

**To: Members of the Oxfordshire Health & Wellbeing Board**

## ***Notice of a Meeting of the Oxfordshire Health & Wellbeing Board***

**Thursday, 30 January 2020 at 2.00 pm**  
**Jubilee House, 5510 John Smith Drive, Oxford Business Park, Oxford,**  
**OX4 2LH**



Yvonne Rees  
Chief Executive

January 2020

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

### **Membership**

Chairman – (Leader, Oxfordshire County Council)

Vice Chairman - (Clinical Chair, Oxfordshire Clinical Commissioning Group)

#### **Board Members:**

Stuart Bell CBE	Chief Executive, Oxford Health Foundation Trust
Lucy Butler (Oxfordshire County Council)	Director for Children's Services
Cllr Steve Harrod (Oxfordshire County Council)	Cabinet Member for Children & Family Services and Chairman, Children's Trust
Dr Bruno Holthof	Chief Executive, Oxford University Hospitals Foundation Trust
Cllr Andrew McHugh (Cherwell District Council)	Chairman, Health Improvement Partnership Board
Ansaf Azhar (Oxfordshire County Council)	Corporate Director of Public Health
Louise Patten	Chief Executive, Oxfordshire Clinical Commissioning Group
David Radbourne (NHS England)	Director of Commissioning Operations (South Central)
Yvonne Rees (Oxfordshire County Council)	Chief Executive, Oxfordshire County Council and District Councils Representative
Dr Ben Riley (Oxfordshire GP Federation)	GP Representative
Tracey Rees	Chairman, Healthwatch Oxfordshire
Councillor Lawrie Stratford (Oxfordshire County Council)	Cabinet Member for Adult Social Care & Public Health and Chairman, Older People's Joint Management Group
Stephen Chandler (Oxfordshire County Council)	Corporate Director for Adult Services
Louise Upton (Oxford City Co)	Vice-Chairman, Health Improvement Partnership Board

**Notes: Date of next meeting: 19 March 2020**

## Declarations of Interest

### The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

### Whose Interests must be included?

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

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

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

### What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?

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

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

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

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

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

### List of Disclosable Pecuniary Interests:

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

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines.

<http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Glenn Watson on **07776 997946** or [glenn.watson@oxfordshire.gov.uk](mailto:glenn.watson@oxfordshire.gov.uk) for a hard copy of the document.

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

# AGENDA

1. **Welcome by 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 (Pages 1 - 12)**

To approve the Note of Decisions of the meeting held on 26 September 2019 and to receive information arising from them.

6. **Annual reports from Adult Safeguarding Board and Children Safeguarding Board (Pages 13 - 70)**

14:05

To receive the annual reports of the safeguarding boards.

The reports will be presented by:

- Dr Sue Ross, Chair of the Oxfordshire Safeguarding Adults Board
- Richard Simpson, Independent Chair, