forum at the following link:
  https://consult.oxfordshireccg.nhs.uk/consult.ti/5yrstrat

- Attend a public meeting. To book a place or find out more call 01865 334638 or email cscsu.talkinghealth@nhs.net
  (details of agenda and location/directions will be sent when your booking is confirmed).

  - Wantage, 19 November, 1.00pm – 5.00pm
  - Witney, 20 November, 6.30pm – 9.30pm
  - Oxford, 21 November, 9.00am – 12 noon
  - Banbury, 3 December, 1.00pm – 5.00pm
  - Bicester, 5 December, 9.00am – 1.00pm
  - Wallingford, 19 December, 9.00am – 1.00pm

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OCCG STRATEGIC OVERVIEW AND PLANNING REQUIREMENTS FOR 2014/15 ONWARDS

Planning outputs required

The CCG has to deliver the following within the current planning round:

- A 5 year, costed, strategic plan which sets out the priorities for improving health outcomes in the area and which describes the ways in which these improvements will be delivered , in partnership with social care and within the confines of the resources available to the local health and social care economy.
- A 2 year operational plan which sets out, in some detail, the "must do" work programmes which will need to be successfully delivered in the next 2 years to ensure we have a realistic chance of meeting our 5 year objectives. This plan will need to be accompanied by detailed finance and activity submissions,
- An Integrated Transformation Fund (ITF) plan, which conforms to the national template and which delivers the defined national outcomes.
- An IM&T strategy for the patch.

Timescales

- All these plans need to be complete enough to be assured in draft form by the Area Team by mid-January, ready for first formal submission to NHS England by early February.
- The ITF plan will need to be submitted in its final form on February 15th
- The 2 year plan will need to be submitted in its final form by March 31st
- The near complete 5 year plan will need to be submitted by March 31st, but there may be some scope to update and refine this over the summer, as the national Call to Action campaign concludes.

Work underway

- The Locality Clinical Directors are currently all leading planning workshops with their member practices, patient groups and local stakeholder organisations – and these are actively promoting thinking about radical changes in the delivery of primary and community health services

- OCCG has prepared a strategic overview document (attached) that is out for engagement. This is aligned to seeking views on the NHS England "Call for Action".
- The Health and Well Being Board is also receiving a paper on establishing a process to use the resources allocated to Oxfordshire through the Integration Transformation Fund

OCCG is currently reviewing arrangements for coordination all of the planning requirements with the ongoing work of the Financial Challenge Board.

Catherine Mountford
Associate Director of Strategy and Governance
Rachel Coney
Assistant Director (Localities)
3 November 2013

Publications Gateway Reference No: 00455

4E40
Quarry House
Quarry Hill
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LS2 7UE

To: CCG Clinical Leads

CC:CCG Accountable Officers

22 October 2013

Dear Colleagues

A Call to Action: October update

NHS England launched a Call to Action[1] in July this year, which outlines the key challenges facing the NHS over the next 10 years. We are aware that lots of discussions are already taking place nationally and at a local level. Our Area and Regional Teams have informed us about the work that CCGs in their area have planned, including local events to encourage conversations with patients, stakeholders and the public on the future shape of NHS services.

Area and regional teams have also received queries about how the Call to Action links to the integrated planning process and what support is available to help support these conversations. We hope to address some of these queries in this letter and update you on the work that has taken place to date.

- Between July and September, NHS England worked with six CCGs to design tools and materials to support patients, the public and partners on the engagement elements of the Call to Action. The CCGs involved in this work were: Hull, Birmingham South and Central, Dorset, Enfield, North East Lincolnshire and Harrogate and Rural District. The events were designed around each CCG and took into account their local priorities. However, the feedback identified was consistent across all CCGs and centred around:
    - **How to deliver good patient and public engagement** - The Patient and Public Voice team at NHS England recently launched the Transforming Participation in Health and Social **Care Guide** to support commissioner's in two of their legal duties around involving patients and carers in planning, managing and making decisions about their care and effective participation. Further resources will become available over the next few months to support meaningful participation of patients and the public in A Call to Action.
    - **Translation of the national context around the Call to Action into more meaningful messages for CCGs.** We are developing an "Any Town CCG" tool which will illustrate how high impact interventions can help deliver safe

[1] http://www.england.nhs.uk/2013/07/11/call-to-action/

and sustainable services within the expected financial resources, providing a "how to guide" for implementation.

- **Support around delivery of transformational change at a local level** - Alongside the co-design events, we have been working with our Area and Regional Team Directors so that they are prepared to support CCGs in the development of local plans.
- **Case studies** - A series of case studies are being developed which outline good practice nationally and will be available to share with CCGs. More details of these will be provided through the CCG bulletin.

Tools and materials

As well as feedback from CCGs, NHS England has been working with the Call to Action co-signatories to identify what national support would be helpful. This will be released in phases as described below:

1. **Introductory phase**
   The following documents are attached to this update include:
   - A calendar of existing local events . This is a live document so any updates can be sent to england.calltoaction@nhs.net
   - A template presentation that introduces a Call to Action contextualises the messages at a local level which are intended to be individualised to suit CCG audiences.
   - An outline of the national strategy and planning process

2. **Engagement themes**
   Five national engagement themes have been developed as the focus of the public engagement and the content development of strategic and operational plans. These are the **provisional** dates:

   7 October: Prevention
   21 November: Futures Summit
   25 November: Parity of Esteem
   18 December: Patients in Control
   14 January: Well Co-ordinated Care

   Supporting discussion material, including innovative thinking, case studies and benchmarking information related to the above themes will be made available following each event via the CCG bulletin.

We are also using the NHS Choices forum to create an on-line debate and polling linked to these themes.

Link to other work across NHS England

There are a number of other initiatives in place across NHS England which CCGs will be aware of, which link closely with a Call to Action and which will support CCGs in the delivery of new and innovative ways to deliver services at a local level. They are:

- *Improving General Practice* – A Call to Action was launched in August this year. The aim was to stimulate debate amongst Area Teams and CCGs, as well as general practice providers, local authorities and other community partners, as to how best to

develop general practice services. Similar frameworks are being developed to stimulate discussions about NHS England's strategic approach to the commissioning of primary care dental services, community pharmacy and primary care eye services. Area Teams are now working with CCGs to develop local strategies for primary care which will be based on close engagement with patients and the public. Nationally we are developing a strategic framework for commissioning primary care which will include a range of tools and products to support local primary care transformation.

- *Service Integration* – discussions are taking place nationally and locally about the development of guidance to support the forthcoming Integration Transformation Fund 15/16 onwards. This guidance will also take in to consideration the work which is due to commence with the Integration Pioneers. Best practice from these areas will be shared with all CCGs.
- *Service Transformation* – NHSIQ and the Commissioning Development Team at NHS England are in the process of delivering a CCG Transformation programme – all 211 CCGs will have the opportunity to participate in this programme by Dec 2014, each taking a programme of transformation work through the programme – very much focusing on the "how to" of change. Over 30 CCGs are already on the programme. There is also a web platform in development which will underpin the programme to support the "how to" guide.
- *Clinical Domains*:
  - Urgent & emergency care review – NHS England is undertaking a review into how to improve urgent and emergency care provision across England. The in-depth review covers a wide range of issues cutting across all aspects of service design, provision and commissioning. Interim findings from the review will be published imminently.
  - Seven Day Services - The NHS Services, Seven Days a Week Forum has been examining urgent and emergency care and diagnostics, as a first stage, to identify how there might be better access to routine services, seven days a week. The Forum will be publishing its findings shortly including addressing issues of workforce, finance, clinical standards and levers and incentives.

The integrated planning process

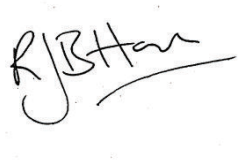
- A Call to Action is intended to support the development of bold and transformative plans that are required for submission as part of the 2014/15 planning round for CCGs. In Sir David Nicholson's letter dated 10 October 2013, he outlines the need for CCGs to submit five year strategic and operational plans, with the first two years at an operational level of detail, developed by local systems working in partnership.
- Over the autumn, we would like CCGs to use the intelligence gathered as part of a Call to Action (outlined above) to support their patients, the public and stakeholders to participate in the development and ambition of these plans. Further information will be provided on planning during the autumn.

Moving forwards

We are committed to supporting the local health systems to identify, agree, develop and implement their own strategic plans to deliver a sustainable NHS for future generations that deliver high quality care for all. If you have any further comments, questions or requests, please contact england.calltoaction@nhs.net.

Thank you for your continued support and effort that has already been invested in local engagement, it is the best way to secure a solid foundation for future plans.

Yours Sincerely



Professor Robert Harris

Director of Strategy

Annex One

Prevention
How can we work together to prevent ill health and treat disease quickly?

- 7 October

Valuing mental and physical health
How can we ensure mental and physical health are valued equally?

- 25 November

Future scenarios
What could the future landscape look like?

- 21 November

Well co-ordinated care
How can we develop services centred on patients not organisations?

- 14 January

Patients in control
How can we support patients being in control of their health care?

- 18 December

Learning from the best
How do we identify, learn from and implement good practice in health?

- On-going

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Call to Action

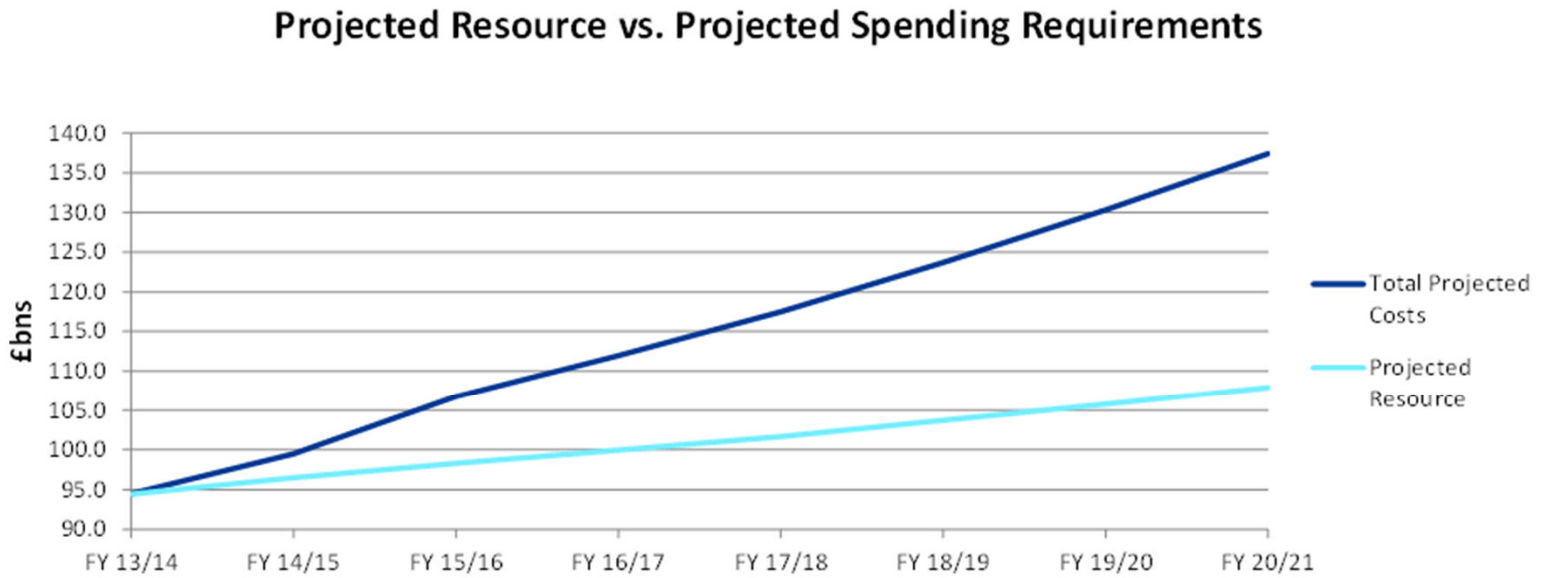
A briefing for Health and Wellbeing Boards

What is ‘Call to Action’?

- Not a public consultation!
- Sustained programme of engagement
    - with patients and the public, staff and stakeholders
    - to debate the future of the NHS and how the NHS needs to change
    - with outputs used to plan for immediate issues and for a sustainable future

Why are we holding ‘Call to Action’?

- The NHS is facing a significant number of challenges
- The ‘Call to Action’ is about putting a consistent national framework and context, and support, to enable conversations that are already happening locally between commissioners and their communities about local health priorities to help meet these challenges



The NHS belongs to the people — A CALL TO ACTION

Current challenges

We know there is more to do and recommendations for improvement already exist

The NHS belongs to the people
A CALL TO ACTION

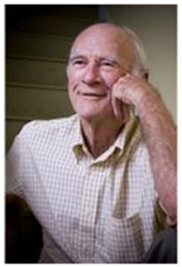
Pressures

Rise in Long Term Conditions

- Diabetics up 29% by 2025 to reach 4 million

An ageing population

- The number of over 80s will double by 2030



Increasing expectations

- Seven day access
- New health technology

The NHS belongs to the people – A CALL TO ACTION

In addition: Changing demographics of the workforce and carers mirroring the general population which will lead to additional workforce pressures

A Call to Action for General Practice 1

Preserving strengths of general practice

- **Registered lists**: providing basis for co-ordination and continuity of care
- **Generalist skills**
- **Central role in management of long term conditions**, supported by the Quality and Outcomes Framework (QOF)
- **Highly systematic use of IT**

A Call to Action for General Practice 2

Patient care:

- **Proactive co-ordination**
- **Holistic**
- **Fast and responsive access**

Preventing ill-health and ensuring more timely diagnosis of ill-health.

Involving patients and carers more fully in managing their own health and care.

Ensuring consistently high quality of care: effectiveness, safety and patient experience

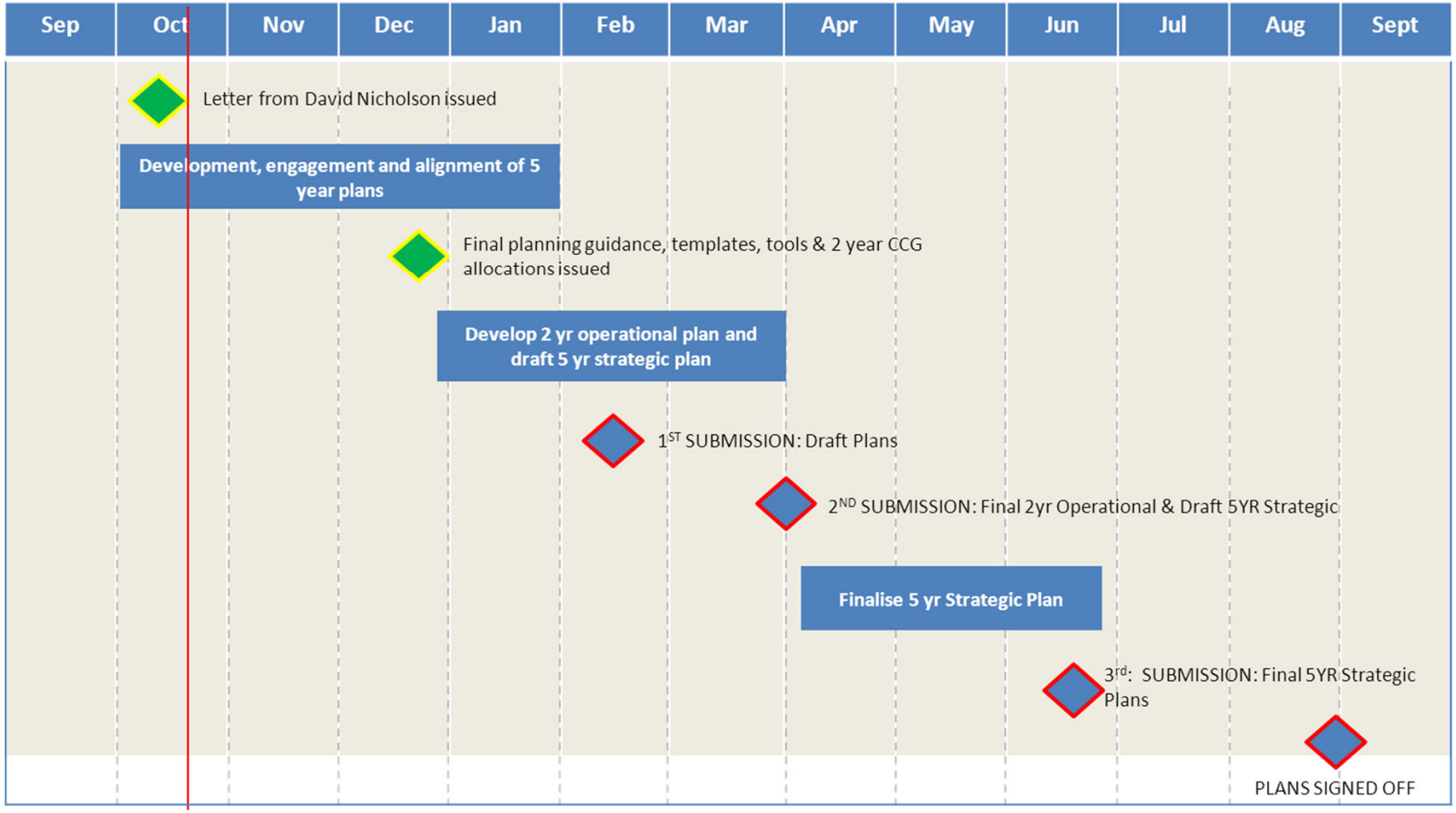
A Call to Action for General Practice 3

- General practice operates at greater scale, for instance through networks, federations or practice mergers …
- … but scales up in a way that preserves greater relationship continuity that comes from individual practice units
- General practice is at the heart of a wider system of integrated out-of-hospital care
- There is a shift of resources from acute to out-of-hospital care

Specialised commissioning

- Derogation plans have been submitted by Trusts
- Regional meeting on 25 October to agree final position
- Impact on local area will be shared with CCGs and local authorities
- Managed through the Commissioning collaborative which meets bi-monthly

Health planning timetable



The NHS belongs to the people — A CALL TO ACTION

The integration transformation fund (ITF)

- **£3.8 billion worth of funding** to ensure closer integration between health and social care
- **A single pooled budget for health and social care services** to work closer together in local areas ring-fenced for investment in out-of-hospital care
- 'It should be **targeted at a range of initiatives** to develop out-of-hospital care, including early intervention, admission avoidance, and early hospital discharge, taking advantage of new collaborative technologies to give patients more control of their care.' Sir David Nicholson

Seizing future opportunities

The future does not just pose challenges, it also **presents opportunities**:

- A health service, not just an illness service – **we must get better at preventing disease**
- Giving patients greater control over their health

Developing effective preventative approaches, giving service users greater control over their health:

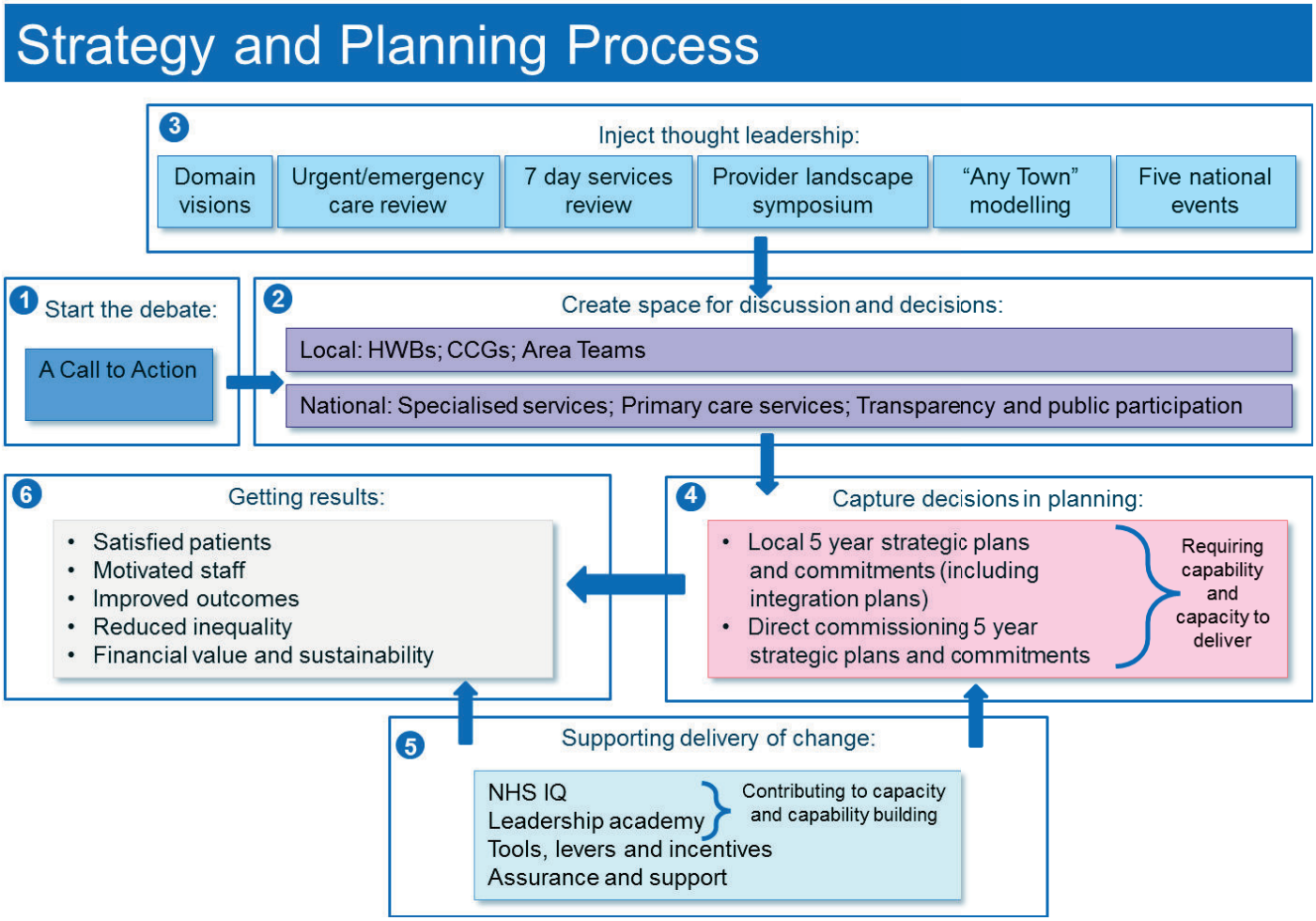
- Harnessing transformational technologies
- Moving away from a 'one-size fits all' model of care

Thinking to the future

- **What are the key characteristics** of the NHS that we must retain?
- **What future opportunities** should we be looking to seize?
- **What needs to change** to deliver a sustainable and high quality health care system?
- **How can we drive greater integration** across health and social care?

Thank you

Strategy and Planning Products by Process Box



1. Start the debate:

Workstream/ Programme	Product Name	Publication/ Release Date	Likely Format	Description
Case for Change	The NHS belongs to the people: 'a call to action'	Delivered July 2013	Document	The case for change was published in a single document in July 2013 as: The NHS belongs to the people: 'a call to action'.

2. Create space for discussion and decisions:

Workstream/ Programme	Product Name	Publication / Release Date	Likely Format	Description
Call to Action	Online intranet resource	Delivered September 2013	Web Documents	Reference documents and discussion frameworks. Regional and areas teams and CSUs to access information on the Strategy Programme. This product will initially feed into stage 2 of the planning process. CCGs will use this product to support the design phase of the two- and five- year plans.
Call to Action	Events calendar	Delivered September 2013	Electronic Document	Information submitted by areas on local CCG events, populated centrally and available on the Intranet and website – this is a live document.

Specialised Services	Website	31/03/2013	Website	This will be a space in which all products and information related to the specialised services five year strategy will be held. This will be the final product from the workstream and will be a live, public domain repository of information. It will contain an A3 created by a wide range of stakeholders for each issue, approved by the steering group and sponsored by one of three key stakeholders: a CRG, SHUK/RDA, or a NPOC. They will describe the current state and future desired state, including how we intend to get there. They will take consideration all the analytical products produced in the first phase.
Strategic framework for commissioning primary care	Improving general practice: a call to action	Delivered August 2013	Document	Delivery of the call to action document for addressing the challenge facing general practice
Strategic framework for commissioning primary care	Improving community pharmacy: a call to action	Nov-13	Document	Delivery of the call to action document for addressing the challenge facing community pharmacy
Strategic framework for commissioning primary care	Vision - Future models of primary care	31/12/2013	Document	A description and review of future models of primary care (including models that are currently being piloted)
Strategic framework for commissioning primary care	Strategic approach to the development of primary care	Jan-13	Document	Publication of the strategic approach to the development of primary care. A relatively short document, setting out the vision for primary care, based on evidence and early insight, and the ten or so things nationally we will do to support and enable local strategy development. It will also include three or four case studies, and show the connection to other national partners e.g. CQC ratings of general practice, HEE workforce etc.
Transparency and public participation	P&I Transparency and Participation Strategy	*TBC*	Report	To develop and agree P&I's over-arching Transparency and Participation strategy
Transparency and public participation	Economic modelling evidence assessment	31/01/2014	Report	Critique/assessment of evidence underpinning Transparency & Participation strategy. The overall aim of this work is to enable NHS England to forecast the social and economic benefits and develop the evidence base that demonstrates how transparency and participation will improve health and care over the next five to ten years.

3. Inject thought leadership:

Workstream/ Programme	Product Name	Publication / Release Date	Likely Format	Description
Domain visions	Domain visions	Delivered August 2013	NHS England website	Domain vision content prepared as webpages and published under the CCG resources section of the NHS England website
Urgent/ emergency care review	End of Stage 1 Engagement Report	Early Nov 2013	Report	The report will: communicate that there is a mandate to start work on the next stage of the review, which will develop a national framework for the commissioning of urgent and emergency care in England; publically set out what the engagement exercise told us; and communicate how the next phase of the review will be rolled out.

7 day services review	7 day services forum report	16/11/2013	Document	A report containing insight and evidence for commissioners, providers and strategic partners and next steps.
Future Scenarios	NHS Futures Summit	31/12/2013	Event and output document	The Summit will explore the potential scenarios for how the future landscape of health and care providers should evolve over a ten-year horizon. Contributions to, and discussions at, the summit will be written up for dissemination to CCGs and their partners.
Call to Action	Any Town CCG - Full release	22/11/2013	Electronic and Web Documents	The product is a high-level piece of analysis that will show what a typical CCG's strategy challenge will look like and how the application of high-impact interventions will address this and help close the gap. The output will be a 'before and after' view on a selected number of CCG scenarios. The model will comprise of three scenarios developed to help CCGs identify with this plausible analysis. This model is not intended to replace the detailed analytics that individual CCGs will need to perform as part of their forward-planning work. The three hypothetical scenarios are summarised as: Rural CCG; Urban CCG; and Sub Urban CCG. A second, later stage of this work will be the construction of an interactive model that will allow CCGs to input their own data and test various scenarios.
National Events	Prevention Event	Delivered October 2013	Event and output document	First national event – Prevention (revised from September to October to avoid clashes with Future of Health Conference)
National Events	Parity of Esteem Event	25/11/2013	Event and output document	Second national event – Parity of Esteem, 25th November – Manchester
National Events	Putting Patients in Control Event	13/12/2013	Event and output document	Third national event – Putting Patients in Control, 13th December – Bristol
National Events	Well-coordinated Care Event	14/01/2013	Event and output document	Fourth national event – Well-coordinated Care, 14th January - London

4. Capture decisions in planning:

Workstream/ Programme	Product Name	Publication / Release Date	Likely Format	Description
Planning	Commissioning for value packs	Delivered October 2013	Packs	Issued to CCGs to provide them with a view of the opportunities to improve care at a sustainable cost
Planning	Joint assumptions	31/10/2013	Letter	Joint letter from NHS England, Monitor and NHSTDA on joint assumptions
Planning	Planning guidance	Dec-13	Document	Overarching guidance supported by: Allocations Technical definitions of measures Support material How NHS England will collect plans from CCGs/Area Teams, standardising templates so that information is collected once only Timeline: first draft plans in mid Feb, final operational plans at end March, final strategic plans in June How NHS England/Monitor/NTDA will triangulate assurance

5. Supporting delivery of change:

Workstream/ Programme	Product Name	Publication / Release Date	Likely Format	Description
Tools, Levers and Incentives	Final Tools package	14/03/2014	TBC	Final tools package available
Tools, Levers and Incentives	2015/16 Tariff priorities	14/03/2014	Document	Jointly produced long term pricing strategy
NHS IQ	Business Plan	TBC		
NHS Leadership Academy	NHS Leadership Academy Business Plan 2013/14	Published	Document	

Oxfordshire Safeguarding Children Board

Annual Report

2012 - 2013

April 2013

Introduction by the Independent Chair

This is my fourth annual report as the Independent Chair of the Oxfordshire Safeguarding Children Board (OSCB). I am able to report on a year of action, consolidating the work begun in 2011/12. OSCB partner agencies have done much to improve understanding of common problems affecting parents and carers and their impact on family life. Progress has also been made in terms of tackling child sexual abuse through the creation of a new team and the implementation of a strategy, procedures and training. There has been robust challenge to local safeguarding systems and increased accountability through agency peer review, four multi agency audits and the reporting of single agency audit work. These developments are down to the commitment and drive of local professionals. I would like to thank all those involved in the work of the Board and its subgroups, which remain so keenly focussed on the need to safeguard children in Oxfordshire.

Section 1: Purpose of this report

'Working together to safeguard children' (2013) sets out the requirement for Local Safeguarding Children Boards to produce an annual report with an analysis of the effectiveness of local safeguarding arrangements. This report aims to address this requirement by outlining what has been done and assessing how well it has been done for year ending 31 March 2013.

Sections two and three set out the structure of our local safeguarding board, the current priorities and functions. Sections four and five provide an update on progress made against the priorities and functions. Challenges for the Board, its members and its partners are picked out at key points throughout the text. The final section provides conclusions as to how effective safeguarding arrangements are and what needs to be done next.

Section 2: Safeguarding in context

This report covers the financial year 2012/13 which provided a backdrop of change and re-structure. Nationally the safeguarding guidelines of 'Working Together' were published at year-end, which have strengthened the LSCBs remit as a framework for local learning and improvement. The Department for Education published a new national safeguarding framework, which extended performance reporting on safeguarding to encompass a wider group of people and a wider definition of harm. The All Party Parliamentary Grouping inquiry in to children who go missing from home or care was published. The focus on child sexual exploitation increased as reports were issued from the DfE and the Office of the Children's Commissioner for England. These were amongst some of the national developments which shaped our work.

Locally the shadow Health and Wellbeing Board, which was established by the Health and Social Care Act 2012, began to operate. The serious case review workload increased. The numbers of children needing support through child protection plans also increased due to the plans lasting a longer amount of time. The need to determine common thresholds for support and check compliance remained. New themes have emerged, such as the increased number of children presenting with a complex set of needs as well as issues in relation to suicides.

Member agencies have continued to make financial contributions to the OSCB budget which has ensured the delivery of an improved multi-agency training programme and business plan. The OSCB will be using the learning themes from case reviews and audits, the local contextual and performance data as well as the assessment of this annual report to set the agenda for the next two years in the new business plan.

Section 3: About the Board

What the Oxfordshire Safeguarding Children Board is:

The role of the Oxfordshire Safeguarding Children Board is to safeguard and promote the welfare of children in Oxfordshire and to ensure that local agencies co-operate and work well to achieve this. Its core objectives are set out in law, in Section 14 (1) of the Childrens Act 2004.

What the Oxfordshire Safeguarding Children Board's priorities are:

The Board provides strategic direction and challenge across the relevant local agencies in Oxfordshire. Following the 2011/12 annual report the OSCB redefined its priorities to 2014 to include:

1. Improving understanding of parental risk factors
2. Developing work on child sexual abuse
3. Developing performance information to promote improvement and accountability
4. Monitoring and challenging agencies' self-assessment of safeguarding arrangements

What the Oxfordshire Safeguarding Children Board does:

These priorities sit alongside the general business of the Board. For this financial year we were guided by 'Working together to safeguard children' (2010), which set out the key functions of a local safeguarding board. In practical terms this meant the following:

a. Learning from Serious Case Reviews
b. Learning and development through training
c. Quality assurance, monitoring and evaluating
d. Safeguarding policies and procedures
e. Communicating and raising awareness of safeguarding arrangements
f. Review of all child deaths in Oxfordshire

In order to deliver this core business the Board has 34 members, two of which are lay-members (see appendix 1) who meet on a quarterly basis (see appendix 2). The Board also has a clear structure to support its wide-ranging business (see appendix 3).

In 2012/13 the new Health and Wellbeing Board began to operate. As an overarching body it promotes greater integration of health and local government services and sets the joint strategic aims for children and young people. The Children and Young People's Partnership Board (CYPPB) is the forum for driving them forward. The OSCB is primarily concerned with the Board's strategic aim to keep children and young people safe. Over the course of the year work has been undertaken to ensure that the local Health and Wellbeing Board structure and priorities are linked with those of the Safeguarding Children Board. The OSCB would however challenge *the pace of development of the performance management arrangements* of the CYPPB. This has been raised as an issue through the quality assurance subgroup and the OSCB cautions that *this needs further work in 2013/14 to operate effectively.*

Section 4: Progress made against the Oxfordshire Safeguarding Children Board's five priorities in 2011/12

Priority 1: Improving understanding of parental risk factors and the impact on the wellbeing of children and young people

Why?

Domestic abuse, substance misuse and poor mental health are identified parental risk factors. The combination of these factors has been highlighted as a recurring theme in serious case reviews. We know that they can be common problems affecting parents and carers and can provide extra challenges to family life. The Board set the priority of improving professional awareness and understanding of these issues and the risks that they present to children. This priority overlaps with work of the Oxfordshire Safeguarding Vulnerable Adults Board, which aims to improve responses for vulnerable victims of domestic abuse.

What did we do and what was the impact?

In 2012/13 the OSCB set about testing local systems to find out how effectively we are working to safeguard children where there are parental risk factors. A series of three multi-agency audits showed good commitment from the workforce, dedicated social workers and the positive impact of the child protection planning system. They also highlighted some common themes for learning across all agencies: undue professional optimism in response to parental behaviour; parent hostility keeping professionals at bay; failure to involve men / fathers as potentially protective influences; the challenges of planning and managing risk when a number of agencies are involved; ensuring the voice of the child is heard over the needs of the parents.

The audit on joint agency working with fathers and male care givers highlighted that, where low level domestic abuse was present, workers needed more support to know how and when to effectively involve fathers in the planning of care for their children. The parental substance misuse audit led by the Drug and Alcohol Action Team (DAAT) highlighted the need for improved understanding and co-operation between substance misuse services and other partners in the safeguarding system. The audit on cases where neglect was a factor identified highlighted the need to promote the local tool for recording and measuring neglect in order to evidence concern.

These themes for continued learning are counterbalanced by some very positive steps forward. The 'Think Family' programme has continued to raise awareness of safeguarding amongst adult and community services staff in order to make the connection between the parents' difficulties and the impact that these have on their capacity to keep children safe from potential harm. Examples include the continued work by Adult mental health services at Oxford Health NHS Foundation Trust which led to Oxfordshire's work being cited as an example of good practice in an Ofsted Thematic Inspection; a Think Family training session and prompt cards which were disseminated for professionals at Oxford University Hospitals; a training DVD for GPs on domestic abuse and the impact on children developed by designated professionals from the Clinical Commissioning Group (CCG).

Multi agency work to tackle domestic abuse is led by the Children's Domestic Abuse Strategy Group. The focus in 2012/13 was to consolidate work begun in the previous year. Achievements included 37 new domestic abuse champions from schools and children's settings; training to promote 'early help' provided through the new early intervention services as well as enhanced training for social workers developed in partnership with Co-ordinate Action Against Domestic Abuse. The group is now in the process of developing a means to map and evaluate the work to tackle domestic abuse in Oxfordshire.

The DAAT and local providers have worked together to produce a pathway for managing safeguarding children information. This will improve recording and sharing of information to highlight potential risks to children when working with their parents. The DAAT and local providers have also agreed to vary their standard contracts to include specific safeguarding children clauses and responsibilities.

On-going issues and next steps:

Improving understanding of parental risk factors remains a safeguarding theme. Whilst progress has been made in our local systems there is room for improvement. Interagency audits have highlighted that child and adult services need to better exploit what they can offer each other and challenge each other to address the needs of the whole family. We will seek better strategic co-ordination with the Safeguarding Vulnerable Adults Board on this work as appropriate. They also indicated that a strategic challenge remains to promote usage of the neglect tool. The information indicated that this was an obvious area for improvement that could generate a lot of positive outcomes. These themes will be incorporated in to the Learning and Improvement Framework.

Priority 2: Developing work on child sexual abuse

The Board set out this priority to tackle two elements of child sexual abuse in Oxfordshire: child sexual exploitation and intra-familial abuse.

Why?

Oxfordshire, like many other areas of the country, has identified an issue of children being abused through child sexual exploitation (CSE). As a result there has been a major inter-agency focus on the development of inter-agency procedures, training and a tool kit to recognise and assess child sexual exploitation.

What did we do and what was the impact?:

Having set the foundations in the preceding year, OSCB partner agencies made great progress in tackling this problem in 2012/13. Work has been wide ranging and directed by a multi-agency strategy and action plan, which connects to single agency plans such as that from Thames Valley Police. The strategy is supported by the identification of a CSE lead within each partner agency. The scoping of the problem has accompanied the establishment of a new dataset to map and monitor information across the county - this links to one of the Health and Wellbeing Board targets. Together this has created a strong and co-ordinated network of colleagues across the county.

A multi-agency child sexual exploitation training programme and briefing sessions have been developed in partnership with Oxford City Council. They have been running bi-monthly and have been targeted at agencies such as children's homes, hubs and Thames Valley Police. This is supported by the production of a Professionals Handbook and procedures for working together, largely driven by the efforts of Oxfordshire County Council.

The OSCB Annual Conference in 2012 was on child sexual exploitation. It was attended by approximately 300 local professionals and included presentations by survivors of this abuse, parents and carers, a colleague from the National Working Group on CSE and an Oxfordshire MP who cares passionately about this issue. The conference provoked a powerful response from local professionals. Feedback included, "It must rate as one of the best conferences I've ever been to – and it will stay with me for a very long time. You managed a balance between intensely emotional presentations; purposeful thinking about ways we are / plan to address CSE in Oxfordshire…" Young people contributed to the event. The conference was preceded by a workshop with young people involved in the Children in Care Council and included a DVD of the young people offering their view point. The conference had a direct impact on work within Oxfordshire. It led to the commitment to health involvement within the Kingfisher team outlined below and the commitment to resource forty performances of "Chelsea's Choice" outlined below. It was powerful in its ability to turn heads and raise awareness across the County in a very short period of time.

A significant development has been the investment by local agencies in the new interagency team "Kingfisher" comprising police, nurse, social workers. The team works alongside the statutory agencies as well as community organisations such as Donnington Doorstep. The team's work covers four strands: Prevention, Disruption, Protection and Prosecution. Children missing from care as well as children placed out of county are now monitored by the team. In spring Kingfisher supported a massive awareness raising campaign in secondary schools, taking the play "Chelsea's Choice" to over 10,000 pupils in the county. They talked to teachers about the screening tool for making referrals and distributed new leaflets for children and parents to better understand this issue. The OSCB is grateful to pupils at Banbury Academy who did a 'test run' of the performance and gave use their views on who should see the performance.

Oxfordshire agencies have moved to address this problem. Thames Valley Police (TVP) has invested additional resources, staff and money into safeguarding children in the TVP Child Abuse Investigation Units. Designated professionals from the Clinical Commissioning Group have co-ordinated specialised training and work with the sexual health clinic (Genitourinary medicine clinic) in relation to child sexual exploitation. These are just a few examples.

Audit and case review work over the year has also improved the OSCB's understanding of the links between neglect and intra-familial sexual abuse as well as neglect and child sexual exploitation. This was noted as a persistent vulnerability factor both in parents and children. A new means of providing better co-ordinated therapeutic support for those children who have suffered sexual abuse was endorsed by the OSCB in June 2012. This was developed by a multi-agency working group comprising Oxford Health, Oxford University Hospitals, Children's Social Care, Education & Early intervention, the voluntary organisation: SAFE! It set out the pathway of care from generalist to specialist support. This will be reviewed and reported back to the OSCB.

On-going issues and next steps:

This remains one of the safeguarding risks identified by the OSCB. The work is led through the Child sexual exploitation subgroup of the OSCB and outlined in its action plan. This group steers the work of the Kingfisher Team and a review of that team will be undertaken in 2013/14. A key aspect of the child sexual exploitation action plan is the mapping of prevalence within Oxfordshire and a targeted disruption plan in relation to how to address these matters robustly, effectively and promptly. The challenge now is to embed the use of the screening tool and to ensure that associated issues such as e-safety and substance misuse are addressed and that related procedures on sexually active under 18 year olds, children placed out of county, children missing from home or care are up-to-date and adhered to. Information and learning will be shared with the Safeguarding Vulnerable Adults Board as appropriate.

Priority 3: Developing performance information to promote improvement and accountability

Why?

The OSCB recognises the importance of scrutiny and sharing performance information across agencies. Through our subgroup working on quality assurance and audit we commission audits to look at frontline inter-agency working; we receive feedback from individual agencies on their safeguarding audits; we review the range of data produced by agencies to see if there are key messages to take on board; in addition we track the implementation of actions set out in serious case reviews, which state where agencies could learn some lessons and better safeguard children.

We also monitor the three Health and Wellbeing Board targets:

1. A regular pattern of quality assurance audits is undertaken and reviewed through Oxfordshire Safeguarding Children Board covering the following agencies: children's social care; youth offending service; education service; children and adult health; early intervention service; Thames Valley Police. Over 50% of these audits will show a positive overall impact (baseline to be confirmed in 2012/13).
2. No more than 15% of children who become subject to a child protection plan have previously had a plan
3. The establishment of child sexual exploitationbaseline data

What did we do and what was the impact?

The OSCB business team and partner agencies co-ordinated four **multi-agency audits**. These independent audits required agencies to consider how well they work together to support: (1) fathers or male care-givers when we are working with a child; (2) families where neglect has been identified as a risk factor; (3) adults who are parents, where substance misuse has been identified as a risk factor (4) looked after children with specific vulnerabilities.

A programme of **single agency audit** reporting was established to learn how well safeguarding is assessed across the county. This will address the first Health and Wellbeing Board target above and needs further work.

Performance information, summarised in appendix 4, has been monitored. The data on child protection plans presents new concerns. The second Health and Wellbeing Board target to reduce the number of repeat child protection plans has been met. However there has been an increase in the number of children with plans as a result of children staying on plans for longer. Monitoring the attendance and engagement of agencies in child protection planning is now essential but this detailed information is not yet available to the Board. This shortfall should be addressed with urgency.

In June 2012 the Department for Education published the new national safeguarding framework. This extended performance reporting to encompass a wider group of people and a wider definition of harm. This information indicates that Oxfordshire is the 13th lowest in the country on the measure of children in need achieving **any** GCSE's. This is a safeguarding risk and a challenge to the Children and Young People's Board. It also raises concerns regarding the attendance of children and the use of fixed term exclusions, which impacts on engagement in learning.

Actions from case reviews have been monitored. During this time one serious case review was signed off as having completed its recommended actions. See section 5 for more detail.

The comprehensive set of audits alongside the information from complaints, collated views of young people and case reviews has led the QAA Subgroup to inform that Board of the following.

We have identified that we have:

- Good processes managed in a timely manner
- Clear single agency plans
- Dedicated professionals who worked hard to accommodate families' needs and support them well
- Professionals delivering to the best of their ability despite heavy and stressful workloads
- Good communication between agencies
- Strong relationships between agencies

We have learnt that agencies within the OSCB need to improve these processes:

- Care planning that produces fully integrated plans rather than a series of single agency plans
- Performance information that shows which agencies provide sustained engagement in child protection plans
- Agreeing contingency plans and managing risk when a number of agencies are involved
- Using information productively to inform good decision making
- Co-ordinating efforts for more complex cases and increasing challenge especially for children who are looked after and have additional vulnerabilities
- Maximising the knowledge that we hold as a group of children and adults' agencies to the benefit of children and young people
- Holding partners to account and increasing challenge

We have drawn out these key safeguarding themes

- **Neglect** - a strategic push is needed to encourage and monitor better usage of the neglect tool. It is effective when it is used but this set of information has indicated that it is not embedded in common practice.

- **Working with fathers and male care givers** – a more analytical understanding of the roles of father and male care givers in protection and risk factors is necessary. The information indicated that there was a lack of visibility of this group in the work undertaken with families and that it was a common cause of complaint to Children, Education and Families at OCC. It also acknowledged that fathers/male care givers in many of these cases were challenging and at best ambivalent parents to engage.

- **Parental risk factors** – child and adult services need to better exploit what they can offer each other and challenge each other to address the needs of the whole family. The information indicated that this was an obvious area for improvement that could generate a lot of positive outcomes

- **Sexual abuse** – this was noted as persistent vulnerability factor both in parents and children and there were links between neglect and intra-familial sexual abuse, and neglect and child sexual exploitation.

- **Developing resilience and supporting the needs of complex young people** – better integrated planning is necessary to work with the more complex cases, *especially when the young person is in care*. A long view of the young person and their family is necessary for all partners, including education partners, to understand their contribution and the difference that they can make at critical points in the development of these young people's lives.

- **Self-harm and suicide** – more national benchmarking from the 'Child Death Review Process' would enable colleagues to understand more about the issues being seen in Oxfordshire. The OSCB needs more research and evidence to determine what action to take.

- **Maximising the life chances of the most vulnerable children through education** – measures need to be put in place to ensure that children are consistently engaged in school life and that the most vulnerable learners are achieving. In particular, looked after children, children subject to a child protection plan and children in need should be targeted for help.

On-going issues and next steps:

Independent and robust challenge of the local system is a priority. We require the Children and Young People's Board to take a stronger lead in its responsibility for overall performance monitoring across the partnership. We draw their attention to the themes which emerge from our quality assurance work, which should form a basis for actions within the county's Children's Plan.

The above themes will be fed in to the OSCB business planning process as safeguarding risks.

Board members will be encouraged to promote and encourage the use of the complex case panel to support a co-ordinated approach to complex cases. The Board will ensure that research on suicides and self-harm is reported on in 2013/14 and shared with the Safeguarding Vulnerable Adults Board. We will press for better information on the attendance and engagement of agencies in child protection planning and more area based information.

Priority 4: Developing performance information to promote improvement and accountability

Why?

An important function of the OSCB is to evaluate and challenge what is done by Board partners individually to safeguard and promote the welfare of children, and advise them on ways to improve. We call this the 'Section 11 safeguarding audit'.

What did we do and what was the impact?

In 2012/13 all required agencies completed a Section 11 safeguarding audit. These included Thames Valley Police, Probation services, the County Council, the District Councils as well as Oxford Health, Oxford University Hospitals and the Primary Care Trust.

A positive development was the peer review of agencies' self-assessments. Each agency was able to review and compare their safeguarding standards and challenge returns made by others. It not only provided the opportunity for scrutiny but for building relations. Board members shared ideas for good ways of working and in many cases improved their return as a result. Board members such as the Fire and Rescue Service reported back confidence in being able to compare their position against others.

The review showed that agencies rated themselves as having good managerial commitment, effective information sharing arrangements and good complaints and allegations procedures. It also highlighted that there were areas for improvement such as safer recruitment practice and training .

District Councils highlighted the particular disjoint that they have from other settings where they do not necessarily provide services directly to children and young people but may contract these services out to others e.g. leisure services. This has highlighted the need for a better standard approach to contractors and safeguarding requirements of commissioned work.

In response to this year's review the OSCB Team is developing bespoke safeguarding training for senior managers in District Councils and briefing material for Councillors.

On-going issues and next steps:

The OSCB is committed to improving this process and is developing an online return. The OSCB would like a broader picture of safeguarding self-assessments in Oxfordshire e.g. those completed by local schools and commissioners. The OSCB aims to include safeguarding themes from the quality assurance work i.e. audits and case reviews in to the return and peer review next year to see how well learning is embedded.

Section 5: The business of the Board in 2012/13

The Board oversees a vast range of business to fulfil its statutory functions, which are outlined in section three. Here is an overview of work that has been undertaken within Oxfordshire to safeguard children against these six functions.

a. Learning from case reviews

In 2012/13 the OSCB undertook two types of case review: the serious case review and the partnership review.

A serious case review is required by government when a child or young person has been seriously harmed as a result of abuse, and a number of different organisations have been involved. The case must meet the criteria as set out in Chapter 8 of Working Together 2010.

A partnership review is undertaken when the OSCB Chair determines that the criteria set out in Chapter 8 has not been met but the case is sufficiently serious enough to warrant an in-depth review and draw out interagency learning. As with a Serious Case Review, all agencies involved in a family's life are involved in the review process and an overview author produces a report of the involvement.

In both cases a report is produced with recommendations and action plans for change detailing the improvements that can be made and the lessons that can be learnt. The final reports are published in due course and are anonymised to ensure no individual child or family can be identified.

What did we do?

At year end one serious case review remains ongoing, two new serious case reviews were initiated and one was completed. The ongoing case review has two emerging themes for interagency learning (1) related to improving professional awareness and understanding of mental health issues in parents and the risks that they present to children and (2) having clear means of escalating concerns and challenging decisions when agencies are working together. Over 40 different single agency actions have been implemented as a result.

Two new serious case reviews are underway and will incorporate learning events as appropriate so that opportunities are seized to make improvements as soon as they are identified.

Information on the completed case review is available on the OSCB website. It had nine significant recommendations which have already been put in to place. The learning concerned:

Practice boundaries: Workers need to ensure that separate but co-ordinated care is provided to a parent and child. This is really important when the parent is looked after, leaving care or receiving substantial support through social services

Quality of assessments: Managers should check that consistantly high standards exist for assessments within their agencies.

Effectiveness of core groups: Managers should ensure that these multi-agency groups develop and implement effective child protection plans. They should monitor progress, improve co-ordination across agencies and challenge where this is not working well.

- Support for fathers / male care givers- involving them in assessments and planning and training workers to do this better

Lessons learnt from the review were shared with local practitioners through the Area Sub Groups. The quality assurance audit work has also focused on these findings. For example there was a multi agency audit on working with fathers and new multi-agency training is being developed on working with young men.

Actions are monitored by the Quality Assurance and Audit subgroup on a quarterly basis. Any concerns or outstanding matters are fed through to the Executive where agencies are held to account to deliver their recommendations. The resulting changes are checked through the multi-agency audits on joint working as demonstrated in this report.

On-going issues and next steps

As a matter of priority the OSCB will be developing a Learning and Improvement Framework in line with Working Together 2013. This will encompass all types of learning from the serious case review through to audit work.

The OSCB Executive has determined to maintain a closer oversight of the learning from case reviews by ensuring recommendations with 'SMART' objectives and clear leads. Thematic learning from case reviews will be analysed and reported on to ensure that training, inter agency procedures and practice effectively reflect any learning.

b. Learning and development through training

What did we do?

Organisation:

The OSCB delivers a range of high quality courses which are overseen by a training subgroup. The group has oversight of course topics, content, quality, attendance and development. In 2012/13 three new courses on Child Sexual Exploitation, E-safety, Harmful Sexual Behaviour were scheduled to reflect our business priorities. They all form part of the 'Risky Behaviours' programme sponsored through Oxford County Council. The Harmful Sexual Behaviours training is run through a partnership with Oxford Health NHS Foundation Trust. Courses were amended to include learning from serious case reviews and partnership reviews e.g. domestic abuse training was updated to ensure that the cycle of abuse and reconciliation is adequately reflected and that an understanding of reactions to abuse are included.

Delivery:

The OSCB's training is run through a highly valued team of 'volunteer trainers' who are trained to deliver OSCB courses and commit to providing 3 sessions per year. 2012/13 saw an increase of 14 new trainers who undertook 'train the trainer' courses in order to work with the OSCB.

Courses:

The OSCB is in its third year of delivering an online introductory course on safeguarding. For the year 2012/13 **2648** members of the workforce undertook this training. This is an increase of approximately 42% on the previous year, when **1857** colleagues passed the online course.

The OSCB runs three core courses: Generalist Safeguarding; Specialist Safeguarding and Specialist Safeguarding Refresher Course. These courses received the most take up. Year on year the demand for these courses has increased and there is now a very healthy update by colleagues in the County Council. There is less take up by the Fire Service, Youth Offending Service and the Police.

In 2012/13 the OSCB also ran a series of courses aimed at raising awareness amongst the workforce with respect to domestic abuse, sexual abuse, and substance misuse and parenting in line with our business priority. In summary the greatest take up of these courses was amongst colleagues wanting to better understand parental risk factors with respect to substance misuse. 37 new 'domestic abuse champions' were trained for local schools. They form a network of approximately 800 champions across 165 agencies in the county of the OSCB multi-agency training - this does not however reflect the single agency training led by these agencies.

The OSCB courses are all provided free of charge. As non-attendance also incurs a cost for the Board the attendance as well as non-attendance is closely monitored. Across the course of the year and across all agencies there was 11% non-attendance, which was a better figure than the previous year.

How well did we do it?

In 2012/13 over 5000 members of the children's workforce were trained through the OSCB. This has increased from a figure of 300 per year in 2008. Over 90% of delegates attending generalist safeguarding training rated it as either 'good or excellent' in helping to understand their role in inter-agency working. All the OSCB core courses have received good feedback overall and are in line with feedback from previous years. Improved pre-course arrangements have been a focus following feedback from delegates and a new learning management system has been agreed for 2013/14. The new Risky Behaviours programme has received positive comments such as "Great training and very friendly trainers. I liked the atmosphere as it made it very easy to contribute and ask questions."

On-going issues and next steps

The new training plan for 2013/14 includes:

- Increase in the range of training available online supported by a robust communications strategy – up to ten new courses to be introduced in 2013/14
- Improved method for monitoring single agency safeguarding training
- Support and working arrangements for OSCB trainers
- Creation of a training network to capture agencies outside of the Board

In 2013/14 Board partners such as the Fire and Rescue Service are also keen to engage with the Risky Behaviours programme, like Oxford Health has done in 2012/13, in order to deliver educational programmes to young people making use of the Oxfordshire Fire and Rescue Safety Centre.

c. Quality assurance, monitoring and evaluating

The OSCB evaluates and challenges safeguarding arrangements. Much of this work has already been outlined in priority four of section four. In addition, the OSCB has a statutory duty to receive reports on allegations made against paid or voluntary staff and a responsibility to maintain an oversight of private fostering within Oxfordshire. Here is a summary of work in the year in question:

For the academic year Sept 11- July 12 there was an increase in referrals to the Local Authority Designated Officer (LADO) reflecting a greater awareness of this role and in some cases improved monitoring and recording by agencies. Noticeable trends are an increase in the primary school allegations; referrals from parents and carers and Special Schools including Independent Special Schools. Another noted increase in 'Transport' allegations is due to the change in CRB disclosure requirements which has revealed cautions that were previously unknown; this includes new CRB applications and 3 year renewals. There is improved monitoring of cautions and conviction within integrated transport and as a result the LADO service is being involved at an earlier stage for risk assessment purposes.

The majority of allegations are resolved within one month and where the cases have exceeded a three month time period they tend to involve either ICT related crime or individuals are potentially facing court hearings.

During the 2011-2012 academic year 87 audits have been undertaken in schools covering all sectors through independent and special. The purpose has been to support and improve safeguarding practice in schools and check that they meet Ofsted expectations. Since starting this work in 2009 no audited school has been identified as having concerns about safeguarding or gone into a category for safeguarding.

Considerable effort has been made to identify privately fostered children and young people within Oxfordshire. In 2012/13 there were 69 notifications of new private fostering arrangements. Notifications have increased particularly in relation to language school students, many of whom have previously been 'hidden'. However, it is younger children that are likely to remain the most under reported in line with the national picture. The number of children privately fostered from Africa continues to decline and numbers from Europe and Asia are increasing. The greatest numbers are still from the UK and 91% are 10-16 years.

In 2012/13 the majority of referrals came from language schools. Eleven referrals came from parents or carers which is an increase and may indicate that awareness of the need to notify the local authority of private fostering arrangements may be increasing. There was only one referral from the Police and none from the Young Offending Service. Attempts have been made to raise awareness with these agencies but with little response as yet.

There was an improvement in the timeliness of assessments of privately fostered children (x% within 7 days) and of statutory visits to where they live (x%). The Private fostering role moved in to the Fostering Team in March 2013. An Audit has been undertaken of records, guidance and standard letters have been updated. A service review in January 2013 reported comments from young people such as, "I am able to talk to someone alone if I have any problems or concerns. I feel like I always have someone to call if anything is wrong and the social worker is very helpful".

d. Safeguarding policies and procedures

In 2012/13 the countywide safeguarding procedures have undergone two scheduled updates. The online procedures manual is at *www.oscb.org.uk*. This has been managed through an inter-agency group. Notably the new child sexual exploitation procedures were added in the Autumn. A range of related procedures were being drafted at year end. The OSCB needs greater commitment from member agencies to make these procedures an effective tool for practitioners. Members need to tie this work into internal safeguarding management systems and to ensure that staff members are directed towards this practical means of 'knowing what to do when'.

e. Communicating and raising awareness of safeguarding arrangements

Area Safeguarding Groups

Three Area Safeguarding Groups across the county bringing together practitioners and team managers to look at local safeguarding arrangements. Colleagues attend from local schools, probation service, the Armed Forces, the police, early intervention hubs and different health services. They are a good forum for sharing information, learning lessons from recent case reviews and audits and communicating issues from practitioners to management and vice versa.

The Health Advisory Group

This group brings together the named, designated and other lead safeguarding health professionals for Oxfordshire. It meets every 3 months and discusses issues from interagency working, training, and safer recruitment through to case audits targeting specific areas such maternity services or short studies on cases where concerns have been raised. The group is an effective means of updating and sharing better practice across health professionals, and highlighting and escalating issues to other agencies.

The Disabled Children's Subgroup

This group was set up in 2012 and has good representation from all partner agencies. The group has produced a briefing paper *'Key learning re safeguarding disabled children'* which summarises the learning from thematic Ofsted reports and local and national SCRs relating to disabled children and young people. This will be used as part of the OSCB disability safeguarding training workshops. The group has also developed guidance notes for workers caring for disabled young people who are placed in out of area residential placements. An audit has been undertaken on records of some of disabled children placed in residential schools for more than 44 weeks a year to review the effectiveness of the information sharing across agencies. The group is promoting the use of the Child Development Checklist to assess concerns about neglect in relation to disabled children. It has also proposed some improvements. The subgroup has begun to scope the systemic difficulties which make disabled young people particularly vulnerable to poor safeguarding outcomes at times of transition from familiar Children's Services to Adult Service support.

f. Incorporating the views of young people in to our work

In September 2012 the Children in Care Council discussed the topic of child sexual exploitation and children going missing specifically to feed the messages back to the OSCB and inform the Annual Conference. Key messages included training for workers and parents in particular foster carers ; support from people who understood, who had been in care; support at schools if you do going missing; somewhere safe to run to; somewhere safe to call. They said, "There is a reason behind some behaviour. You need to look beneath and behind behaviour to see what is going on".

They also talked about advocacy. Young people said that they would like to see a profile of their potential carers before they move, to know what the house rules are, meal times, etc. They felt that they should be given a pack like foster carers are that identifies their rights and who they can talk to e.g. an advocate or a designated teacher in school – this pack needs to be kept updated.

We were grateful to the involvement of young people in the Conference and thank them for the short films that they produced for the workshop on child sexual exploitation and children in care.

The challenge now is to ensure that the findings from all Board members' engagement with young people is recorded and reported at Board meetings. The Board would benefit from receiving more information and understanding how inter-agency work might be delivered better, from the perspective of young people.

g. Review all child deaths in Oxfordshire

Since 2008, Local Safeguarding Boards have had a statutory duty to review all deaths of children aged 0-18 years. This is reiterated in in chapter of Working Together 2013. There are two aspects to the process

1. Responding to and reviewing an unexpected death
2. Responding to and reviewing an expected death

The purpose of the Child Death Review Process and Rapid Response is to ensure that procedures are in place to provide a coordinated response by the Oxfordshire Safeguarding Children's Board (OSCB), their board members and all other relevant agencies to a child's death. The process also ensures that robust procedures are in place or established for families and the wider community to be supported and informed within the Child Death Review Process.

The Child Death Overview Panel (CDOP) has a fixed core membership with other agencies being co-opted as necessary. Representatives of the CDOP are of sufficient seniority to contribute to informed analysis of cases, and speak for and influence their own agency's responses.

In 2012/13 97 deaths were reported to the Oxfordshire CDOP. Of these cases:

- 43 were children normally resident in Oxfordshire. 16 of these were unexpected.
- 54 were children normally resident in other areas. 6 of these were unexpected deaths and required a response from the Oxfordshire rapid response service.

The rapid response service is now well established in Oxfordshire and assists in gathering as much information as possible in a timely, systematic yet sensitive manner to inform our understanding of why the child has died, and to support the family through the early stages of shock, grief and also the process.

In the year 2011/12 the CDOP made the following recommendation:

"To raise awareness of parents to safe sleeping practices with infants through public campaigns and consistent professional advice."

As a result the following activities have been undertaken:

- 15 training sessions have been delivered to health and social care services.
- Every GP surgery in Oxfordshire has been sent safe-sleep advice posters and leaflets to display in waiting rooms and post-natal clinics.
- The safe sleep message will be expanded out to family centres and midwifery units across the region in 2013/14.

In addition from June 2013 every child born in Oxfordshire will receive a bedroom door hanger with a thermometer indicating safe sleep temperatures and general safe-sleep advice.

In 2012/13 no deaths were reported where co-sleeping was a factor.

Following the child deaths reviewed at the CDOP in 2012/13 the CDOP annual report will make further recommendations to the Board with regard to the following themes:

- Troubled adolescents with a complex range of needs as well as suicide amongst adolescents
- Ensuring information on the dangers of Air Rifles and BB Guns is appropriately available for children and young people.
- Improved understanding of the rapid response process in Oxfordshire, ensuring a co-ordinated response at the earliest point.

Section 6: Summary and looking ahead

The Independent Chair's concluding comments

As Independent Chair of the Board I believe this report provides a helpful reflection on how effectively safeguarding work has been undertaken across the county.

We have provided a simple snapshot in the tables below with an assessment of effectiveness.

I would like to pick out a few points which have struck me as significant. These include the learning on parental risk factors which was derived through three multi-agency audits. The OSCB 2012 Annual conference, which was felt by many to be one of the "best ever" and played a crucial role in raising awareness. The multi-agency training on Child Sexual Exploitation, which was developed by committed local practitioners alongside a professional's handbook and procedures. The robust challenge to local systems through interagency audit and review work, which has been constructive and led to engagement of senior management teams in addressing emerging themes e.g. in the care of looked after children with specific vulnerabilities and children with a complex set of needs. Finally the 5000 members of the children's workforce, which were trained through the OSCB, compared to 300 per year in 2008.

There is no doubt that challenges remain in terms of the development of a learning and improvement Framework to ensure that the Board builds on its ambition to ensure that all it does leads to better practice, agency wide use of procedures and co-ordinated inter-agency working with children , young people and their families. In order to do this we need to develop the Board's way of working, develop our challenge and scrutiny role within the structural arrangements of the Health and Wellbeing Board. We also need to improve our accessibility to professionals, children and young people and the public e.g. better website, better online learning, better online assessment of safeguarding standards for local agencies.

We must ensure that the message from young people with regards to training and information for foster carers on child sexual exploitation is taken on board and we will ask for feedback from Children's Social Care on the idea of a profile of their potential carers.

The information within this report provides a good basis on which we can plan ahead. For example we will follow up the challenges identified, specifically holding the Children and Young People's Partnership to account for improvement to performance monitoring and accountability for wider outcomes for children. The revised set of priorities, incorporating the key safeguarding themes, will be outlined in the OSCB business plan for 2013/15. Finally it gives me the opportunity to thank my fellow Board members for their leadership in ensuring that safeguarding children remains a top priority for their organisations. I have been impressed by the range of activities that have been undertaken.

Andrea Hickman

Independent Chair

Oxfordshire Safeguarding Children Board

Summary of work undertaken against the four priorities set out in the Business plan for 2012/13:

Priority 1 : Improving understanding of parental risk factors

Summary	Assessment
• 37 new domestic abuse champions trained for schools in Oxfordshire • Independent multi-agency audit reviewed work with families where there are concerns of neglect • Multi-agency audit to test how well agencies work with fathers and male care givers • The DAAT undertook a multi-agency audit on how well young people are safeguarded where parents are misusing substances • The DAAT worked with providers to develop a means of tracking and sharing safeguarding information to clarify the responsibility of providers in highlighting risk and reporting concerns manage risks for • Designated professionals from the Clinical Commissioning Group developed training DVD for identification, referral and management of domestic abuse including the impact on children which was sent to all GP practices and partners agencies • Designated professionals from the Clinical Commissioning Group encouraged the midwifery service to establish and then improve communication about 'health and social assessment of all pregnancies in order to detect high risk pregnancies • Oxford University Hospitals completed a 'Think family training session and distributed prompt cards for teams and professionals • Oxford University Hospitals' 'safeguarding snapshot audit' evidenced improved knowledge • Oxford University Hospitals reported increased and improved referral and consultation in relation to family factors influencing childcare and welfare • Oxford Health NHS Foundation Trust extended Level Three safeguarding training to all registered staff working in adult community health and substance misuse • Oxford Health NHS Foundation Trust increased awareness of Threshold of Needs Matrix and neglect tool amongst its staff through training	Good progress made in terms of scrutinising interagency work but this remains a priority for the OSCB and a challenge for agencies working with families. More work is required to embed the 'tools' that have been launched.

Priority 2: Developing work on child sexual abuse

Summary	Assessment
• OSCB Annual Conference on child sexual exploitation attended by approx. 300 local professionals which included the National Working • Kingfisher - new interagency team comprising police, nurse, social workers set up to tackle this problem • Interagency procedures to be clear on common approach to child sexual exploitation and other related concerns led by Oxfordshire County Council through the OSCB • CSE Strategy and Action Plan led by Oxfordshire County Council through the OSCB • Professional's handbook on child sexual exploitation led by Oxfordshire County Council through the OSCB • Screening tool launched for practitioners worried about young people • OSCB interagency training programme launched to develop professional knowledge with significant input from Oxford City Council • Oxford City Council seconded a worker to work on this agenda through the auspices of the OSCB • Local services identified and listed in the professionals' handbook • Chelsea's Choice awareness raising performance rolled out at 40 venues across the county to over 10,000 young people • Three awareness raising leaflets launched for parents; children in general; children for whom there are concerns • The OSCB area safeguarding groups have played a key role promoting and encouraging the use of the screening tool • Designated professionals from the Clinical Commissioning Group co-ordinated specialised training and work with the GUM clinic in relation to child sexual exploitation. • Thames Valley Police developed CSE action plan using CEOP template • Thames Valley Police Invested additional resources, staff and money, into safeguarding children in Thames Valley Police Child Abuse Investigation Units • Thames Valley Police implemented awareness raising and training programme for CSE • Thames Valley Police Chief officer oversight and central supervision of all CSE investigations • Oxfordshire County Council worked with Thames Valley Police and the voluntary sector to gather information and so identify this as a CSE network • Oxfordshire County Council worked with schools to consider the exclusion policies and better information sharing.	Good progress made in terms of setting out a robust strategic response to this issue. This remains a high safeguarding priority. More work required to ensure focus on intra-familial abuse too.

Priority 3: Developing performance information to promote improvement and accountability

Summary	Assessment
• Multi-agency audit to review inter-agency work with families where there are concerns of neglect with Oxford Health NHS Foundation Trust, the County Council, and Children's Centres • Multi-agency audit to test how well agencies work with fathers and male care givers • Multi-agency audits to review how young people are safeguarded where parents are misusing substances • Multi-agency audits to test how well we safeguard looked after children with specific vulnerabilities • Single agency reporting on safeguarding audit work implemented • Increased scrutiny of data to monitor interagency engagement in child protection work • Tracking of interagency actions and learning from three serious case reviews and one partnership Review • OSCB monitoring and analysis of safeguarding performance data • Designated professionals from the Clinical Commissioning Group undertook an audit of all GP practices and evidenced that nearly 80% of GP practices have all appropriate safeguarding procedures in place • The CCG designated nurse and doctor initiated a review with respect to four babies which had non-accidental injuries • Children's social care has improved the accuracy and timeliness of reporting on the private fostering arrangements • Children's Social Care has undertaken an audit of private fostering records • District Councils e.g. Cherwell District, building safeguarding in to the Annual Service Planning Process • The Public Health Sexual Health Commissioning service undertook a needs assessment to use data to inform future commissioning and improve performance and accountability of service providers in targeting work effectively • Oxford University Hospitals set up a data set that enables the Safeguarding Team to monitor and assess activity and effectiveness • Oxford University Hospitals included knowledge of activity and performance within divisional reports • Oxford University Hospitals has developed a clear audit plan with safeguarding health checks for colleagues • Midwifery Teams at Oxford University Hospitals are completing a health and social scoring in all booking appointments and assessing need for women with the safeguarding lead to improve information to support vulnerable families	Good challenge to agencies safeguarding work and positive steps in developing single agency reporting. Learning must now be embedded in actions. More challenge needed to ensure that learning from serious case reviews is effectively tracked and taken on board. More detail required on the single agency safeguarding reporting.

Priority 4: Monitoring and challenging agencies' self-assessment of safeguarding arrangements

Summary	Assessment
• Section 11 safeguarding self-assessment of eighteen local agencies with members reporting 'benefit derived from clearer reporting lines derived through the process' • Half day peer review of safeguarding self-assessments by Board members for increased scrutiny. Board members such as the Fire and Rescue Service reported back confidence in being able to compare their position amongst others. Challenges were highlighted as safer recruitment, new training for senior managers in District Councils with a safeguarding remit, better and briefing of Councillors. • Designated professionals from the Clinical Commissioning Group challenged a new disability provider to identify named doctor and nurse and to ensure that they link with other Oxon safeguarding health professionals • The County Council's Education and Early Intervention Service developed a safeguarding audit for 'satisfactory ' and 'inadequate' EYFS settings; they also undertook 150 case file audits in Early intervention which included a check on internal safeguarding practice • The County Council's Education and Early Intervention Service developed a safeguarding audit for the Special Educational Needs Support Service which is already leading to improvements in practice; this service also developed a (restricted access) incident tracking form to ensure that pre-safeguarding concerns are noted and not missed • The DAAT developed a new self-assessment tool for drug and alcohol services to ensure that they are meeting key standards i.e. safeguarding policies and recording information • The DAAT amended standard contracts with providers to include safeguarding responsibilities • The Disabled Children's Subgroup, led by Oxfordshire County Council, developed guidance for placing and monitoring disabled children in external placements, which will be used as standard against which to audit practice in 2013/14	The Peer Review has led to improved accountability and understanding of safeguarding roles and responsibilities. Challenges are identified and improvements in 2013/14 will be to develop an online return and further develop the peer review.

Appendix 1: Membership 2011/12

Modupe Adefala	Lay Member
Clare Edwards	Lay Member
Sally Thomas	Service Manager, Cafcass Oxford
Dr. Clare Robertson	Designated Child Protection Doctor, Oxford University Hospitals
Romy Briant	Voluntary Sector representative
Alison Chapman	Lead Nurse Safeguarding Children, Oxford University Hospitals NHS Trust
Jane Bell	Oxfordshire Designated Child Protection Nurse/ Safeguarding, Clinical commissioning Group
Christine Etheridge	NHS South of England, Strategic Health Authority
Kate Riddle	Trust Lead Nurse Safeguarding Children Oxford Health NHS Foundation Trust
Liz Shaw	Joint Head of Children and Families' Community Services, Oxford Health NHS Foundation Trust
Sula Wiltshire	Director of Nursing and Clinical Standards
Elaine Strachan-Hall	Children Young People and Maternity Lead, Oxford Health NHS Foundation Trust
Sally Truman	Shared Policy and Partnerships Manager, South Oxfordshire and Vale of White Horse District Councils
Val Johnson	Partnership Development Manager, Oxford City Council
Stephen Czajewski	Director of Oxfordshire's Probation Service
Di Batchelor	Deputy Principal - Abingdon & Witney Further Education College
Cllr Melinda Tilley	Councillor and Lead Member for Children & Families, Oxfordshire County Council
Jim Leivers	Director for Children Education and Families, Oxfordshire County Council
John Dixon	Director for Social & Community Services (adults), Oxfordshire County Council
Peter Clark	Monitoring Officer and Head of Law & Governance, Oxfordshire County Council
Amrik Panaser	Head of Youth Offending Service, Oxfordshire County Council
Hannah Farncombe	Safeguarding Manager - Children, Education & Families, Oxfordshire County Council
Penny Browne	Area Social Care Manager Central Area, Oxfordshire County Council
Tan Lea	Early Intervention Manager (Central) Oxfordshire County Council
Chris Rothwell	Head of Community Services, Cherwell and South Northants District Council
Diana Shelton	Head of Leisure and Tourism, West Oxfordshire District Council
Christian Bunt	Oxford LPA Commander, Thames Valley Police
Stuart Garner	Home and Community Safety Manager, Fire & Rescue Service Headquarters
Jo Melling	Director - Oxfordshire Drugs and Alcohol Action Team

Lay members:

Modupe Adefala

Modupe is Manager of Religious Affairs at Campsfield House, co-ordinating faith activities for Christians, Buddhists, Muslims, Hindus and Sikhs. Modupe is committed to bringing into focus issues that affect children, young people and families from the 'hard to reach' and migrant communities. She is an advocate for the training of those who lead and work with children and youths at the grassroots especially faith and community groups.

What she said about 2012/13:

Modupe said that in 2012/13 she has been committed to bringing a fresh pair of eyes to the Board. As a lay person "I try to understand how everything fits together and challenge where safeguarding issues aren't kept simple and clear".

Clare Edwards

Clare is a health professional currently working as Director of Clinical Services and Deputy CEO for Helen and Douglas House. She regards part of her role as ensuring that the language and the style that the board adopts is accessible to all. She is also keen to see whether learning has been maximized in an efficient way and whether we can do more to safeguard children.

What she said about 2012/13:

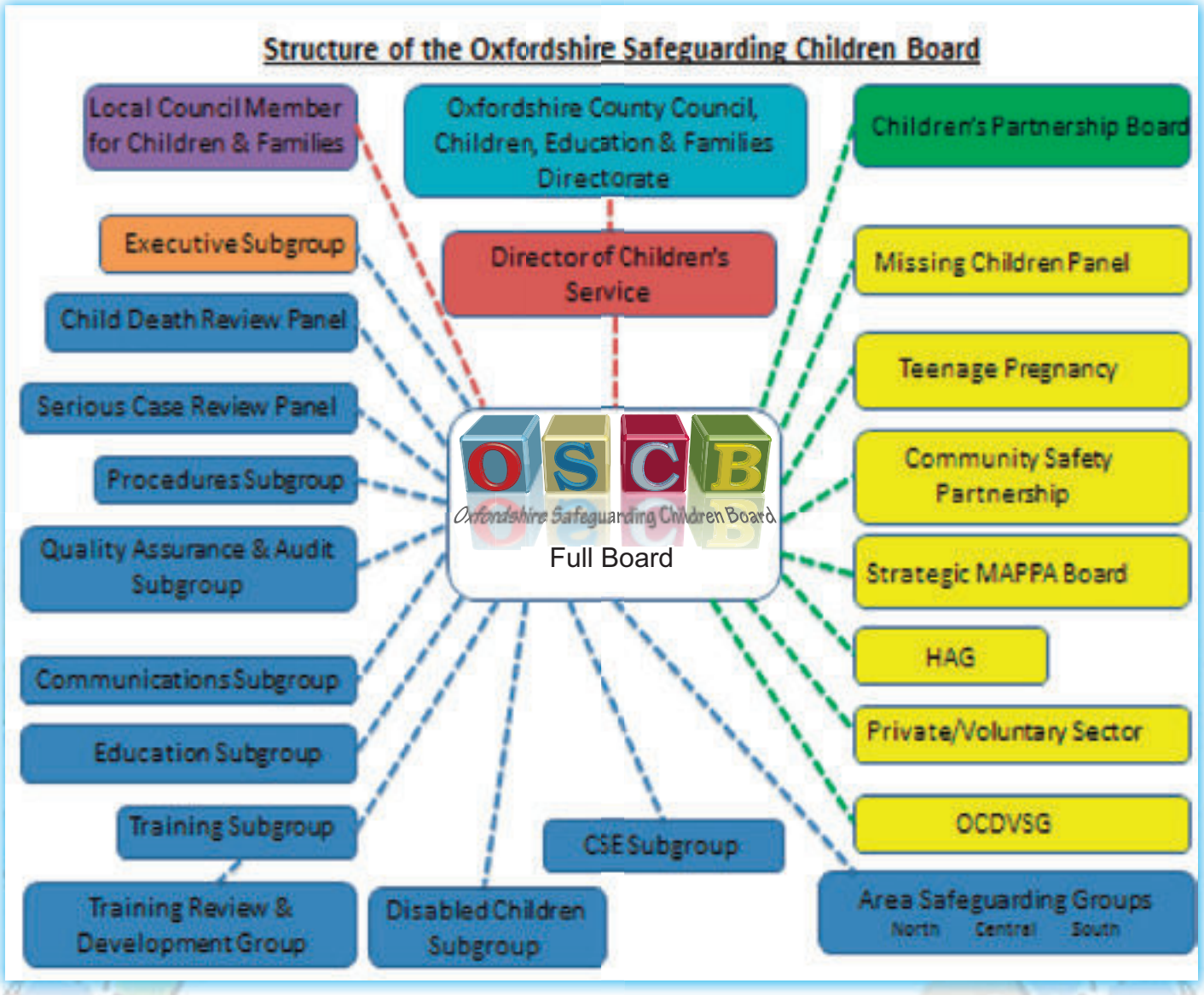
Clare said that, "In terms of the effectiveness of the board, I think over the last year I have seen greater collaboration between agencies and a fundamental desire to learn from working together and from cases. My feeling is that there is a real desire from board members to keep children in Oxfordshire safe".

Appendix 2: Attendance at Board meetings 2012/13

(1) Attendance summary by agency (please see the glossary for abbreviations)

Agency					
Councillor for Children, Young People and Families	Yes	Yes	No	No	50%
Children, Education and Families, Director	No	No	No	Yes	25%
Probation Services Director	Yes	No	Yes	Yes	75%
Primary Care Trust Lead	Yes	Yes	Yes	Yes	100%
Children Social Care Services, Safeguarding Manager, Oxfordshire County Council	Yes	Yes	Yes	Yes	100%
Youth Offending Service, Manager, Oxfordshire County Council	Yes	Yes	Yes	No	75%
Oxford University Hospitals Lead	Yes	Yes	Yes	Yes	100%
Oxfordshire Community Development and Voluntary Sector representative	Yes	Yes	Yes	Yes	100%
CAFCASS Area Manager	Yes	Yes	No	No	50%
Head of Legal Services, Oxfordshire County Council	Yes	Yes	Yes	Yes	100%
Education and Early Intervention Service Manager, Oxfordshire County Council	Yes	Yes	Yes	Yes	100%
Oxford Health NHS Foundation Trust	Yes	Yes	Yes	Yes	100%
Thames Valley Police Lead	Yes	Yes	Yes	Yes	100%
Fire & Rescue Service Lead	Yes	No	No	Yes	50%
District Council Representation	Yes	Yes	Yes	Yes	100%
Drug & Alcohol Team Lead	Yes	Yes	Yes	Yes	100%
Adult Services Manager, Oxfordshire County Council	Yes	Yes	No	No	50%

Appendix 3: Structure in 2012/13



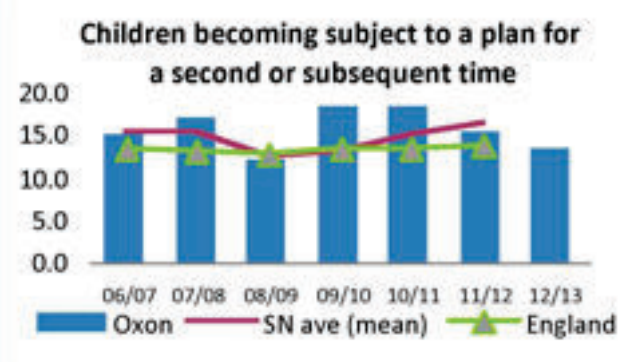
Appendix 4: Safeguarding Performance Summary 2012/13

Last year three concerns were highlighted to the OSCB:

1. Children becoming subject to repeat child protection plans
2. A continued growth of children subject to a plan, where nationally the figure was stabilising
3. Activity levels increasing across at key points across the pathway which are higher than the national average

Children becoming subject to a repeat child protection plan.

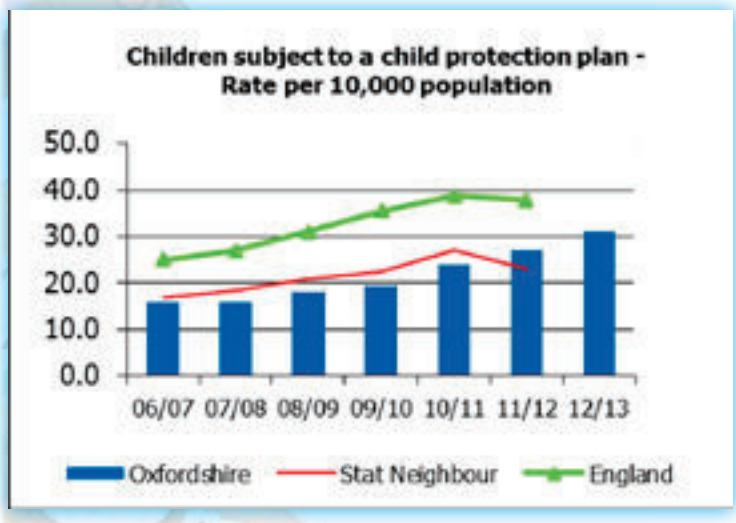
Oxfordshire has consistently had more children becoming subject to repeat plans than either the national average or that of statistical neighbours. A Health and Wellbeing Board target was set to reduce this to less than 15% in 2012/13. The target has been met and exceeded. We now have fewer repeat plans than both the national average and statistical neighbours' average.



A growth of children subject to a child protection plan, where nationally the figure is stabilising.

The number of children on plans in Oxfordshire is higher than we would expect based on our demography and is growing quicker than elsewhere. The table below shows the percentage change in children subject to plans at the end of March - which is also shown graphically below.

England from 2011 to 2012	-2.2%
Oxfordshire from 2011 to 2012	+10%
Oxfordshire from 2012 to 2013	**+18%**



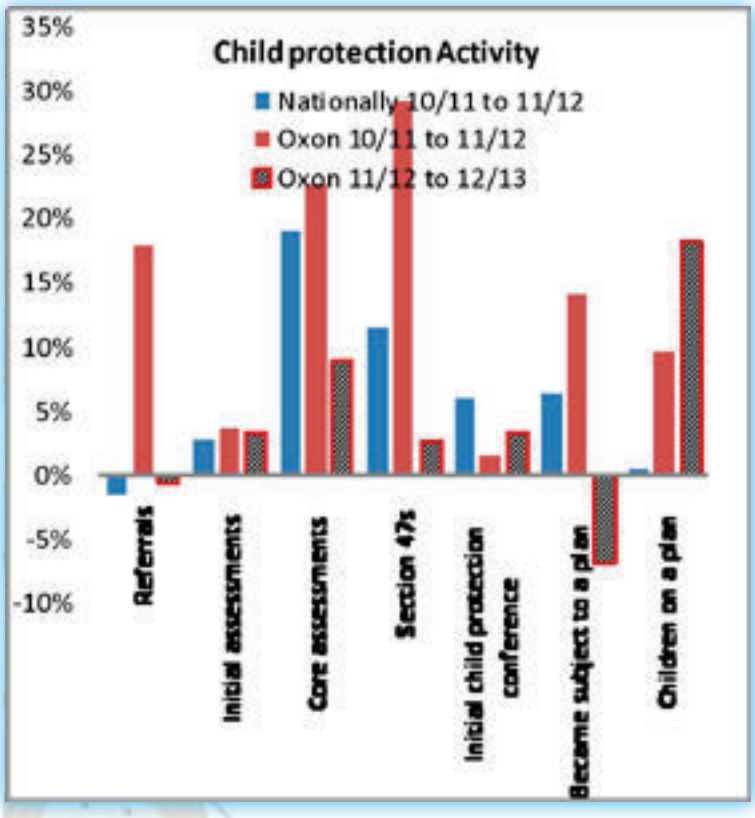
The increase in numbers relates to fewer people coming off a plan than in previous years. Paradoxically there were fewer people placed on a plan in 2012/13 than in the previous year. 'Front door' demand is therefore reduced but children are staying on plans for longer.

In 2011/12 477 people became the subject of a plan in Oxfordshire and in 2012/13 this dropped to 444 (a drop of 7%). At the same time 364 people ceased being on a plan this year compared with 444 the previous year (a drop of 18%)

Activity levels increasing at key points across the child protection process greater than the national average.

Last year the concern was raised that activity levels were higher than expected within the safeguarding system and were growing more quickly than elsewhere.

The following table shows activity levels in Oxfordshire for 2012/13 compared with those in 2011/12 for Oxfordshire and nationally. Although there has been increased activity at most points in the process (except referrals and people becoming subject to a plan), **overall activity has grown less than in previous years**, which is pleasing. However the concern as raised above is the growth of children on plans, caused by children staying on plans for longer.



Reviewing the 2012/13 Dataset

There are no significant performance concerns raised in the Safeguarding dataset. When children are believed to be at risk they are assessed quickly. Where they are the subject of a Child Protection Plan they are reviewed within statutory timescales.

	National (11/12)	Oxon (11/12)	Oxon (12/13)
% initials assessments < 10 days	77%	90%	90%
% of core assessments < 35 days	76%	81%	82%
% of ICPC within 15 days	73%	78%	87%
CP reviews held on time *	96.7%	98.1%	98.8%

*Late CP reviews relate to one family where the mother was admitted to hospital and the review was postponed in the best interests of the family.

The board set 28 local performance measures for 2012/13. Of these only four were not met at year end. The measures where performance was not met were:

- Percentage of child protection conferences where conference record and cp plan are circulated within timescale – taking longer than the target of 10 days
- Percentage of subsequent core groups held on time (within 30 working days) – taking longer than the target of within 30 days
- Rate of core assessments per 10,000 - higher than target and has risen for third year running
- Rate subject to a child protection plan per 10,000 - higher than target and has risen for third year running

New National Safeguarding Framework

In June 2012 the Department for Education published the new national safeguarding framework. This extended performance reporting on safeguarding to encompass a wider group of people and a wider definition of harm.

There are local three issues that need to be considered in light of the new framework

1. Growth of the number of child protection plans
2. A consistent understanding of thresholds between agencies
3. Supporting wider outcomes for children e.g. educational attainment

1. Growth of the number of child protection plans

The issue of the number of children on plans has been discussed above and relates to children staying on plans for longer.

2. A consistent understanding of thresholds between agencies

The new framework asks for OSCBs to understand the pattern of activity in their area and to ensure that there is consistent understanding of thresholds. In 2011/12 Oxfordshire had the 5th highest level of social care referrals which led to no further social care action in the country. This raises questions about whether there is a common understanding of thresholds. The table below shows the progress of referrals through the child protection system

	National (11/12)	Oxon (11/12)	**Oxon (12/13)**
Initial assessments as a % of referrals	74.6%	55.2%	**57.4%**
Core assessments as a % of referrals	36.5%	36.7%	**40.2%**
S47 enquiries as a % of referrals	20.6%	19.2%	**19.8%**
ICPC as a % of referrals	9.3%	7.9%	**7.7%**
Subject to a plan as a % of referrals	8.6%	7.5%	**7.0%**

3. Supporting wider outcomes for children e.g. educational attainment

The first question in the new national framework for safeguarding is around the educational attainment of children in need and emphasises the broader definition of harm.

Although on the two specific measures in the framework (children known to social care who achieve English and maths at KS2 and 5+ A*-C at GCSE) Oxfordshire is average, on the wider measure of children in need achieving any GCSE's we are 13th lowest in the country. In terms of supporting vulnerable people to maximise their life chances, this is clearly a concern for the Board.

Appendix 5 Overview of OSCB expenditure 2012/13

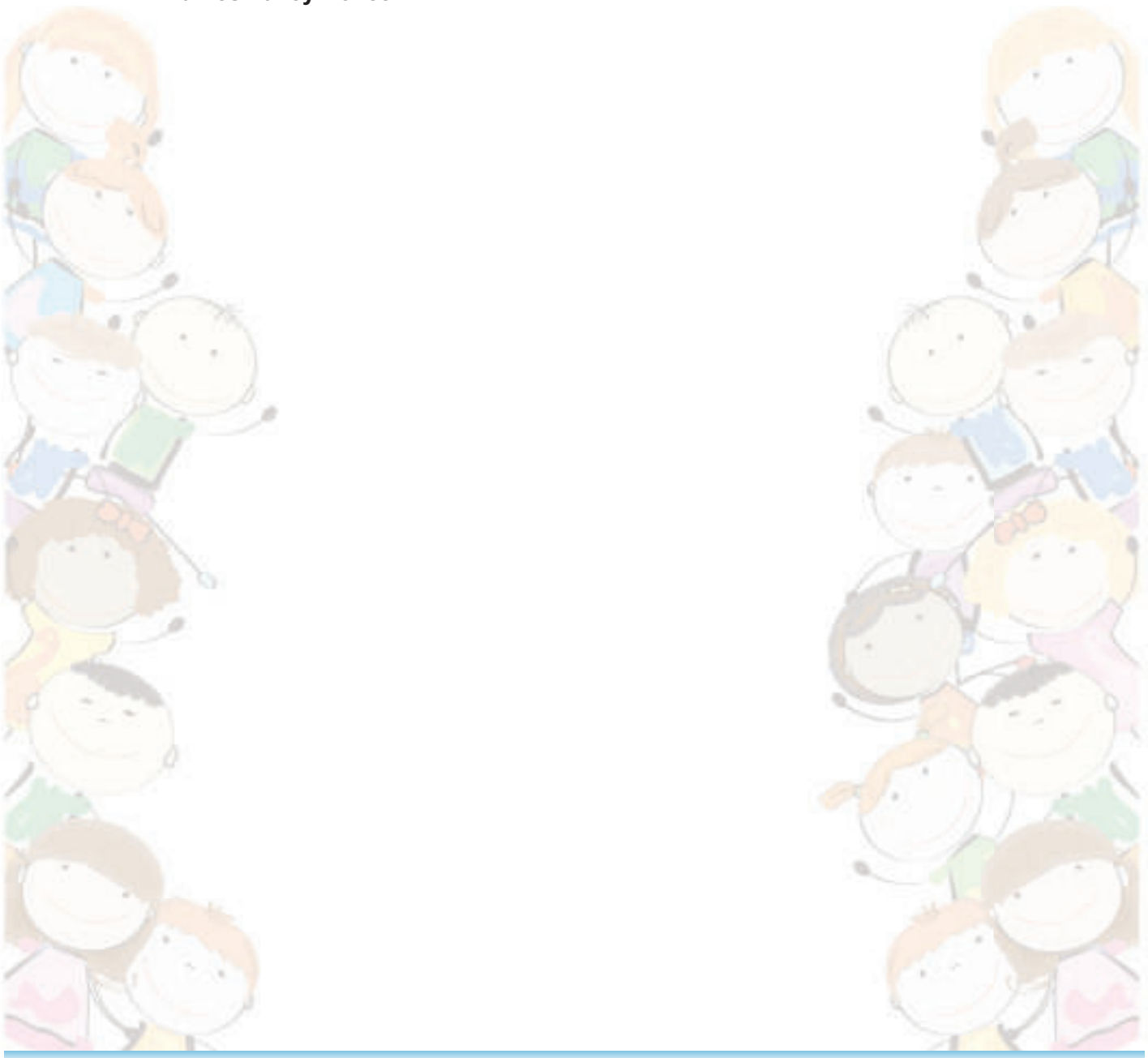
Income and Expenditure analysis and reserves for OSCB 2012/13	**£**
***Reserves balance brought forward from 11/12 excluding CDOP**	**212,593.00**
Income	
Oxford City Council	4,000.00
Oxfordshire Primary Care Trust	60,000.00
West Oxford District Council	2,000.00
Thames Valley Police	16,000.00
Cafcass	500.00
South Oxon DC & Vale Of White Horse DC	4,000.00
Dedicated Schools Grant	64,000.00
Risky Behaviours training	53,450.00
Early Years Safeguarding training	14,465.00
Cherwell District Council	2,500.00
Thames Valley Probation	5,000.00
Threshold Audits	10,000.00
Funding for Anti-bullying event	500.00
Oxfordshire County Council	192,947.00
Total Income received during the year (Not including the reserves 11/12 balance)	**428,862.00**
Expenditure	
• Business Unit (Staff costs only)	228,625.00
• Independent Chair (Andrea Hickman)	22,819.00
• Communications, Training, Case reviews, Subgroup work	84,846.00
Total Expenditure during the year excludes CDOP	**336,290.00**
Surplus + / - deficit for the year	**92,592.00**
Contribution to reserves for 2012/13	92,592.00
****Cumulative balance in reserves excluding CDOP (Opening position for 2013/14)**	**301,165.00**

* The balance includes receipt from Thames Valley Police for 2011/12 although income was not received until 2012/13

**At the OSCB meeting on 07.03.13 the OSCB committed significant funds from the reserves to a three year project to develop a suite of ten online courses, produce an online learning management system,produce a new online section 11 return, improve the OSCB website and appoint two new time limited posts to support training and learning and improvement.

Glossary

CAADA	**Co-ordinated Action Against Domestic Abuse**
CSE	**Child Sexual Exploitation**
CCG	**Clinical Commissioning Group (was PCT)**
DAAT	**The Drug and Alcohol Action Team**
EYFS	**Early Years Foundation Stage**
MARAC	**Multi Agency Risk Assessment Conferences**
MAPPA	**Multi-Agency Public Protection**
PCT	**Primary Care Trust (now CCG)**
TVP	**Thames Valley Police**



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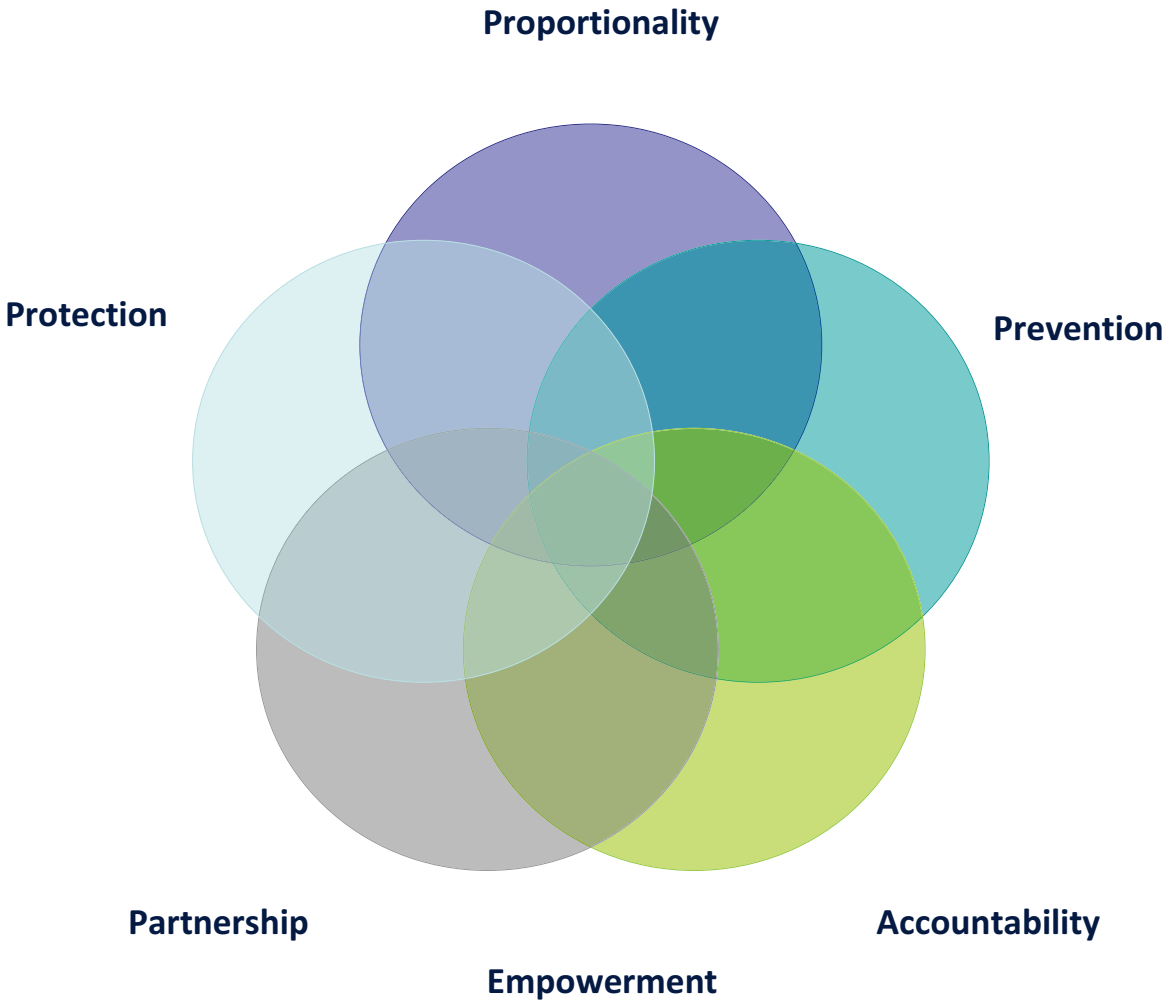
Oxfordshire Safeguarding Adults Board

Annual Report 2012 - 2013

OSAB
Oxfordshire Safeguarding Adults Board

Safeguarding is everybody's business…

Agencies working together to ensure a coherent policy and a consistent and effective response for the protection of vulnerable adults at risk of abuse



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1. Introduction

1.1. 'Adult safeguarding' is the process of protecting adults with care and support needs from abuse or neglect. It is an important part of what many public services do, and a key responsibility of local authorities.

1.2. Safeguarding is mainly aimed at people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect by others. In these cases, local services must work together to spot those at risk and take steps to protect them.

1.3. The Oxfordshire Safeguarding Adults Board has a role to play in bringing together these local services by way of leadership and management of safeguarding activity across the County. The Board's purpose is to create a framework within which all responsible agencies work together to ensure there is a coherent policy for the protection of vulnerable adults and a consistent and effective response to any circumstances giving ground for concern.

2. Purpose of this report

2.1. This report outlines the work of the Oxfordshire Safeguarding Adults Board from April 2012 to the end of March 2013, focusing on safeguarding activity that the Oxfordshire Safeguarding Adults Board has had direct oversight of.

2.2. Unlike with Safeguarding Childrens Boards, there is not a clear set of laws and regulations that underpin the Safeguarding Adult Boards and in turn no formal requirement set out in government guidance to produce an annual report. However, the Oxfordshire Safeguarding Adults Board recognises the value of a yearly review of the Board's work.

2.3. Safeguarding Boards will be made mandatory in the Care and Support Bill (section 35: safeguarding) by 2015 and it is likely that they will have to produce annual reports.

3. The Safeguarding Adults Board in context

3.1. The creation of a local multi-agency committee as a means of achieving effective partnership working was recommended in the government report, No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (Department of Health, 2000). This Guidance, issued under Section 7 of the Local Authority Social Services Act 1970, requires local authorities, in their social services functions, to play a coordinating role in the development of local policies and procedures for the protection of vulnerable adults from abuse.

3.2. The publication of Safeguarding Adults: A national framework of standards for good practice and outcomes in adult protection work (ADASS, 2005) led the committee to re-evaluate its existing title and Terms of Reference and become the Oxfordshire Safeguarding Adults Board.

3.3. In May 2011, the Minister for social care, Paul Burstow M.P. announced that adult safeguarding boards are to be made mandatory, although we are still waiting for guidance. The current coalition government's commitment to adult safeguarding is demonstrated through the publication of the Care Bill (Department of Health, 2013), which pledges to develop a legal framework underpinning Safeguarding Adults Boards by which key organisations and individuals with responsibility for adult safeguarding can agree on how they must work together and what roles they must play to keep adults safe.

3.4. The Bill says that the Safeguarding Adults Board must:

- include the local authority, the National Health Service (NHS) and the police, who should meet regularly to discuss and act upon local safeguarding issues;
- develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations;
- publish its safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way.

3.5. Although we are still waiting for guidance, Paul Burstow M.P. said that Safeguarding Adults Boards should not wait for legislation to prepare themselves for statutory and mandatory status. Given the strong partnership and firm commitment established in Oxfordshire, we will be well placed to respond to the formal implementation of legislation when it is forthcoming.

4. Scope

'Safeguarding Adults' relates to all work that enables vulnerable adults to be able to live a life that is free from abuse and neglect.

4.1. Definition of a vulnerable adult who may need safeguarding

An adult aged 18 years or over 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation' (Department of Health, 2000).

'Community care services' will be taken to include all care services provided in any setting or context. In determining who is or may be in need of community care services, reference should be made to the Fair Access to Care Eligibility Criteria.

4.2. Definition of abuse

'Abuse' is a violation of an individual's human or civil rights by any other person or persons' (Department of Health, 2000).

The term abuse in adult safeguarding includes: physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and institutional abuse.

In addition the Oxfordshire Safeguarding Adults Board has adopted the Action on Elder Abuse definition of abuse to include acts, which whilst in themselves may not constitute a violation of an individual's right, nevertheless may result in harm: 'A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress (to a vulnerable person).'

'Harm' in this context includes but is not limited to:

- ill treatment (including sexual abuse, exploitation and forms of ill treatment which are not physical)
- the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural)
- self-harm and neglect
- unlawful conduct which adversely affects property, rights or interests (for example, financial abuse).

5. Oxfordshire's Safeguarding Adult Board arrangements

5.1. Structure

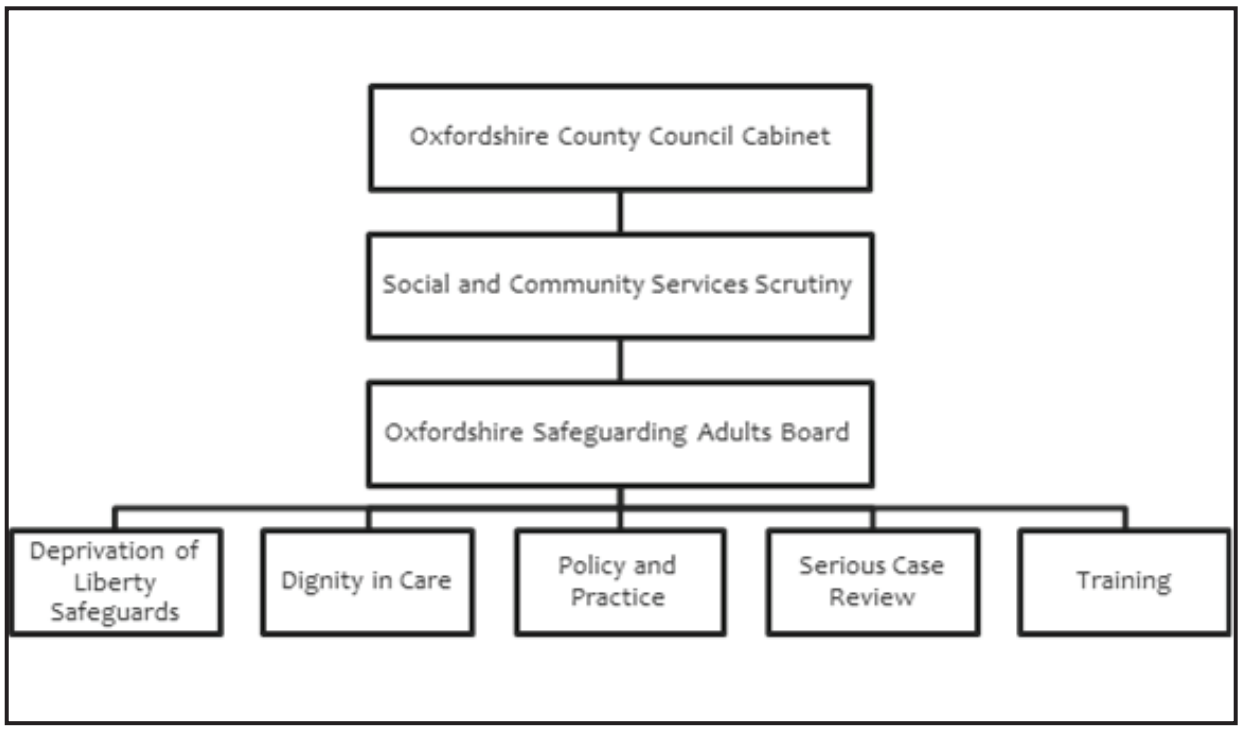


Figure 1: Oxfordshire Safeguarding Adults Board Structure

5.2. The Oxfordshire Safeguarding Adults Board has been chaired by the independent chairman, Donald McPhail, since 2009.

Role Description for the Independent Chair

1. To ensure that the Oxfordshire Safeguarding Adults Board operates effectively and exercises its functions and responsibilities as set out in No Secrets (Department of Health, 2000), the Oxfordshire Safeguarding Adults Board's policies and procedures, and all new legislation, regulations and guidance regarding safeguarding adults.

2. Lead the Safeguarding Adults Board in the implementation of the Safeguarding Adults agenda, together with the executive group, determine priorities in service development.

3. Providing independence and quality assurance in the conduct of the Oxfordshire Safeguarding Adults Board and its subgroups.

4. Ensure that performance management is integrated into the role and function of the Safeguarding Adults Board and its subgroups to deliver improved outcomes for vulnerable adults and their carers.

5. Encourage and support the development of partnership working between the partner members of the Safeguarding Adults Board and its subgroups.

6. To promote the Oxfordshire Safeguarding Adults Board's ability to independently fulfil objectives of monitoring and challenge and scrutinise the effectiveness of partnership working to safeguard vulnerable adults.

5.3. The Board meets four times a year, where strategic issues are debated, subgroups report on progress and all partner agencies highlight activities and work within their organisation, and are subject to the governance and reporting structures within their own organisations.

5.4. As the Board is not on a statutory footing at this time, there are no set criteria about which agencies should join the board. However, we are fortunate that there is excellent commitment from agencies across Oxfordshire to the Board and subgroups (see appendix 2).

Role Description for Safeguarding Adults Board Members

1. The Board member must have (or be given) sufficient authority within their own agency to be able to represent their agency's view to the Board.

2. The Board member must be able to (or be given the authority to) commit the resources of their agency to support the work of the Safeguarding Board.

3. The Board member must ensure that the Board is informed of all relevant professional and practice issues that will impact on the ability of the agencies represented on the Board to work together to safeguard vulnerable adults in the County.

4. The Board member must be able to influence the strategic planning for safeguarding vulnerable adults within their agency.

5. The Board member must be able to secure appropriate information from their agency to support the work of the Board.

6. The Board member must represent the position of the Board within their own agency, whether this is in conflict with their agency or not.

7. The Board member must ensure that decisions of the Board are promoted within their own organisation and any impediments or delays to their implementation are reported to the Board.

8. The Board member must ensure that the work of the Board, its policies and decisions, is communicated effectively within their own agency.

5.5. Member agencies have continued to make financial contributions to the Board budget which has helped ensure the delivery of the board business plan and the multi-agency training programme. The Oxfordshire Safeguarding Adults Board is primarily funded by Oxfordshire County Council (Adult Social Care) with contributions from Oxford Health National Health Service Foundation (NHS) Trust, Oxfordshire Clinical Commissioning Consortia and Southern Health NHS Foundation Trust. Other costs and expenses, e.g. time spent by partner agencies on Board activities and facilitating staff release for training are borne by the individual organisations.

6. Aims, principles and responsibilities

6.1. Aims

The Aim of the Board is to ensure that all incidents of suspected harm, abuse or neglect are reported and responded to proportionately, and in doing so:

- Enable people to maintain the maximum possible level of independence, choice and control
- Promote the wellbeing, security and safety of vulnerable people consistent with his or her rights, capacity and personal responsibility, and prevent abuse occurring wherever possible
- Ensure that people feel able to complain without fear of retribution
- Ensure that all professionals who have responsibilities relating to safeguarding adults have the skills and knowledge to carry out this function
- Ensure that safeguarding adults is integral to the development and delivery of services in Oxfordshire.

6.2. Principles

To achieve this aim, everything we do must be underpinned by the following key principles:

- **Empowerment:** Providing people with support, assistance and information, and enabling them to make choices and give informed consent
- **Protection:** Support and representation for those in greatest need
- **Prevention:** It is better to take action before harm occurs
- **Proportionality:** Proportionate and least intrusive response appropriate to the risk presented

- **Partnership:** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

- **Accountability:** Accountability and transparency in delivering safeguarding.

These principles can be used by agencies to benchmark existing adult safeguarding arrangements and to measure future improvements.

6.3. Responsibilities

The responsibilities of the Oxfordshire Safeguarding Adults Board are:

- To encourage and promote the development of services that: recognise the rights of vulnerable people; enable vulnerable people to live safely and free from abuse; and, actively promote individual's access to support services.

- To oversee the development and implementation and review of local policies and procedures for the protection of vulnerable adults from abuse in Oxfordshire.

- To encourage and promote a framework which ensures that all individuals and agencies working with vulnerable people understand what is meant by abuse and their role and responsibilities in reporting and responding to concerns of abuse.

7. Priorities

7.1. The priorities for safeguarding adults in Oxfordshire have been developed in accordance with government guidance for safeguarding adults (No Secrets, Department of Health, 2000), best practice standards (A national framework of standards for good practice and outcomes in adult protection, ADASS, 2005) and in response to learning and experience both locally and nationally.

7.2. The annual Safeguarding Adults Board Business Planning Day is a key forum for setting priorities for the year ahead. Through a combination of presentations, discussion and group work the attendees of the business planning meeting assess the progress of the work of the Board over the last year, explore options to develop the Board and outlined priorities for the year ahead.

7.3. In planning the work programme for 2012-2013, the Board gave particular emphasis on:

- Training and development

- Review

- Developing the Board's management functions

7.4. These priorities sit alongside the general business of the Board as set out in the Terms of Reference of the Board and its subgroups. This work includes: the strategic oversight and management of multi-agency safeguarding adults work by holding statutory agencies to account in relation to performance around adult safeguarding; monitoring of safeguarding activity data; the implementation of a multi-agency training strategy and the publication of relevant policies, procedures and protocols.

8. Progress made against the responsibilities and priorities

8.1. Training and development

The Oxfordshire Safeguarding Adults Board have provided, through the implementation of the training strategy, a comprehensive multi agency training programme to support single agency training in the areas of prevention, recognition and responsiveness to abuse and neglect.

Training competency framework

The Oxfordshire Safeguarding Adults Board Training Competency Framework is a guide to identify the training requirements for all levels of staff working with vulnerable adults in Oxfordshire. The Oxfordshire framework demonstrates clear links to the National Competence Framework for Safeguarding Adults (Bournemouth University, 2012). Through the Safeguarding Board the framework has been developed to offer best practice guidance and standardise the training offered to all agencies across the Oxfordshire area. The safeguarding training delivered by the Board is evaluated against this framework and the Training subgroup is working with agencies across the County to help them ensure their training meets the framework's standards.

Service user involvement in training

This year the Board have reviewed and evaluated existing service user involvement in training through work with service users and practitioners to produce recommendations. These recommendations have led the Board to develop its training strategy to broaden the range of courses that service users are delivering; this includes the identification and implementation of the specific training and support needed by the people who use services and who may be undertaking a safeguarding role.

8.2. Review

Serious Case Review

The purpose of the Serious Case Review subgroup is to make recommendations to the Oxfordshire Safeguarding Adults Board and to manage the Serious Case Review process in accordance with the Board protocol for serious case reviews in adult safeguarding.

One case has been recommended by the Board for a Serious Case Review this year. The case met the Serious Case Review and Domestic Homicide Review criteria. Whilst individual organisational reviews have been conducted simultaneously, the Oxfordshire Safeguarding Adults Board and the Domestic Homicide Review panels wanted to avoid unnecessary duplication so it was agreed that the Serious Case Review would be conducted jointly with the Community Safety Partnership under the auspices of a Domestic Homicide Review. The Serious Case Review subgroup agreed that the best scenario was for the Domestic Homicide Review to integrate the requirements of the Oxfordshire Safeguarding Adults Board into their Terms of Reference.

The purpose of a Domestic Homicide Review is to learn lessons in order to prevent further homicides. Domestic Homicide Reviews were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act 2004. This creates an expectation for local areas to undertake a multi-agency review following a domestic violence homicide. This provision came into force on 13th April 2011.

The details of this review are not available for publication at this time; the final report is going to the Community Safety Partnership for a decision on publication.

Partnership reviews

The Serious Case Review group subgroup has also conducted a range of Partnership Reviews to learn from serious incidents, significant safeguarding events and serious case reviews in other regions.

The Mid Staffordshire National Health Service Foundation Trust Public Inquiry

On 9 June 2010 the Secretary of State for Health, Andrew Lansley MP, announced a full public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation National Health Service Trust. The inquiry was established under the Inquiries Act 2005 and chaired by Robert Francis Queens Council, who made recommendations to the Secretary of State based on the lessons learnt from Mid Staffordshire. The inquiry was built on the work of his earlier independent inquiry into the care provided by Mid

Staffordshire National Health Service Foundation Trust between January 2005 and March 2009.

The final report of the Mid Staffordshire National Health Service Foundation Trust Public Inquiry was published on Wednesday 6 February 2013.

All hospital trusts have reported their action plans to the Oxfordshire Safeguarding Adults Board.

8.3. Audits and Inspections

The Board had been assured that action plans are implemented through challenge and overview of a range of reviews, inspections and audits, including:

- Care Quality Commission Dignity and Nutrition Audit
- Department of Health Review of Winterbourne View
- South Gloucestershire Serious Case Review
- Oxfordshire County Council Internal Audit
- Winterbourne View Hospital

8.4. Commissioning Standards

The Board has developed commissioning standards that all agencies of the Board must ensure are included in commissioning requirements.

1. Requirement to follow Oxfordshire Safeguarding Adult procedures, including allegations against staff
2. Requirement to follow Oxfordshire Information Sharing protocols
3. Ensure that staff receive appropriate safeguarding training
4. Safer Recruitment policies are adhered to
5. Agencies contribute as necessary to Serious Case Reviews.

8.5. Communications plan

This year the Board have consolidated their approach to communication and have developed a Board Communication Plan which aims to:

- deliver official board information, priorities and decisions to key stakeholders
- efficiently find out what others are doing and saying, and quickly test ideas and campaigns
- collaborate with partners and the public and find better solutions

8.6. Raising awareness of safeguarding arrangements

The first Oxfordshire Safeguarding Adults Board conference, 'The Challenge of Empowering Adults at Risk', was held on 10th May 2012. Attendance was from multiple agencies and included students studying social work programmes at local universities.

8.7. Policy, practice and procedures

The Board has reviewed its core policy and overseen the development, implementation and review of local policies and procedures for the protection of vulnerable adults ensuring:

- that the abuse of vulnerable adults is identified where it is occurring;
- there is a clear reporting pathway;
- there is an effective and coordinated response to abuse where it is occurring;
- the needs and wishes of the vulnerable adult are central to the adult protection process.

8.8. Dignity in Care

The Oxfordshire Safeguarding Adults Board helps ensure that everyone in Oxfordshire experiences dignity in the care and support they receive. The Dignity in Care subgroup focuses on how to ensure issues with dignity in care are identified and tackled from the 'bottom up', to support and link to the many 'top down' monitoring and quality assurance mechanisms that exist.

This year, a series of meetings of Chief Executives and senior managers concluded very positive engagements with Oxford Health NHS Foundation Trust, Oxford University Hospitals Trust, and the Commissioning Team's Quality Committee leading to agreement on further collaboration.

Meeting with the County Council in March to review the progress on Dignity in care, current developments (including the Francis report and government response and Age UK NHS Confederation Local Government Association initiative 'Delivering Dignity'), and the scope of the sub-group. It has been agreed:

- That the group develops a process and tool for undertaking dignity audits particularly in community and hospital settings (including care at home).
- The group will also oversee further development and use of the tool for measuring and monitoring performance discussed at the last meeting.
- The group will also undertake further work to improve communications to patients at the John Radcliffe Hospital, building on initial work on Level 7 in the hospital.

The 'Dignity Every Day' awards

The Dignity in Care subgroup has overseen the Dignity Awards. The 'Dignity Every Day' awards celebrate professional carers who have displayed exceptional qualities and given excellent service. This year the awards celebrate the achievements of carers to older people. The group plan to widen the scope in future years to all carers. The awards have a panel of judges with experience in the care sector that will review the nominations, and make decisions for each of the 4 award categories:

- An employee giving care to older people either in their own home, in a care home, or in hospital
- A care home, ward or acute unit that has exemplified good practice across its whole service
- A senior manager who has shown leadership in taking forward the cared-for person's dignity as a strategic issue
- A volunteer giving care to older people either in a care home or in hospital

8.9. The Safe Place Scheme

The Oxfordshire Safeguarding Adults Board has supported the development of the Safe Place Scheme in Oxfordshire which is due to be launched in 2013.

The Safe Place scheme helps vulnerable people deal with things that happen to them while they are out and about, such as harassment, bullying or if the person they are meeting doesn't turn up. The safe places will also help anyone that needs it.

Several other areas are now operating The Safe Place scheme, including Bracknell Forest, Cornwall, Derbyshire, Gloucestershire, Hampshire, Peterborough, Sandwell, Southampton and Wokingham.

Businesses and public venues sign up to the scheme and we issue Safe Place stickers for them to display. People with learning disabilities carry an 'I need help' card with emergency contact details on.

The Safe Place logo using the Widgit Symbol is nationally recognised which means safe places can be found all over the country. This logo is easily identifiable and highly visible.

Some shops have already signed up. Mencap will follow up, making sure the shops are completely aware of what they are signing up to and if they are suitable for the scheme.

If a person needs help and goes somewhere showing a Safe Place sticker, the staff from the Safe Place will then either call the contact number on the 'I need help' card or call Oxfordshire Police if it is an emergency.

8.10. Deprivation of Liberty Safeguards

The Board has continued to ensure that the Deprivation of Liberty Safeguards (DOLS) are effectively and lawfully applied across Oxfordshire, providing overview scrutiny of the activity of the Supervisory Body, appointed assessors and Managing Authorities.

8.11. Experience of the criminal justice system

The Oxfordshire Safeguarding Adults Board has worked with the Crown Prosecution Service and statutory agencies working in Bedfordshire, Berkshire, Buckinghamshire, Hertfordshire and Oxfordshire to improve vulnerable adults' experience of the criminal justice system.

Outcome of this work:

- Raised awareness of crimes typically committed against vulnerable adults and how and when to report criminal behaviour against vulnerable adults to the police
- Raised practitioner awareness of the roles and responsibilities of each agency involved in Safeguarding Vulnerable Adults, and in particular to understand their needs, concerns, expectations
- Worked to ensure that the best possible evidence can be gathered and presented in court (e.g. through the use of intermediaries).
- An understanding about the process for achieving the best evidence and how it can be presented in court.
- To raise awareness about the Crown Prosecution Service Code for Crown Prosecutors, the required standard for a prosecution and prosecution policies.
- Increased reporting of incidents that may amount to criminal offences
- Facilitate networking in order to establish more effective working relationships between the agencies

Outcomes of this work will continue to be implanted during 2013-2014.

8.12. Partnership

This year has seen the development of the Health and Wellbeing Board and its move out of its 'shadow' function. A protocol between the Oxfordshire Health and Wellbeing Board and the Oxfordshire Safeguarding Adults Board has been developed to set out the working relationship and support both partnerships to operate effectively, being clear about their respective functions, inter-relationships and roles and responsibilities of all those involved in keeping adults safe.

The Oxfordshire Safeguarding Adults Board and the Oxfordshire Safeguarding Children Board reported on the progress made to the Shadow Health and Wellbeing Board in 2012 and this arrangement will continue annually to ensure that the Health and Wellbeing Board is informed and updated on safeguarding adults and children.

8.13. Consultations

The board has taken part in consultations to ensure that issues relevant to safeguarding adults are appropriately considered:

- Health and Wellbeing Board Consultation Response
- Health and Wellbeing Board Strategy
- Care and Support Bill, Department of Health

8.14. Responding to Abuse and Neglect

Adult protection refers to investigation and intervention, where it is suspected that harm may have occurred as a result of abuse or neglect of a vulnerable person or adult at risk.

The Oxfordshire County Council's Social and Health Care Team is the contact point for all adult safeguarding alerts and enquiries. Its aim is to respond to customer needs quickly and ensures that they are directed to the place most appropriate to their needs. All alerts and referrals of safeguarding are managed through Adult Social Care, Oxfordshire County Council, who has an enhanced duty to investigate adult protection cases or to cause an investigation to be made by other agencies. The Board has worked to ensure that all Board member organisations have specialist safeguarding leads within their organisation whose role is to develop adult safeguarding within their organisations.

The Safeguarding Adults Team provides a dedicated safeguarding function operating independently of practitioners but continuing to provide support and challenge to adult social care. This provides senior professional leadership with a continuing support and development function in relation to both adult protection within localities and the broader safeguarding information and development needs for adult safeguarding. Please see appendix 4 for Adult Protection activity data.

9. Looking ahead

In planning the work programme for 2013 - 2014, the Oxfordshire Safeguarding Adults Board has put particular emphasis on 'hearing the voice of service users' and 'analysis and understanding'.

The Oxfordshire Safeguarding Adults Board priorities for 2013 - 2014 Key cross-cutting themes: '**hearing the voice of service users'** and **'analysis and understanding'.**		
Work area	**Action(s)**	**Lead**
Hearing the voice of service users	• Involve people in shaping and developing the work of the Board - The development of a Service User Forum • Develop a newsletter from the Service User Forum • Take the OSAB Business Plan to the Service User Forum • Capitalise the service user input through using video diaries and the media where possible • Develop Outcomes focused approaches to safeguarding	Board Information & Development Officer Board Business Officer Board Business Officer Board Information & Development Officer Policy & Practice
Ensure issues with dignity in care are identified and tackled from the 'bottom up'	• Support and link to the many 'top down' monitoring and quality assurance mechanisms that exist • Make proposals to OSAB initially for subsequent discussion with OCC, Oxford Health and OUHT for a formal advocate scheme the objective of which is to empower users of care to express and achieve their needs;	Dignity in Care

	• Working with carers e.g. via Carers Oxfordshire pilot 'iwantgreatcare' – the initiative giving immediate feedback about patient experience to assess its contribution to promoting dignity in care and also to assess its effectiveness in harnessing the experiences of older people. • Support, promote and advocate OUHT's values-based interviewing initiative, to ensure that dignity is mainstreamed in HR processes across care organisations.	
Dignity awards 2013	Launch in July Year 2 of the Dignity Awards scheme 'Dignity Every Day', establishing multi-agency participation, champion celebrity backing and strong media profile.	Dignity in Care
Further work to improve communications to patients at the John Radcliffe Hospital	• Continue and finalise work on Level 7 on embedding dignity messages in communication to patients and their families, specifically new leaflets/communications material; • Working with Oxford University Hospitals National Health Service Trust and the Health and Social Care Panel of older people, pilot for 6 months a volunteer scheme on Level 7 to provide information and support in securing dignity in care for patients;	Dignity in Care
Strategy and understanding	• Consider the wider societal actions that influence safeguarding - Use evidence and information within the Joint Strategic Needs Assessment to formulate priorities - Work to ensure the Joint Strategic Needs Assessment includes information about the needs of vulnerable adults • Partner agencies to adopt the Board policy • Reporting from agencies from their complaints system	All agencies
Quality Assurance	• Develop and implement a Board Quality Assurance Tool • Maintain an overview of the outcomes emerging from Operation Bullfinch • Develop a Board Escalation Policy • Further development and use of the dignity tool for	Caroline Heason Board Agenda Policy & Practice Dignity in

	measuring and monitoring performance • Circulate measurement report for discussion at Director level by end July.	Care Dignity in Care
Effectiveness to monitoring, audit and evaluation	• Implement a planned, regular audit program. • Consider recruiting an independent auditor to look at effectiveness regarding the application of thresholds and other emerging issues. • Consider the development of a Board Monitoring & Evaluation subgroup • Ensure there is clarity around the safeguarding process and unnecessary bureaucracy is reduced (including front door and thresholds) • Review role of audits in promoting dignity and conduct dignity audits • Develop a process and tool for undertaking dignity audits particularly in community and hospital settings (including care at home)	Board Chair (Monitoring Evaluation Committee if established) Policy & Practice subgroup Dignity in Care Dignity in Care
Performance Management	• Arrange a start-finish group to agree the performance and information needs of the Board. • Listening to and analysing information from complaints reporting - complaints information from member agencies to be submitted at each Board meeting • Benchmarking against local comparator group, the national picture and/or against findings of enquiries elsewhere and research findings	Business Officer All agencies Safeguarding Manager, OCC
Ensure that Deprivation of Liberty Safeguards are effectively and lawfully applied across Oxfordshire.	Assurance that policy and practice for DOLS is in place - Members to notify subgroup of a list of relevant policies in place for their organisation. - Recording in minutes what policies are in place and identifying any gaps. - Resolving issues relating to application and interpretation of DOLS - Receive activity report at each subgroup meeting. 2. Receive BIA update at each meeting. - Agree a communication plan of action following the report. Standardisation of policy and procedures in respect of DOLS. Annual reviews - Sample of requests from different MAs to compare	DOLS Subgroup DOLS Subgroup DOLS Subgroup Managing authorities Supervisory

	procedure. - Identify any learning points raised by the sample. - Review internal policies Share learning from complex cases, changes in legislation Raise at subgroup meeting when necessary - standing agenda item Share changes in legislation or case law - standing agenda item. Mechanism for SB to raise concerns re compliance and capacity of staff Raise at subgroup meeting using Activity Report to provide links. Monitoring training needs - Feedback from MAs on the level of training available to their staff on MCA and DOLS - Identify and agree actions for discussion at the training subgroup Development and promotion of assessors - Activity report to include analysis of cohort of assessors - Produce Good Practice Guide and Quality standards manual for assessors - Link with BIA competency framework work being undertaken by The College of Social Work Monitor, review and report on the interface between DOLS and IMCA service - IMCA service to present their quarterly monitoring report Monitor, review and report on the interface between DOLS and paid RPR service - IMCA service to present their quarterly monitoring report Own and review joint Oxfordshire MCA and DOLS policy. Monitor and audit organisational policies on restraint, ss5 and 6 MCA Contracts team to feedback on reviews completed in care homes each quarter. Standing agenda item. Monitor and review interface between MCA and MHA	body Supervisory body Supervisory body Supervisory body IMCA service and Supervisory Body IMCA service and Supervisory Body Subgroup OCC Contracts AMHP manager and DOLS manager
Governance, partnership & the working of the	• Implementation of a Learning and Improvement Framework • Finalise the communication plan • Complete the ADASS Quality Assurance	Board Chair Business Officer Board Chair

Safeguarding Board	Framework on behalf of the Board • Review membership to ensure that it reflects the needs and priorities of the Board • Maintain and develop strategic Links with other partnerships: Oxfordshire Safeguarding Adults Childrens Board; Healthwatch; the Health and Wellbeing Board; The Community Safety Partnership • 6 monthly review of progress against Board priorities • Maintenance of a focused agenda	& Business Officer All agencies Coordination Group Coordination Group
Effective practice	The following areas of work were identified as priority areas for focused analysis: • Restraint • Issues around transition • Hate Crime • The Boards interface with prisons • The Crown Prosecution Service and Safeguarding Adults • Institutional Abuse	To be reflected on the Board agenda

Appendix 1: Summary of work undertaken against the priorities set out in the Business plan for 2012 - 2013

Theme	Action	Progress
Oxfordshire Safeguarding Adults Board (OSAB) Management	The establishment of a OSAB coordination group consisting of the Chairs of the Board and sub-committees	Completed
	OSAB to be more robust about organisations reporting changes.	'Consultations' and 'organisational change' added to OSAB standing agenda items
	OSAB Subgroup development	Coordination group set-up to improve coordination of subgroup work and provide support to Chairs; Subgroup development day to be considered
Membership	Clinical Commissioning-Director of Quality and Innovation to become OSAB member when in post	Completed
	Develop ways for the views of people who use services and carers to be regularly considered and responded to by the Safeguarding Board.	OSAB established link with the Public Involvement Network; Service user forum developed
Working with other Boards and Partnerships	Formalise links with the Oxfordshire Safeguarding Childrens Board (OSCB)	Regular meetings between OSAB and OSCB management and support staff; Joint membership; Development of a joint e-learning training package
	Oxfordshire Safer Communities Partnership (OSCP) to be OSAB's route to the Police and Crime Commissioner.	The interim head of Community Safety (lead member of OSCP) and Trading Standards is an OSAB member to ensure adequate links between OSAB and OSCP
	Health and Wellbeing Board:	Protocol in place; there is

	– Develop a protocol between the safeguarding board and the Health and Wellbeing Board as accountabilities are not clear.	opportunity to escalate issues to the Health and Wellbeing Board when necessary
	– Link with Crime and Disorder Partnership	There are links with the Crime & Disorder Partnership via Thames Valley Probation.
	Re-consider the Safeguarding definition	OSAB's Policy & Practice subgroup recommended that the existing definition is retained until the government formulise definition changes.
	Dedicated email address for raising of practice issues (not client specific) - reviewed at each P&P meeting with actions agreed.	Email account setup: OSAB@oxfordshire.gov.uk, however it is not currently a core route for raising practice issues.
	Reduce duplication and improve efficiency of recording processes in electronic systems	The streamlining of safeguarding recording continues to be a priority for 2013-2014
	Performance, outcomes and activity	Regular presentation of management reports. Work in progress to ensure that outcomes are person centred
	Direct reports back to teams on performance, feedback and decisions made.	Safeguarding adults work is more closely aligned with operational governance arrangements.
	Consideration needs to be given to how agencies are measuring the effectiveness of training.	The training subgroup have introduced quality assurance measures to OSAB multi-agency training
Training and development	Increase the availability of a generic e-learning package for the increasing number of community/voluntary agencies requiring safeguarding adults training.	Training section added to the Safe from Harm website; E-learning package being considered

	Continuing Professional Development (CPD) workshops planned for 2012-2013 are: Self- Neglect (this is a cross county event with Buckinghamshire and Milton Keynes), Pressure Care, Role of the Court of Protection, Personalisation and Safeguarding.	Workshops delivered
	Partnership Reviews	Completed at each Serious Case Review subgroup meeting
Serious Case Review	Building links with prisons	In progress: work has started with Bullingdon Prison: Safeguarding Policy in place; multi agency training planned; the agreement that OSAB will provide an overview scrutiny of self-harm audit data. The links to be broadened to include all Oxfordshire Prisons.
	Learning from audit of casework and from serious case reviews	Audit is a standing item at the Board. The rigour of implementing of learning is to be improved through the Learning and Improvement Framework and is a priority for the newly formed Monitoring and Evaluation subgroup.
	Consider revisiting the definitions and statements that define dignity.	Dignity subgroup continue to review the definitions and statements defining dignity
	Mainstreaming in strategy and commissioning	Dignity subgroup have worked to improve their alignment with the strategic teams at the County Council
	Measurement approach in place	Dignity subgroup have been working with the Picker Institute to develop a

		measurement tool
	Programme of reinforcement of good practice	Launch of the Dignity Awards
	Dignity for staff programme	Dignity programmes installed in Oxford Health and Oxford University National Health Service Trust
	Extension to other user groups	In progress
Deprivation of Liberty Safeguards (DOLS)	How comprehensive is the use of DOLS, particularly with regard to Prevention?	A core responsibility of the subgroup
	There are developments in the use of 'advanced directives' in regards to care. How are these being monitored?	DOLS subgroup are working to ensure that 'advanced directives' are monitored
	Subgroup Chair to deliver a DOLS overview presentation at the OSAB	Completed
	The Board need to ensure that service users know how to raise concerns.	Subgroup working with agencies to develop resources or adapt existing resources.
Communications and engagement	Develop communication plan	Completed
	Develop OSAB Safe from Harm website	This work was put on hold by the ICT department because of prioritisation towards internal web development. A commitment has been given to review the Safe from Harm website during 2013
	Develop systems for Information Sharing	Review of the Information Sharing Protocol; OSAB Coordination group in place to improve information sharing between subgroups
	Consider introduction of Safeguarding adults self-assessment and assurance framework for health care services	Agreed and due to be in place in 2013

Quality Assurance	Development of an Outcomes framework	Policy and Practice subgroup and Board Information and Development Officer have made progress in developing outcome focused approaches in safeguarding.
Performance management	Performance management to reflect partner agencies experience	Increasing focus on agencies outside the County Council to submit performance data; governance around this to be strengthened through the Monitoring and Evaluation subgroup.
Issues from local and national drivers -Responding to national policy directives	Domestic Abuse and ensuring that vulnerable adults who are experiencing domestic abuse are effectively supported	Cross cutting issues reflected in the work of the Board
	Abuse in Care	
	Mental Health	
	Prisons	
	Crown Prosecution Service and the courts	
	Dignity	
	Missed visits	

Appendix 2: Membership of the Oxfordshire Safeguarding Adults Board in the period between March 2012 to April 13

- **Donald McPhail**, Independent Chair
- **Councillor Arash Fatemian,** Portfolio Holder for Adult Social Care, Oxfordshire County Council
- **Lucy Butler**, Deputy Director, Adult Social Care, Oxfordshire County Council
- **Ray Howard**, Detective Chief Inspector, Thames Valley Police
- **Claire Mackie**, Head of Social Care, Southern Health NHS Foundation Trust
- **Deborah Humphrey,** Deputy Director of Nursing, Oxford Health NHS Foundation Trust
- **Duncan Hume,** Senior Probation Officer, Oxford City, Thames Valley Probation
- **Hugh Ellis,** Safeguarding Manager, Safeguarding Adults Team, Oxfordshire County Council
- **Caroline Heason**, Safeguarding Adults and Patients Services Manager, Oxford University Hospitals NHS Trust
- **Larry Johnson,** Inspector, Oxfordshire Protecting Vulnerable People, Thames Valley Police
- **Moira Gilroy**, Safeguarding Adults Manager, Oxford Health NHS Foundation Trust
- **Paul Cann,** Chief Executive, Age UK Oxfordshire
- **Pasquale Brammer,** Partnerships Coordinator, Drugs and Alcohol, Public Health, Oxfordshire County Council
- **Richard Webb**, Deputy Head of Trading Standards and Community Safety, Community Safety, Oxfordshire County Council
- **Sula Wiltshire,** Associate Director Quality & Clinical Standards, NHS Oxfordshire
- **Tony Heselton,** Clinical Development Manager, South Central Ambulance NHS Trust
- **Tracy Duce,** Senior Legal Executive, Legal Services, Oxfordshire County Council

The Board is supported by:

- **Kathy Norman,** Safeguarding Adults Board Development and Information Officer
- **Katy Whife,** Safeguarding Adults Board Coordination

Appendix 3: Safeguarding Performance Summary 2012/13

Oxfordshire Safeguarding Adults Board

Terms of Reference & Responsibilities of Member Organisations

1. Background information about the Board

1.1. The creation of a local multi-agency management committee (safeguarding adults) as a means of achieving effective inter-agency working was recommended in the Department of Health report, No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (2000). This guidance, issued under Section 7 of the Local Authority Social Services Act 1970, requires local authorities in their social services functions to play a coordinating role in the development of local policies and procedures for the protection of vulnerable adults from abuse.

1.2. A multi-agency working group was established in Oxfordshire in 2001, which led to the development of the Oxfordshire Codes of Practice for the Protection of All Vulnerable Adults from Abuse, Exploitation and Mistreatment in May 2002 and the development of the Oxfordshire Adult Protection Committee.

1.3. The publication of Safeguarding Adults – A national framework of standards for good practice and outcomes in adult protection work (ADSS, 2005) led the committee to re-evaluate its existing title and terms of reference and become the Oxfordshire Safeguarding Adults Board.

1.4. The Oxfordshire's Safeguarding Adults Procedures (2009) superseded Oxfordshire Codes of Practice for the Protection of All Vulnerable Adults from Abuse, Exploitation and Mistreatment (2002).

2. Purpose

2.1. The purpose of the Oxfordshire Safeguarding Adults Board is to create a framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety.

3. Structure

3.1. The main board is supported by five sub-groups: Policy and Practice; Training; Dignity in Care, Serious Case Review (SCR) and Deprivation of Liberty Safeguards (DOLS).

3.2. The Chairs of these sub-groups will be members of the Oxfordshire Safeguarding Adults Board.

3.3. The chart (figure 1) shows the structure of the sub-groups responsible for implementing the safeguarding requirements.

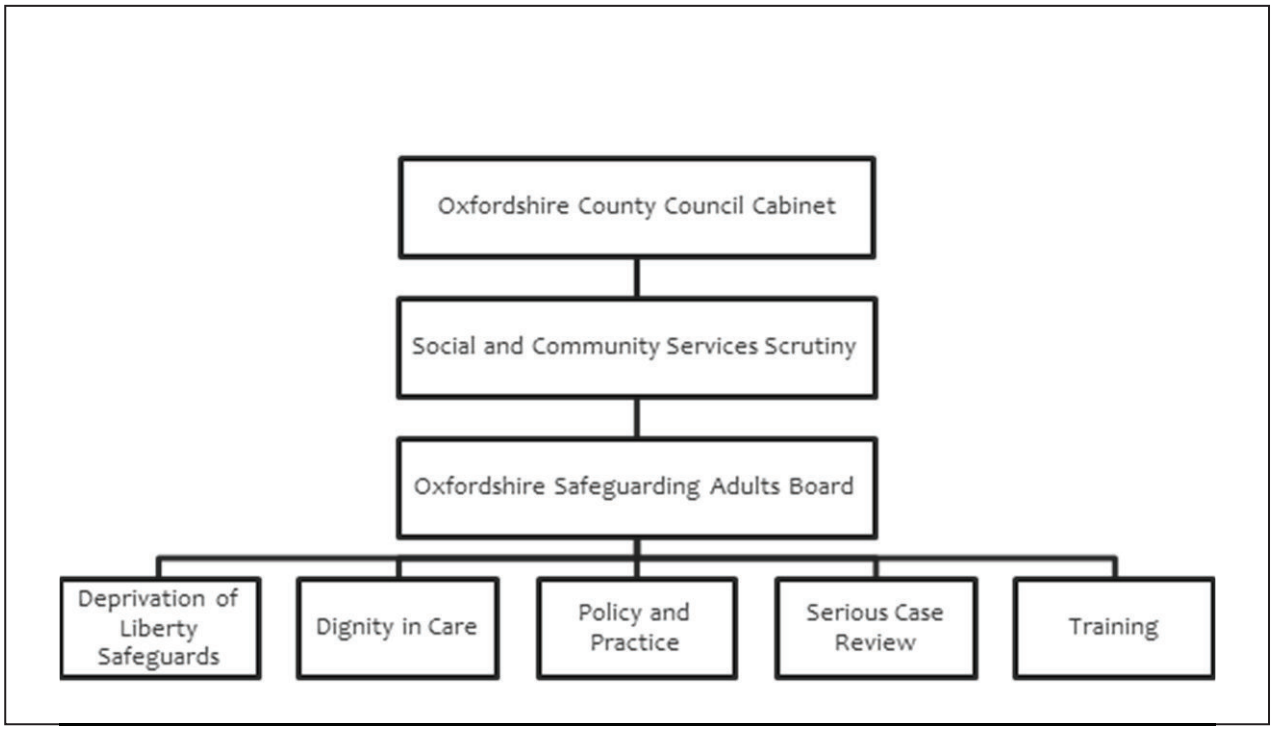


Figure 1: Structure of the Safeguarding Adults Board

4. Main Features & Responsibilities

The Oxfordshire Safeguarding Adults Board's responsibilities are:

4.1. To encourage and promote the development of services that: recognise the rights of vulnerable people; enable vulnerable people to live safely and free from abuse, and; actively promote individual's access to mainstream criminal justice and victim support services.

4.2. To oversee the development and implementation and review of local policies and procedures for the protection of vulnerable adults from abuse in Oxfordshire that ensure:

- The abuse of vulnerable adults is identified where it is occurring
- That there is a clear reporting pathway

- That there is an effective and coordinated response to abuse where it is occurring
- That the needs and wishes of the vulnerable adult are central to the adult protection process.

4.3. To encourage and promote a framework which ensures that all individuals and agencies working with vulnerable people understand what is meant by abuse and their role and responsibilities in reporting and responding to concerns of abuse, and actively work together to:

- Respond effectively to abuse where it is identified
- Act to reduce the risk of harm to vulnerable people as a result of abuse
- Develop & implement strategies designed to safeguard vulnerable adults from abuse.

This includes:

i. developing and agreeing local policies and procedures for inter-agency work to protect vulnerable adults, within the national framework provided by "No Secrets"

ii. auditing and evaluating how well local services work together to protect vulnerable adults, for example through wider case audits

iii. encouraging and helping develop effective working relationships between different services and professional groups, based on trust and mutual understanding

iv. ensuring that there is a level of agreement and understanding across agencies about operational definitions and thresholds for intervention

v. improving local ways of working in the light of knowledge gained through national and local experience and research, and to make sure that any lessons learned are shared, understood, and acted upon

vi. undertaking case reviews where an adult has died or – in certain circumstances – been seriously harmed, and abuse or neglect are confirmed or suspected

vii. making sure that any lessons are understood and acted upon

viii. communicating clearly to individual services and professional groups their shared responsibility for protecting vulnerable adults, and to explain how each can contribute

ix. helping improve the quality of adult protection work and of inter-agency working through specifying needs for inter-agency training and development, and ensuring that training is delivered

x. raising awareness within the wider community of the need to safeguard vulnerable adults and promote their welfare and to explain how the wider community can contribute to these objectives

xi. actively seeking to identify where there is a risk of institutional abuse to vulnerable adults, and

xii. developing strategies to prevent the abuse of vulnerable adults whenever possible

xiii. monitoring, collecting and analysing information in accordance with local and government requirements

xiv. working with local and adjacent area child and adult safeguarding boards

xv. ensuring compliance with formal government requirements.

5. Reporting

5.1. The Board will report annually to the Oxfordshire County Council, Social & Community Services Scrutiny Committee.

5.2. In addition each core/statutory member of the Oxfordshire Safeguarding Adults Board will be expected to report to its own management committee.

5.3. The Board will produce an annual report that will include a review of the previous years' work. This report will be subject to scrutiny by the Oxfordshire Social Services, Social and Community Services Scrutiny Committee

5.4. The five board subgroups will contribute to the Board's annual report

5.5. Individual member reports will be included as annexes to the annual Board report.

6. Membership

Chairperson: Donald McPhail (Independent)

Member Agency	Lead representative	Other representatives
Oxfordshire County Council	Cllr Judith Heathcoat Cabinet Member, Adult Social Care	
Social & Community Services Oxfordshire County Council	John Jackson Director, Adult Social Care	Lucy Butler Deputy Director, Adult Social Care Hugh Ellis

		Safeguarding Adults Manager
Community Safety Oxfordshire County Council	Richard Webb Acting Head of Trading Standards and Community Safety	Carys Alty Manager, Safer Communities Unit
Legal Services Oxfordshire County Council	Tracy Duce Senior Legal Executive	
Public Health Oxfordshire County Council	Pasquale Brammer Partnerships Coordinator, Drugs and Alcohol	
Fire and Rescue Oxfordshire County Council	Stuart Garner Home and Community Safety Manager	
NHS England	Julie Kerry Assistant Director of Nursing, Patient Experience, and South of England Mental Health Homicide Lead	
Thames Valley Police	Ray Howard Chief Inspector	Larry Johnson Inspector
Thames Valley Probation	Duncan Hume SPO Integrated Offender Management	Clare Honeysett SPO Oxford City
NHS Oxfordshire Clinical Commissioning Group	Sula Wiltshire Associate Director Quality & Clinical Standards	
Oxford Health NHS Foundation Trust	Deborah Humphrey Deputy Director of Nursing	Moira Gilroy Safeguarding Adults Manager
Oxford University Hospitals NHS Trust	Caroline Heason Safeguarding Adults and Patient Services Manager	
Southern Health NHS Foundation Trust	Sue Chapman Head of Quality and Safety	Rachel Miller Safeguarding Lead

	(Learning Disability Division)	
South Central Ambulance NHS Trust	Tony Heselton Clinical Development Manager	
Age UK Oxfordshire	Paul Cann Chief Executive	

6.1. Each core/statutory board member organisation must have a designated director for the implementation of safeguarding adults' work and a nominated senior lead to represent that organisation and make multi-agency agreements.

7. Member responsibilities

7.1. Each core/statutory member of The Board is committed to the aims, objectives and principles outlined in the Oxfordshire's Safeguarding Adults Procedures. To this end each partner agency will:

- Have a set of internal guidelines and reporting structure, which are consistent with the Oxfordshire's Safeguarding Adults Procedures, and which set out the responsibilities of all workers to work within the Oxfordshire Codes of Practice
- Ensure that all staff members and volunteers at all levels have training and information commensurate with their role in relation to the Oxfordshire Codes of Practice
- Ensure that all adult safeguarding concerns are systematically logged along with the actions taken and outcomes arising

7.2. In addition each agency will undertake an annual risk assessment/review of services provided by the organisation and establish an agreed action plan for promoting the protection of vulnerable people served by the organisation.

7.3. Each core/statutory member of the Oxfordshire Safeguarding Adults Board will provide an annual report to the board detailing progress and developments in relation to 5.1 and 5.2 above.

8. Frequency of Meetings

8.1. Quarterly

Appendix 3: Adult Protection Activity Reporting 2012-2013

Recorded alerts by client group

Recorded alerts/referrals	All client groups	Older people	People with a learning (LD) disability	People with a mental health (MH) need	People with a physical disability (PD)
Total April - March 2010 - 2011	1357	874	270	81	120
Total April - March 2011 - 2012	1579	962	364	65	126
Total April - March 2012 - 2013	1507	923	312	82	117
Projected total 2012 - 2013	2289	1437	442	123	181
% change	52%	56%	41%	50%	55%
Number of contacts made by the general public					
April - March 2011 - 2012	286				
April - March 2012 - 2013	271				

Referrals made by Oxfordshire Safeguarding Adults Board (OSAB) partners (non Oxfordshire County Council)

Agency	Apr-May	Jun-Jul	Aug-Sep	Oct-Nov	Dec-Jan	Feb-Mar	total
NHS 2010 - 2011	43	56	45	52	47	66	309
NHS 2011 - 2012	38	54	41	66	66	60	325
NHS 2012 - 2013	82	76	102	99	98	83	540
Police 2010 - 2011	22	25	23	14	15	27	126
Police 2011 - 2012	15	12	11	21	13	16	88
Police 2012 - 2013	40	27	21	18	26	26	158
Housing agencies 2010 - 2011	3	4	8	6	4	8	33
Housing agencies 2011 - 2012	3	4	2	4	4	5	22
Housing agencies 2012 - 2013	7	6	2	10	3	4	32
Probation & criminal justice (2012 - 2013)	0	1	0	0	0	0	1
Care Quality Commission (2012 - 2013)	3	4	1	1	1	3	13

Agency	Apr-May	Jun-Jul	Aug-Sep	Oct-Nov	Dec-Jan	Feb-Mar	Total
Total OSAB partners non OCC 2010 - 2011	68	88	83	72	66	102	479
Total OSAB partners non OCC 2011 - 2012	57	72	56	94	86	82	447

Total OSAB partners non OCC 2012 - 2013	132	114	126	128	128	116	744
Total OCC Social Community Services 2010 - 2011	20	27	18	25	12	56	158
Total OCC Social Community Services 2011 - 2012	23	23	17	31	30	28	152
Total OCC Social Community Services 2012 - 2013	21	30	26	14	29	19	133
No of alerts/referrals received from other adult social care providers:							
Total 2010 - 2011	47	60	45	67	59	65	343
Total 2011 - 2012	81	89	92	90	116	135	603
Total 2012 - 2013	133	131	163	177	161	166	931

The proportion of completed alert discussion/decision made within 3 days to new cases

Response Rates (target 85%)	Total	Adult Social Care	Continuing Care	LD	MH
New alerts	2289	1678	4	513	63
Outcome not recorded/error	415	320	1	24	51
Average initial response time (where recorded)	3.28	4.06	Insufficient data	0.83	Insufficient data
Proportion completed within 3 days (where recorded)	76%	71%	Insufficient data	96%	Insufficient data
2011/12	82%	78%	94%	92%	70%

Completion rates

Recorded case concluded (where recorded)	All	Adult Social Care	Continuing Care	LD	MH
Concluded 2012 - 2013	1949	1411	5	486	19
% conclusions total 2012 - 13 (target = 95%)	85%	84%	125%	95%	31%
% conclusions total 2011 - 12	92%	84%	125%		

Oxfordshire Children and Young People's Plan

2013/14

> **"We want Oxfordshire to be the best place in England for children and young people to grow up in, by working with every child and young person to develop the skills, confidence and opportunities they need to achieve their full potential."**

NHS Oxfordshire Clinical Commissioning Group

OSCB Oxfordshire Safeguarding Children Board

OXFORDSHIRE COUNTY COUNCIL

Contents

Foreword

Welcome to the new Oxfordshire Children and Young People's Plan

We want Oxfordshire to be the best place in England for children and young people to grow up in. We believe a joint plan which sets the direction and priorities for services for children, young people and families in Oxfordshire is a vital part of making this happen.

This Children and Young People's Plan will be implemented during a period of major change for us all. The backdrop of significant reductions in Government funding makes it imperative that we work together to do things in the most effective way. Experience shows that when organisations in Oxfordshire work together to deliver we make a real difference to the lives of children and young people and their families.

We have asked children, young people and their families what they need and they have told us their priorities. One of the key things they told us is that we need to make the child's journey from needing help to receiving help as straightforward and effective as possible, and this plan sets out how we will work together to achieve this. We will ensure that their experiences continue to be heard and included as this as this Plan is refined.

We know that there have been some significant successes in achieving better outcomes for children in Oxfordshire and that a majority of children, young people and families in Oxfordshire are safe, well and thriving at home and school. We also know that many of the services we commission and provide meet children and young people's needs very well. However we also know this is not always the case and targeted support needs to enable this to happen for some children and young people, and that more needs to done to improve the quality of their experience and their and outcomes. This plan has set out how this will happen.

As Chair and Vice-Chair of the Children and Young People's Board we are responsible for ensuring that this plan makes a difference to the children and young people of Oxfordshire. The Children and Young People's Board replaced the Oxfordshire Children and Young People's Trust in 2012, and is now responsible for monitoring the targets in this plan and ensuring they are met. The Board will hold partners to account and will work with the Oxfordshire Safeguarding Children's Board, and with public and voluntary sector agencies, to ensure that children are safe.

Thank you for your continued commitment and support for improving the lives of Oxfordshire's children and young people. We look forward to continuing to work with you in making this new Plan a reality and working with every child and young person to develop the skills, confidence and opportunities they need to achieve their full potential.

Dr Mary Keenan – Medical Director, Oxfordshire Clinical Commissioning Group

Chairman of Children and Young People's Partnership Board

Cllr Melinda Tilley – Cabinet Member for Children, Education and Families, Oxfordshire County Council

Vice Chairman of Children and Young People's Partnership Board

Introduction

This Children and Young People's Plan sets out the strategic direction for future services for children, young people and families in Oxfordshire. This Plan has been developed at a time when public sector organisations in the County are facing significant budget changes, and there has been large scale change in the structure of the NHS as well as County Council elections this year. With this in mind, the Plan will be further developed and refined by April 2014 to ensure that the priorities and outcomes remain the most important for Oxfordshire and that all partners are able to contribute to their achievement.

This Plan builds on the vision and priorities developed by all partners in the previous Children and Young People's Plan and supports *Working Together to Safeguard Children*[1] which sets out how organisations and individuals should work together to safeguard and promote the welfare of children. This Plan also proposes how it will be developed further in the future in the context of some key challenges and a rich history of working in partnership.

It is underpinned by the Oxfordshire Joint Strategic Needs Assessment[2], the Director of Public Health's Annual Report and the Oxfordshire Children and Young People's Plan 2010-2013, together with the voices of children, young people and families. We have a number of well-established and robust communication channels designed to provide children, young people, parents and carers with an opportunity to share their experiences, discuss issues that affect them, and influence policy and decisions. They include the Oxfordshire Youth Parliament, Children in Care Council, OYE! Oxfordshire Youth Enablers, and Sounding Boards including Parent Carers Voice, the sounding board for children and young people aged 7 – 25, and a sounding board for fathers.

This Plan provides an opportunity to bring all the ambitions into a single document and reflects the joint strategic vision from the Oxfordshire Health and Wellbeing Strategy and the Oxfordshire Children's Safeguarding Board. It draws on other key strategies from Oxfordshire's district councils and the County Council, for example, the current Education Transformation Strategy for Oxfordshire as well as the Operating Plan from the Oxfordshire Clinical Commissioning Group.

The close monitoring of the targets and outcomes within the plan will enable us to maintain the focus on the issues that matter and thereby drive improvement.

Vision

We want Oxfordshire to be the best place in England for children and young people to grow up in, by working with every child and young person to develop the skills, confidence and opportunities they need to achieve their full potential.

[1] Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (HM Government, 2013).
[2] The Joint Strategic Needs Assessment is a report that includes a huge wealth of information and intelligence from a number of different sources that cover the health and wellbeing of the population in its broadest terms.

We want Oxfordshire to be a 'thriving Oxfordshire'. This means a place where people can work to achieve a decent life for themselves and their family, a place alive with vibrant, active communities and a place where people can enjoy the rewards of a growing economy and feel safe.

Children and young people are key to ensuring that we are able to realise this vision. In Oxfordshire this means working collaboratively to enable children and young people to:

- enjoy good physical and mental health;
- break free from the cycle of deprivation;
- enjoy and achieve educational success;
- grow up able to look after themselves with high aspirations and expectations;
- be protected from abuse and neglect and all forms of discrimination;
- make a positive contribution to the local community;
- enjoy equality of opportunity and access.

Underpinning principles

A number of key principles have been identified which underpin the approach to enabling children and young people to fulfil their potential.:

- Every child's journey to adulthood should be as seamless and well supported as possible.
- Recognising that educational outcomes make a difference for attracting future investment into the County, and that economic opportunities are paramount for our children and young people's future.
- Encouraging a range of agencies to focus on prevention and early help to improve outcomes across the board, reduce the need for intensive, higher cost interventions and to avoid problems escalating.
- Work across agencies with children, young people and families to support families to help themselves.
- Use evidence to pinpoint gaps and target improvements.
- Reduce inequalities and break the cycle of deprivation.
- Keep children firmly at the centre whilst recognising the need to work with whole families.
- Involving, respecting and hearing the voice of young people and acting on wishes and feelings.
- Promote innovation and efficient, evidence-based ways of working to make the most of funding.
- Providing access to the right services when needed.
- Supporting young carers in their role.
- Supporting troubled families to become thriving families.

- Keeping children close to home when they need to be looked after by the local authority.
- Treating children within the youth Justice System as children first and offenders second.

What are the main changes since the last Children and Young People's Plan 2010-2013?

- More challenging financial environment and significant legislative and structural changes across the NHS.
- Introduction of the Oxfordshire Health and Wellbeing Board, which is the principal structure responsible for improving the health and wellbeing of the people of the county, through partnership working. The Health and Wellbeing Board is supported by three partnership boards that focus on children, adults and health improvement as well as a Public Involvement Network to ensure the voices of the public are heard
- The Children and Young People's Partnership Board replaced the Oxfordshire Children and Young People's Trust in 2012, and is responsible for monitoring this joint plan. The vision of the Health and Wellbeing Board informs and complements the vision of this Children and Young People's Plan
- Introduction of clinical commissioning in the health services, making GPs responsible for commissioning services through the new Oxfordshire Clinical Commissioning Group.
- A rapidly changing education system, with changing roles and responsibilities for schools and the County Council.
- Greater emphasis on making the child's journey from needing help to receiving help as straightforward and effective as possible, with increased integration of services across agencies.
- Greater evidence around the importance of a healthy start in life.
- More children aged 0 to four years living in Oxfordshire than expected, particularly in Oxford City.
- Greater understanding of the issues and prevalence of child sexual exploitation.
- Implementation of the national Social Work Reform Board's 15 recommendations to build a safe and confident future and to continuously improve the quality of social work.

How are we responding to change?

At a time of significant change, it is more important than ever that all partners agree a shared vision, principles and objectives for how to work together and how to make a difference to the lives of children and young people and their families.

Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group need to work effectively at a regional and county level with the Police, the NHS, and other public agencies. Equally, it is important to work closely at a more local level with voluntary sector organisations and district, town and parish councils.

New ways of working may need to be considered to ensure organisations continue to be financially sustainable and are able to prioritise the ambitions and activity to support children and young people to reach their potential.

Overall, Oxfordshire is a great place to grow up. It's one of the wealthiest and healthiest counties and one where all agencies in Oxfordshire want children to be able to take advantage of the benefits of living in the county.

Oxfordshire is one of the most rural counties in the South East. It has a population of around 654,800 (2011 Census), over half of which live in towns or villages of less than 10,000 people. The proportion of black and minority ethnic groups in Oxfordshire has increased from 4% of the total population to 9% between 2001 and 2011.

The County is best described as a mix of areas with distinctive characteristics as follows:

- Urban Oxfordshire – Oxford City;
- Major towns – Banbury, Bicester, Witney, Abingdon, Didcot;
- Market towns – 19 smaller towns serving rural communities;
- Rural settlements – villages, hamlets and isolated dwellings.

Future population growth in the County is expected to be concentrated around Banbury, Bicester, Didcot, Witney and Wantage due to new housing developments.

- The birth rate is relatively stable among UK born mothers but has increased by 37% among mothers born outside the UK.
- There are more people aged 15 to19 in Oxford, inflated by the number of students in the city: percentages for 15 to 16s are slightly lower than for the rest of the county.
- Over the next ten years, the number of younger people in Oxfordshire is expected to increase, but at a slower rate than the overall population.

The Challenges

What are the specific challenges relevant to children and young people in Oxfordshire, including those highlighted by the Joint Strategic Needs Assessment?

1. The changing face and roles of public sector organisations including the recent tightening of the public purse, which has knock-on effects for voluntary organisations.
2. The need to work with and through a patchwork of organisations to have any chance of making a real difference in Oxfordshire.
3. The need to give children a better start in life.
4. The increase in 'unhealthy' lifestyles which leads to preventable disease, and the need to shift services towards the prevention of ill health.
5. The need to make the child's journey through all services smoother and more efficient, and to improve the quality and safety of services.
6. Increasing demand for services, and the need to reduce unnecessary demand through better early help.
7. The need to ensure that services for the mentally ill and those with learning disabilities and physical disabilities are prioritised.
8. To help people and communities help themselves, to encourage volunteering and to increase the role of the voluntary sector.
9. The persistence of small geographical areas of social disadvantage containing high levels of child poverty, especially in Banbury and Oxford but also in parts of our market towns. These areas are also the most culturally diverse in the county containing ethnic minority groups who have specific needs.
10. The need to support families and carers of all ages to care.
11. The need to streamline financial systems, especially those pooled between organisations, and to align all budgets more closely.

Addressing these challenges

In working together to make a meaningful difference to the lives of children, young people and their families in Oxfordshire we have identified the following key areas that we will focus on:

1.	Keeping children safe from harm and especially those at risk of exploitation.
2.	Establishing the right balance of universal and targeted services to be able to manage demand for services.
3.	The most effective way to provide early help to children, young people and families.
4.	Supporting schools, academies, early years settings and other agencies to continue to raise achievement.
5.	Good access to the right support at the right time.
6.	A positive experience of the transition from childhood to adulthood.
7.	A balance of services provided by public, private and voluntary sector organisations.

1. Keeping children safe from harm, especially those at risk of exploitation

In Oxfordshire performance is better than the national average for timeliness of initial assessments, core assessments, holding of child protection case conferences with solid multi-agency safeguarding and child protection practice. The number of children and young people looked after by the local authority is in line with expectations when compared with our statistical neighbours and demographic profile. However, in Oxfordshire, children being looked after are placed too far away from home.

Child sexual exploitation is a significant issue in Oxfordshire and we are working hard to keep our children and young people safe from abuse. A great deal of work has been done together – County Council, Police, Health, District Councils and other organisations- to prevent child sexual exploitation and to protect and support the victims.

This year the plan is to develop a multi-agency safeguarding hub (MASH) and extend the reach of the Kingfisher team – a new multi-agency team providing an initial point of contact for advice and information to families, children and other professionals where there are concerns about child sexual exploitation. The team will have a strong focus on achieving successful prosecutions as a key way to safeguard and protect children. A placement strategy is also being developed by the County Council to ensure more children looked after by the local authority can live closer to home.

▶ **Key projects:**

- Multi-agency safeguarding hub (MASH)
- Placement Strategy

2. Establishing the right balance of universal and targeted services to be able to manage demand for services

Currently there are a range of universal services offered to families that aim to give children the best start in life, including through screening programmes, schools, leisure services and support to divert children away from risky behaviours such as substance misuse. Where possible, the provision of universal services free at the point of delivery has been retained. Increasingly however, it is recognised that the work of a service needs to be targeted to those in greatest need.

A range of support services are available to children in need, disabled children and their families. Children who have a Statement of Special Educational Needs are well supported but outcomes need to improve for those children identified as being in need. For young people with disabilities, in line with the new special educational needs legislation, the aim is to streamline assessments, provide personal budgets, make information and advice more readily available and have a more joined up approach between education, health and social services.

The Thriving Families programme links to the work of Children's Centres and Early Intervention Hubs, and works intensively with families over a sustained period of time to bring lifestyle changes in the family. The number of families who receive intensive support will increase and a whole family approach through the Thriving Families programme will be extended.

All services need to support children and families early enough to ensure the right support at the right time, without delay, to prevent any escalation of needs.

▶ **Key projects:**

- Child and family journey from needing to receiving help, and through services
- Thriving Families Programme
- Special educational needs and disability reforms
- Transitions – moving from children's services to adults' services

3. The most effective way to provide early help to children, young people and families

Early help starts even before pregnancy, with good targeted pre-conceptual care that aims to reduce the likelihood of later problems. The Oxfordshire Clinical Commissioning Group will re-commission local maternity services from 2014 using and "Outcome Based Commissioning" approach to ensure that maternity services deliver the outcomes women and their families want and need.

There is a strong emphasis on early intervention in Oxfordshire. The Early Intervention Service is targeted at vulnerable children and those with complex needs. A mix of children's centres and other provision is accessible to families and is delivered from a variety of venues including schools. These services focus on working with families to support a good start in life and address inequalities.

There needs to be better integration between the Early Intervention Service and Children's Centres. We should consider how children's centres might be made sustainable in the future – becoming part of a local community resource.

▶ **Key projects:**

- Review of Early Intervention Service and Children's Centres.
- Outcome Based Commissioning of Maternity Services

4. Supporting schools, academies, early years settings and other agencies to continue to raise achievement

Educational attainment is improving but there is more to do. Oxfordshire continues to perform well in the early years at school but greater improvement is needed at GCSE level. An important factor influencing the overall educational attainment of children is whether they are taught in schools judged to be good or better. 10 schools are currently judged inadequate in Oxfordshire (as at August 2013), which is fewer than last year. There has also been a significant improvement in the number of children taught in schools which are judged to be good or outstanding, by the end of the 2012/13 academic year: 6950 more children in primary schools and 2900 more in secondary schools.

About half of secondary schools are now academies and more academies are expected in the medium term. The Oxfordshire Education Transformation Strategy is now in its second year and the way support is provided to schools and settings is currently being revised to reflect changes in responsibilities for schools and the County Council, and to improve outcomes for children and young people. The

Strategy will improve leadership and galvanise support from all stakeholders as a new relationship is developed with schools.

To raise achievement the focus will be on improving the number of good and outstanding schools and settings, the quality of teaching and learning, greater attention to vulnerable learners, improving reading and improving performance at GCSE level and improving attendance.

▶ **Key projects:**

- Reading Campaign
- Outstanding leadership
- Vulnerable Learners
- Behaviour Strategy
- Attendance Strategy

5. Good access to the right support at the right time

There are currently a number of ways that children and families can access support from the County Council and its partners. Despite positive relationships, there is potential to achieve better outcomes by working together across organisations in a seamless way. The rise in the 0 to 4 population combined with increased demand and public expectation and less money, means that services need to think differently about the way they deliver.

Families need easier access to support and to get the help they need when they need it. They need a consistent and co-ordinated response no matter which door they knock on. The aims of the special educational needs and disabilities reforms proposed by Government are to increase personalisation, streamline assessments, have a more joined up approach between education, health and social services, provide personal budgets (if requested) and to make information and advice more readily available.

The County Council, health commissioners and providers are working together to develop improved joined up services and improved timely access to those services. This might mean the joining up of teams and budgets in localities, and includes the new autism residential academy as a way of providing the right support locally for those with the most severe and complex needs.

▶ **Key projects:**

- Child and family journey.
- Special educational needs and disability reforms.
- Autism strategy and action plan.

6. A positive transition from childhood to adulthood

The transition of young people with support needs from childhood through to adulthood continues to be a source of anxiety for families. This is particularly true for young people with mental health needs. Young disabled people want to maximise their potential, to live independently and to be given the opportunity to have as many "ordinary" experiences as possible. This is particularly important as they enter the world of work.

Under the current special educational needs legislative reform proposals, the aspiration is to ensure smooth transitions from children's services to services for adults. This will ensure that eligible young adults receive personalised support which improves their outcomes and improves the capacity of those with more complex needs to be cared for within their local communities. As part of the County Council's Winterbourne View Action Plan, services for children's and adult are working together on an action plan to ensure that disabled young people with mental health needs and challenging behaviour are cared for locally wherever possible, and that robust monitoring arrangements are in place to safeguard and protect young adults who are placed in specialist out of area placements outside Oxfordshire

- **Key projects:**
  - Mental Health transitions.
  - Special educational needs and disability reforms.
  - Transitions – moving from children's services to adults' services.

7. A balance of services provided by public, private and voluntary sector organisations

The majority of services for children are provided by the public sector agencies – the County Council and the NHS. Approximately a tenth of spend is through contracts with non-statutory organisations providing a range of services from individual placements through to respite care and Children's Centres. On the whole services are of good quality although contract monitoring needs to be improved.

To enable families to have greater choice the aim is to develop a vibrant and high quality market for services for children and families. Good quality will be maximised through commissioning expertise and effective contract management. Improved choice is likely to extend to the development of personal budgets in the future.

- **Key projects:**
  - Joint commissioning strategy for children's services

Priorities for 2013/14

Young people, families and partner organisations have consistently told us what their priorities are. In this plan we have concentrated on understanding the key opportunities and challenges and used this to focus our work on each priority, building on the work done for the previous Children and Young People's Plan.

The joint vision in this Plan will be realised through the four overarching priorities below. These are the same as those in the joint Oxfordshire Health and Wellbeing Strategy and will help to deliver the ambitions 1- 7 set out in the previous section:

1. All children have a healthy start in life and stay healthy into adulthood.
2. Narrowing the gap for our most disadvantaged and vulnerable groups.
3. Keeping all children and young people safe.
4. Raising achievement for all children and young people.

We have also used the following criteria to help us focus our attention and resources:

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

Making a difference

The aim is to improve the outcomes for children and young people and to achieve this it is important to be able to measure the changes to services and the improvements in outcomes. Targets have therefore been included that will indicate progress, alongside listening to the views of children, young people and their families.

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

Aim: All children should have access to the wide range of services universally available to protect and promote health. When health problems do occur they should have access to safe and high quality local health services that aim to help them recover as soon as possible.

A healthy start in life begins at conception, runs through pregnancy and on into the first few years of life. By focusing on good health from very early on in life through to adulthood we can improve the health, education and social care outcomes for Oxfordshire's children and young people. Where problems occur we aim to provide the wide range of services that parents need to support them.

Breastfeeding gives the best start to life and has been proven to lead to fewer overweight children and adults. Increasing the number of breastfed babies is still the foundation of an obesity strategy for the county. The national figure for breastfeeding prevalence at six to eight weeks is 47%, but in Oxfordshire we want to keep the stretching target of 60% and will only achieve this if we focus on the areas where rates are low.

There is increasing evidence that demonstrates that outcomes across health, education and social care are determined from very early on in life. For this reason we will monitor areas that focus on a healthy pregnancy and progress up to the age of two years.

Immunisation is the most cost-effective medical public health intervention. Levels of immunisation for childhood diseases in Oxfordshire continue to improve but it is imperative that this is maintained. Constant vigilance is needed to make sure that individual children have access to immunisation. This means working closely with GPs, community nurses and individual families.

The number of children in Oxfordshire aged four and under has grown by 13% since the 2001 Census, whilst the Oxfordshire population as a whole has only increased by 8%. We know there is a year on year increase in the proportion of children and young people admitted to hospital in an emergency. The most common causes of emergency admission to hospital for young children (under five) are respiratory tract infections, viral infections and gastroenteritis. We therefore need to continue to prioritise these children as a focus for our services in the community.

Children in Reception class and Year 6 are weighed and measured every year and results show that around 8% of Reception year and 15% of Year 6 children are obese. This feeds through into ever increasing levels of obesity in young adults. Making parents aware of problems early helps them to take action if they choose to. Healthy eating initiatives are part of the approach. Young people tell us that there is much more we could do to improve the transition between young people's services and younger adults' services. This is particularly relevant to young people with mental health needs. We are determined to act on this.

Where are we now?

- Breastfeeding rates for babies aged six to eight weeks showed good progress, but dipped at the end of the year.
- Although there are more children being admitted to hospital for infections, the rate of admission is stable. Numbers have increased in proportion with the increase in population of under-fives. There is also evidence that the length of time spent in hospital is beginning to decrease but we need to maintain a focus on this issue.
- High coverage rates for most childhood immunisations were achieved across the county.
- Follow-up of some families with incomplete immunisation records meant that they were successfully immunised.
- The ambitious target of halting the rise in childhood obesity was not met, though the Oxfordshire rate is still lower that the national rate.

- There were 20 less young people admitted to hospital for self-harm in 2012/13.
- From September 2013, up to 20 of the most vulnerable young people with mental health problems will be managed throughout the transition via Children and Adolescent Mental Health Services until they recover.
- Oxfordshire continues to perform well against a range of indicators important for a healthy start in life monitored by the Health Improvement Board. This includes breastfeeding and immunisation. The increasing level of obesity in Year 6 children remains a cause for concern.

Outcomes for 2013-14

1	**All children have a healthy start in life and stay healthy into adulthood**	**Children's Board Lead**
1.1	Increase the percentage of women who have seen a midwife or maternity health care professional by 13 weeks of pregnancy from 90% to 92% by end of March 2014	Clinical Commissioning Group
1.2	65% of babies are breastfed at 6-8 weeks of age (currently 59.1%)	Public Health Specialist, County Council
1.3	Ensure that at least 95% of children aged 2-2.5 years receive a Health Visitor review (currently 90%)	Clinical Commissioning Group
1.4	Reduce the rate of emergency admissions to hospital with infections, for under 18's from 177.5 per 10,000 to 159.8 per 10,000	Clinical Commissioning Group
1.5	At least 95% children receive dose 1 of MMR vaccination by age 2 (currently 95%)	Public Health Specialist, County Council

1	All children have a healthy start in life and stay healthy into adulthood	Children's Board Lead
1.6	At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.7%)	Public Health Specialist, County Council
1.7	Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2012 this was 15.6%)	Public Health Specialist, County Council
1.8	At least 90% 12-13 year old girls receive all 3 doses of human papilloma virus vaccination (currently 88.1%)	Public Health Specialist, County Council
1.9	By March 2014 we will have developed a joint measure(s) that will demonstrate the impact of services on the mental health and wellbeing of school age children	Clinical Commissioning Group

Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups

Aim: Children, young people and families will benefit from effective early and targeted support when they face significant challenges and have greater access to high quality services to prevent gaps developing and to break the cycle of deprivation and of low expectation.

Oxfordshire is overall a healthy and relatively wealthy county, Although this wealth is also not always reflected in the national funding received by public sector organisations in the County. There are significant differences in outcomes across health, education and social care for some specific groups. We know that outcomes for children and families from vulnerable groups and disadvantaged communities can be worse than for their peers and is variable across the county.

Poverty and disadvantage are known to be strongly linked to poor outcomes and so work focused on reducing the gap between the most disadvantaged and most advantaged groups starting in 'early years' is seen as a key way of improving outcomes for children and families. We will therefore monitor the take up of free early education places for two year olds and continue to monitor the rate of teenage conceptions, as reducing the number of teenage pregnancies has proven to be an effective way of improving outcomes for young people.

There is a strong emphasis across many organisations in Oxfordshire, including the Early Intervention Hubs , Children's Centres and community partner agencies, on early help to support a good start in life and address inequalities,. Together they deliver targeted services from a range of venues including schools for vulnerable communities as well as children, young people and families with additional and complex needs. These services

target people from pre-birth to 19 years old and up to 25 years old for young people with Special Educational Needs and care leavers, and assist family members to develop skills and resilience to resolve existing concerns

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

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

Where are we now?

- The Joint Teenage Pregnancy Strategy for Oxfordshire has led to significant reductions in the teenage pregnancy and conception rates so we will continue to monitor this to maintain progress.
- The Thriving Families workers achieved their target of working with 100 families by April 2013. In Year 2 of the programme, there will be a much greater focus on outcomes and the effectiveness of the family intervention model. The plan is to evaluate locally and nationally the difference made to families by family intervention work.
- Persistent absence rates from school vary across the county but generally improved from 2010/11. Rates in primary schools are lower than the national average but in secondary schools Oxfordshire is higher than the national average.
- The proportion of looked after children who are persistently absent is below the national figure but remains a priority.
- Fixed term exclusions tend to be higher than the national average but the number of fixed term exclusions for terms 1 to 3 in the current academic year is slightly lower than the corresponding term last academic year, despite being higher in previous terms.
- Permanent exclusion rates in Oxfordshire are below the national figure.

Outcomes 2013/14

2	Narrowing the gap for our most disadvantaged and vulnerable groups	Children's Board Lead
2.1	Increase the take up of free early education for eligible 2 year olds in 2013/14 to 1080 out of 1200 (from 1050 in 2012/13)	Director Children's Services, County Council
2.2	Increase the take up of free early education for 2 year old looked after children to 80% (currently at 8% or 2/24)	Director Children's Services, County Council
2.3	Maintain the improved rate of teenage conceptions, currently at 23.3 women aged 15-17 per 1000 (in quarter 1 of 2012 this was 65 conceptions)	Public Health Specialist, County Council
2.4	Establish a baseline of sessions missed from school for looked after children	Director Children's Services, County Council
2.5	Maintain the current low level of persistent absence from school for looked after children	
2.6	Reduce the proportion of looked after children with at least one fixed term exclusion from 12.7% to 12.5%	
2.7	Maintain the number of looked after children permanently excluded from school at zero	
2.8	Increase the proportion of children looked after achieving at least level 4 at Key Stage 2 in reading, writing and maths	
2.9	Increase the proportion of children 'looked' after achieving 5+ A*-C grades at GCSE including English and maths	
2.10	Establish a baseline of sessions missed from school for all children in need	
2.11	Establish a baseline of all children in need who are persistently absent from school	
2.12	Establish a baseline of all children in need who have at least one fixed term exclusion	
2.13	Establish a baseline of all children in need who are permanently excluded	
2.14	Establish a baseline of all children in need achieving at least level 4 at Key Stage 2 in reading, writing and maths and work to increase this in future years	
2.15	Establish a baseline of children in need achieving 5+ A*-C grades at GCSE including English and maths	
2.16	Establish a baseline for sessions missed from school of children on a child protection plan	

2	Narrowing the gap for our most disadvantaged and vulnerable groups	Children's Board Lead
2.17	Establish a baseline for persistent absence rate from school of children on a child protection plan that is in line with the national safeguarding framework once defined	
2.18	Establish a baseline of all children on a child protection plan who have at least one fixed term exclusion	
2.19	Establish a baseline of all children on a child protection plan who are permanently excluded	
2.20	Establish a baseline of children on a child protection plan achieving at least Level 4 at Key Stage 2 in reading, writing and maths and work to increase this in future years	Director Children's Services, County Council
2.21	Establish a baseline of children on a child protection plan achieving 5+ A*-C grades at GCSE including English and maths and work to increase this in future years	
2.22	Reduce permanent exclusions to 39 in the 2012/13 academic year and maintain fixed term exclusions at no more than 3,200.	
2.23	Establish a baseline of children and young people on the autistic spectrum who have had an exclusion from school (over a school year) and work to reduce this number in future years	
2.24	Identify, track and measure the outcomes of all 810 families in Oxfordshire meeting the national Troubled Families criteria (improve attendance and behaviour in school; reduce anti-social behaviour and youth offending; increase adults entering work)	
2.25	Improve the free school meals attainment gap at all key stages and aim to be in line with the national average by 2014 (Key Stage 2 = 16.8% points; key stage 4 = 26% points)	
2.26	The number of households in temporary accommodation as at 31 March 2014 should be no greater than the level reported in March 2013 (baseline 216 households in Oxfordshire)	City and District Councils
2.27	At least 80% of households presenting at risk of being homeless and known to District Housing services or district funded advice agencies will be prevented from becoming homeless (baseline 2012- 2013 when there were 2468 households known to services, of which 1992 households were prevented from becoming homeless. 1992/2468 = 80.7%)	
2.28	Increase of 20% of new young carers identified to the young carers service during 2013/14 from the baseline of 1530 in 2012/13	Director Children's Services, County Council
2.29	Increase the numbers of disabled / SEN children who access targeted and specialist short break services which improve their outcomes by 4% by March 2014 (Baseline is 1697)	
2.30	Ensure that the % of disabled/SEN children who access targeted and specialist short break services which improve their outcomes does not drop below 24% (Baseline in 12/13)	

Priority 3: Keeping all children and young people safe

Aim: All children and young people to grow up in a safe, healthy and supportive environment and have good access to services at the right time.

Keeping all children and young people safe is a key Oxfordshire priority. Children need to feel safe and secure if they are to reach their full potential in life, and tell us that if they don't feel safe they can't learn. Safeguarding is a key priority and is everyone's business and many different agencies work together to prevent harm and to identify and protect children living in abusive and neglectful situations. The aim is to make the child's journey from needing help to receiving help as straightforward and effective as possible. Nationally and locally there is growing awareness about young people who are victims of sexual exploitation. There is a need to concentrate even greater emphasis on better recognition and prevention of such exploitation. We need to do more in Oxfordshire and work together as agencies to prevent this type of crime happening.

A great deal of work has been done together – County Council, Police, Health, District Councils and other organisations to prevent child sexual exploitation and to protect and support the victims.

This includes increasing capacity by recruiting additional social workers, developing a multi-agency safeguarding hub (MASH) extending the reach of the Kingfisher team – a new multi-agency team providing an initial point and of contact for advice and information to families, children and other professionals where there are concerns about child sexual exploitation.

We know that going missing is a key indicator that a child might be in great danger and they are at very serious risk of physical and sexual abuse and sexual exploitation. Nationally 10,000 children are estimated to go missing from care in a year (UK Missing Persons Bureau 2012). The number of looked after children reported missing from Oxfordshire care homes fell significantly between 2011 and 2012 from 155 episodes to 63 episodes. This is the result of strong management oversight, development and sharing of expertise and knowledge across the County Council and providers, good relationships with the young people, clear risk assessments and very high expectations of school attendance and attainment.

The safeguarding of children affected by domestic abuse is a core element of child protection. Domestic abuse affects children's resilience, emotional wellbeing, educational attainment, behaviour and longer term life chances. Domestic abuse is a factor in the majority of Safeguarding Children Board serious case reviews of child death or injury across the country.

Quality assurance audits by the Oxfordshire Safeguarding Children Board look at the quality of the casework that agencies deliver to reduce the risk of abuse and neglect of

children and young people. In 2012/13 a baseline has been established by working with independent auditors to grade the multi-agency audits. These grades will make up the baseline performance on which future progress in 2013/14 will be measured.

The Youth Offending Service demonstrates that partnership working within a targeted and specialised multi-agency environment, ensures positive outcomes for young people, shown in the reduction in first time entrants, the reduced custodial rate and the decreasing reoffending rate..

Where are we now?

- The Oxfordshire Safeguarding Children Board has overseen a number of multi-agency audits of practice that demonstrate an improvement in the way professional practice is delivered.
- Adjustment to the quality assurance audit target (50%) will be determined by the outcome of the 2012/13 baseline exercise, but will be set at a higher percentage than the attainment in 2012/13.
- The prevention of child sexual exploitation continues to be a key priority in Oxfordshire.
- There is a much greater focus on children who go missing from home.
- In Oxfordshire we have a low level of repeat child protection plans, and numbers are now lower than the national average. This will continue to be monitored by social care teams but given the level of improvement it is proposed that it is no longer a monitoring priority for the Health and Wellbeing Board.
- The County Council's Winterbourne View Action Plan ensures that monitoring arrangements for disabled children and young people who are not looked after but require specialist out of area placements, including specialist psychiatric inpatient units, are managed on an interagency basis in conjunction with their parents.

Outcomes for 2013/14

3	Keeping all children and young people safe	Children's Board Lead
3.1	In 2013/14 maintain the reduction in risk for victims of domestic abuse considered to be high risk to medium or low risk through multi-agency risk assessment conferences (currently 85% for 2012/13 based on a single agency assessment by the independent Domestic Violence Advisory Service)	Thames Valley Police
3.2	Every child considered likely to be at risk of Child Sexual Exploitation (identified using the Child Sexual Exploitation screening tool) will have a multi-agency plan in place	Director Children's Services, County Council
3.3	Reduce prevalence of Child Sexual Exploitation in Oxfordshire through quarterly reporting on victims and perpetrators to the Child Sexual Exploitation sub group of the Oxfordshire Safeguarding Children's Board	Director Children's Services, County Council

3	Keeping all children and young people safe	Children's Board Lead
3.4	Reduce the proportion of children who go missing from home 3 or more times in a 12 month period to 12% (currently 12.2%, 77 of 630 who went missing at least once).	Director Children's Services, County Council
3.5	A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire's Safeguarding Children Board covering the following agencies: children's social care; youth offending service; education services; children and adult health services; early intervention services; services provided by the police. Over 50% of these audits will show a positive overall impact	Chair, Oxfordshire Safeguarding Children Board
3.6	Reduce to less than 15% the percentage of children starting a plan who have previously been on a plan (currently 17.5%)	Director Children's Services, County Council
3.7	Set a baseline for the rate of violent and sexual offences against children aged 0-17 per 10,000 children and young people population	Chair, Oxfordshire Safeguarding Children Board
3.8	Set a baseline for the rate of hospital inpatient admissions caused by unintentional and deliberate injuries to children and young people aged 0-17	Chair, Oxfordshire Safeguarding Children Board
3.9	Set a baseline for the rate of Accident and Emergency attendance caused by unintentional and deliberate injuries to children and young people aged 0-17	Chair, Oxfordshire Safeguarding Children Board
3.10	Ensure all children including those who are severely disabled and have continuing health care needs have safe discharge plans from hospital which take into account the capacity of their families to meet their health needs in ways which will prevent readmission to hospital.	Oxfordshire Safeguarding Children Board, Disabled Children's Group
3.11	Increase attendance at case conferences from 82.8% for initial case conferences and 81% for review case conference	Director Children's Services, County Council
3.12	Increase attendance at core groups from 81.9% for initial core groups conferences and 64.2% for subsequent core groups and increase the timeliness of core groups from 76.5% of initial core groups being completed on time and 52.2% of subsequent core groups being completed on time.	Director Children's Services, County Council
3.13	Reduce first time entrants to the youth justice system from 198 in 2012/13	Safer Communities Partnership
3.14	Maintain the low rate of custodial sentences at under 5%	Safer Communities Partnership
3.15	Reduce the reoffending rate for young people within the youth justice system from 36.6% in 2011/12 (latest data available)	Chair of the Youth Offending Service Management Board

Priority 4: Raising achievement for all children and young people

Aim: To see every single child being successful and reaching their potential, thriving in an outstanding learning environment throughout their education, wherever they live across the county, and to see the gap reduced between the lowest and the highest achievers. We aim for every single school and setting to be rated at least as 'good' and to be moving towards 'outstanding'.

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

Over the past two years there have been improvements in inspection outcomes and significant improvements in the performance of schools increasing their OFSTED judgement from 'requires improvement' to 'good'.

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

Where are we now?

- There has been significant improvement in reading and writing at Key Stage 1 and achievement at Key Stage 2 English and maths.
- In 2011/12 a higher percentage of pupils in Oxfordshire made expected progress between Key Stage 1 and Key Stage 2 in English and in maths than nationally.
- The percentage of pupils achieving 5 or more A*-C GCSEs including English and maths in Oxfordshire has increased slightly in 2011/12 to 57.9%. However, in this measure Oxfordshire is performing below the statistical neighbour and national averages. Overall GCSE results fell below the national average in 2011/12.
- There has been a 0.7% decrease in overall absence levels in both primary and secondary schools in Oxfordshire for the academic year 2011/12. Persistent absence rates from school vary across the Council but generally improved from 2010/11. Rates in primary schools are lower than the national average but in secondary schools Oxfordshire is higher than the national average.
- The number of primary schools falling below the accepted (floor) standard fell from 18 in 2011/12 to 1 in 2012/13.
- The percentage of children taught in good or outstanding primary schools has increased from 59% in August 2012 to 72% in August 2013.

- The proportion of 12 to 14 year olds who are Not in Education, Employment and Training is lower than that nationally but we still need to focus on the young people who are 'not known'.

Outcomes 2013/14

4	Raising achievement for all children and young people	Children's Board Lead
4.1	Increase the number of funded 2-4 year olds attending good and outstanding early years settings to 83% or 8870 children (currently 80.5% or 8600 children).	Director Children's Services, County Council
4.2	80% (5700) of children will achieve Level 2b or above in reading at the end of Key Stage 1 of the academic year 2012/13 (currently 78% or 5382 children for the academic year 2011/12).	
4.3	80% (4800) of children at the end of Key Stage 2 will achieve Level 4 or above in reading, writing and maths (currently 78% or 4800 children).	
4.4	61% (3840) of young people achieve 5 GCSEs at A*-C including English and maths at the end of the academic year 2012/13 (currently 57.9% or 3474 children).	
4.5	At least 70% (4400) of young people will make the expected 3 levels of progress between Key Stages 2-4 in English and 72% (4525) in Maths (currently 65% or 3800 young people for English and 71% or 4170 young people for maths).	
4.6	Increase the proportion of pupils attending good or outstanding primary schools from 59% (29160) to 70% (34590) and the proportion attending good or outstanding secondary schools from 74% (26920) to 76% (27640) - (currently 67% primary and 74% secondary).	
4.7	Of those pupils at School Action Plus, increase the proportion achieving 5 A* - C including English and maths to 17% (70) of children (currently 7% or 30 children).	
4.8	To reduce the persistent absence rates in primary schools to 2.6% (1070 children) and secondary schools to 7.2% (2250 young people) by the end of 2012/13 academic year. (The current rates are 3.0% or 1233 children for primary schools and 8.0% or 2500 children for secondary schools).	
4.9	Reduce the number of young people not in education, employment or training to 5% or 870 young people (currently 5.4% or 937 young people) and the proportion of young people whose NEET status is 'not known' to 10%.	

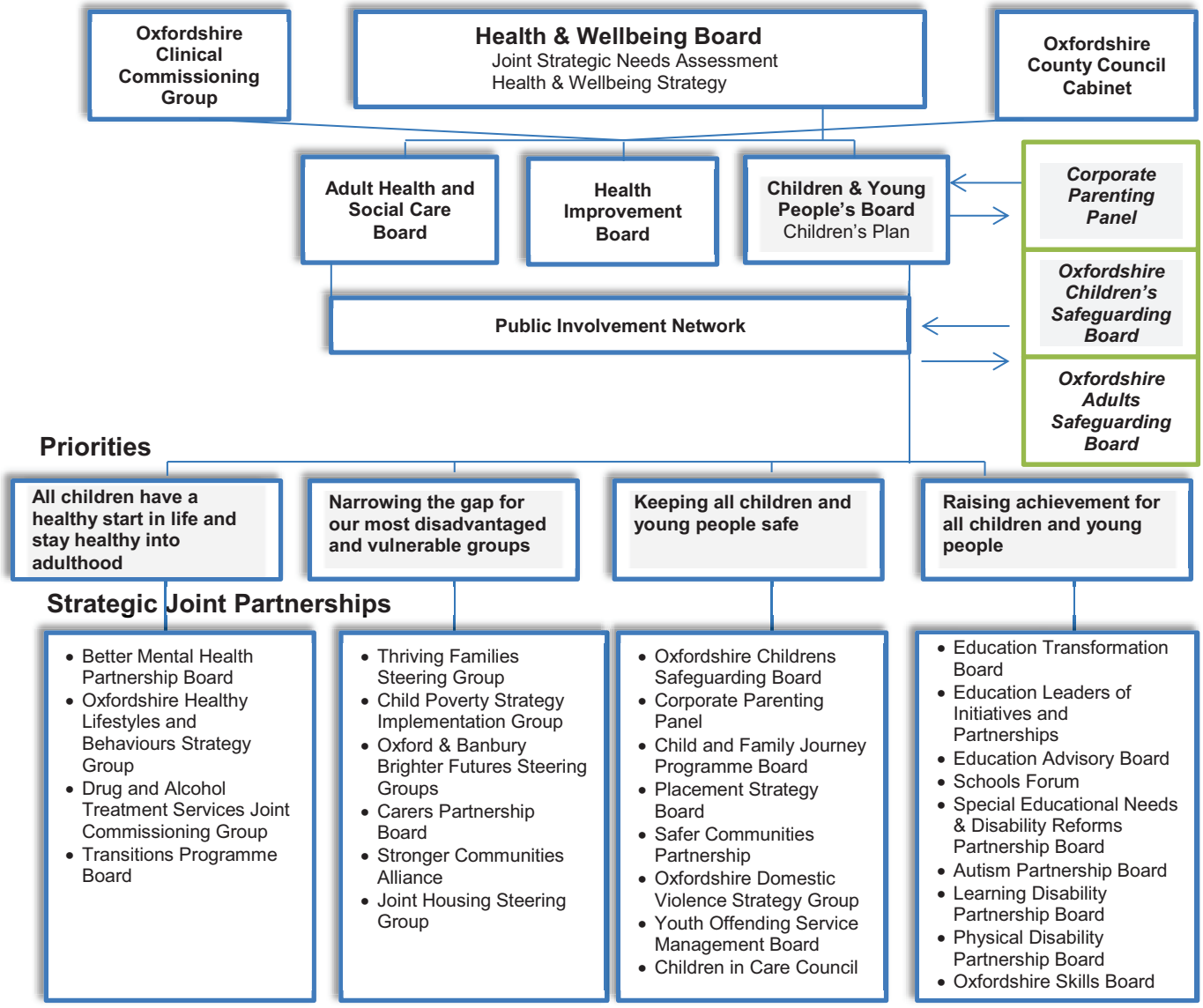
Working together to deliver the priorities

The Children and Young People's Board replaced the Oxfordshire Children and Young People's Trust in 2012, and is responsible for monitoring this joint plan. The vision of the Health and Wellbeing Board informs and complements the vision of this Children and Young People's Plan.

The Children and Young People's Board is responsible for ensuring that the improvements proposed within this plan make a difference to the children and young people of Oxfordshire. The Board will hold strategic partnerships to account and will work in partnership with the Oxfordshire Safeguarding Children's Board and public and voluntary sector agencies to ensure that safeguarding concerns are fully considered in the promotion of health and wellbeing for children and young people.

The diagram below illustrates the current governance arrangements in place. There are a range of partnerships delivering plans relevant to each of the four children and young people priorities which will be reviewed to ensure their focus is on the key strategic priorities. Further work is needed to build on the mature partnerships in Oxfordshire to clarify accountabilities and increase the level of challenge and engagement across the piece in order to really make progress and achieve the right outcomes for families.

Governance



What next?

- A multi-agency steering group reporting to the Children and Young People's Board will be established to oversee the implementation of this Children and Young People's Plan, and refine it further for 2014-2017.
- An engagement and consultation exercise with the public and stakeholders will be agreed in late 2013 to develop an updated version of the plan by April 2014.
- By April 2014, the Oxfordshire Children and Young People's Board will sign off the Oxfordshire Children and Young People's Plan 2014-2017.

Alternative formats of this publication can be made available on request.
These include other languages, large print,
Braille, Easy Read, CD or email.

Please telephone 01865

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To: Clinical Commissioning Groups Clinical Leads, NHS England Area Teams with responsibility for specialised commissioning, Council Leaders and Chief Executives

CC: Chairs of Health and Wellbeing Boards, Local Authority Directors of Adult and Directors of Children's Services, CCG Accountable Officers and Regional and Area Team Directors

ROCR approval applied for
Publications Gateway reference 00448

1 October 2013

Dear colleagues,

Re: Transforming care for people with learning disabilities and/or autism and mental health conditions or behaviours described as challenging

You will remember the shocking abuse of patients at Winterbourne View. It was a wake-up call for all of us; not only because of what happened at that particular institution but because it drew attention to the fact that too many people who should be supported in the community are in hospital for too long. **We all agreed that leaving someone in institutional care when they don't need to be there is intolerable. This practice must end.** As part of a collective response to events at Winterbourne View, a wide range of organisations signed up to a Concordat for Action, which we share responsibility for delivering.

We are writing together to you because in your leadership roles in the key commissioning organisations (Local Authorities, Clinical Commissioning Groups and NHS England) you all have a critical role to play in driving real change to deliver the Concordat. We cannot stress strongly enough how important this is.

We are grateful to all your organisations for your contribution to the Winterbourne View Joint Improvement Programme stocktake, which is now complete. Commissioners have made significant progress in recent months in implementing the Concordat, but we all know much more needs to be done to permanently transform care for this group of people. This letter highlights the urgent actions required to help us achieve that goal.

Transforming Care

Transforming Care, the Department of Health's Final Report on Winterbourne View, called for fundamental change to take place so that this group of people receive safe, appropriate, high quality care.

The presumption should always be that services are local and people remain in their communities. *Transforming Care* made clear that there must be a substantial reduction in in-patient care for these groups of people. The Concordat set out a specific goal that all current placements should have been reviewed by 1 June 2013 so that everyone inappropriately in hospital can move to community based-support as quickly as possible, and no later than 1 June 2014.

Concerted action by CCGs, local authorities and NHS England Area Teams is now needed to ensure:

- there is a rapid expansion and improvement in community provision (encompassing a range of supported living options and housing with accompanying care and support) to enable the transfer of people from in-patient facilities and ensure that transitional arrangements are in place while this is done;
- commissioners plan not only for current patients but also people (including children and young people) who are and will be referred into services. Commissioners and providers should plan from day one of admission to in-patient services for the person to move back to the community. Any use of inpatient services must only be based on a proper assessment of the individual's needs;
- it is critical that the development of community-based support is not held back because of funding issues. Community-based care is likely to require on-going contributions from health and social care professionals. CCGs and local authorities should pool resources currently deployed on the care of this group of people to help fund investment in new models of care; and
- for people who do require in-patient care because of the severity of their condition, it is critical that they have the highest quality care with clear treatment goals and an agreed plan to move back into the community.

Support

Commissioners have ongoing responsibilities to review patients and undertake quality assurance as part of their commissioning. At the same time, we all need to reassure patients, their family carers, and the wider public that we are doing everything we can to ensure the highest standards of care.

To this end, we have established an Enhanced Quality Assurance Programme: a collaborative exercise (a work-stream of the Winterbourne Joint Improvement Programme) which will be run jointly by the Association of Directors of Adult Social Services, NHS England and CQC, and will engage representatives of users, carers and their families. An enhanced quality assurance team will work directly with localities and alongside relevant partners to review the care of all the former patients of Winterbourne View whether funded by health or social care, inpatients in services where CQC has raised concerns about the provider and a sample of patients in NHS England and CCG-commissioned inpatient services.

The team will report findings where appropriate to local Quality Surveillance Groups. The team will work with and support health and social care commissioners to check: whether individuals are safe now; whether reviews have been done properly so that

transformation can take place and the quality of care for patients being treated by providers for which CQC have identified concerns.

A range of tools are now available to support commissioners. These include evidence from in-patient reviews/complaints/advocacy; monitoring data (including length of in-patient stay and cost); NHS standard contract; Joint Health and Social Care Learning Disability Self-assessment; the Health Equality Framework for People with Learning Disabilities; and the Core Service Specification Toolkit.

In addition, the Joint Improvement Team is developing offers of support to follow up requests made through the stocktake process. Chris Bull, chair of the Joint Improvement Programme, will be writing shortly to those who contributed to the stocktake in each area to share an analysis of their stocktake return including an assessment of any issues which appear to be of concern or to show good or outstanding practice compared to the national picture.

Further information about the work of the Winterbourne View Joint Improvement programme is available on the LGA website. If you have any innovative practice to share, or views on how the programme can be designed and developed to ensure rapid progress and real and lasting change, please contact the programme chair via chris.bull@local.gov.uk.

2013 Learning Disability Census

The Health and Social Care Information Centre on behalf of the DH is undertaking a Learning Disability Census (as of 30 September 2013) through hospitals registered with CQC. This will take a snapshot of provision, numbers of out of area placements and lengths of stay.

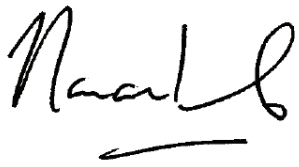
The census will be repeated one year on to enable the Learning Disability Programme Board to assess what progress is happening. It is imperative that we see a significant reduction in the use of long stay institutional care. Over time we hope commissioners will find this useful as a comprehensive data set which can help areas to assess their own progress.

Commissioners will want to assure themselves that all those who will be encompassed by this definition and included in the census are included on their registers and have received high quality reviews of their care as part of the transition to community care based services. A copy of the definition is included in an annex to this letter for your information.

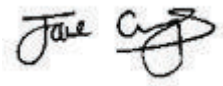
We are copying this letter to Health and Well-Being Boards as they have a key role in overseeing local organisations' progress in transforming care for people with learning disabilities.

We are determined to transform the quality of health and care services in accordance with the model set out in *Transforming Care*. We appreciate all the efforts you and colleagues locally have already made in making this vision a reality. It is vital that we all ensure that momentum is maintained and that no-one is left out or forgotten.

Yours sincerely,



Norman Lamb
Minister of State for Care and Support
Department of Health



Jane Cummings
Chief Nursing Officer England

Sir Merrick Cockell
Chairman

Local Government Association

Annex – 2013 Learning Disability Census Definition

People included:

People in in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and/or autistic spectrum disorder (including Asperger's syndrome)

- Any age.
- Any level of security (general / low / medium / high).
- Any status under the Mental Health Act (informal or detained).

Not included:

- People in accommodation not registered with the CQC as hospital beds.
- People in beds for physical health care.
- People who do not have either learning disabilities or autism.

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Communications received by the Chairman July – October 2013
Report to the Health and Wellbeing Board, November 2013

The Chairman of Health and Wellbeing Board receives correspondence from a range of partners and stakeholders. The Board agreed a process by which this correspondence can be directed to the most appropriate individual, organisation or group for action. The table below summarises activity from July – October 2013.

Date received	Communication topic	Action taken
23.7.13	Section 136 detections under the Mental Health Act – letter from the Chairman of the Adult Safeguarding Board.	Referred to the Adult Health and Social Care Board.
2.8.13	Fulfilling and Rewarding Lives - Autism Strategy Review (from 6 separate correspondents)	Referred to the Autism partnership who will review the audit in October and then to the Adult Health and Social Care Board in February.
29.9.13	Help Stop Lethal Discrimination – concerns over the physical health of people with mental health problems. (7 correspondents)	Referred to the Adult Health and Social Care partnership. The topic was discussed at the Mental Health workshop on 22 October.
3.10.13	Invitation to sign the Disabled Children's Charter (6 correspondents)	Referred to the Children and Young People partnership board.
4.10.13	Is neurology part of your Joint Strategic Needs Assessment?	Referred to Joint Strategic Needs Assessment steering group. Offer to provide information to be accepted.
16.10.13	Transforming care for people with learning disabilities and/or autism and mental health conditions or behaviours described as challenging	Letter included in Health and Wellbeing Board agenda for information. Also referred to the Learning Disabilities Partnership and the Autism Partnership
23.10 13	Invitation to chair a workshop run by Diabetes UK	Passed on to clinical leads at the Clinical Commissioning Group for consideration
25.10.13	Letter from the Police and Crime Commissioner on action to prevent Female Genital Mutilation	Sent to Clinical Commissioning Group representatives on the Safer Communities Partnership

Any questions on this report can be directed to jackie.wilderspin@oxfordshire.gov.uk

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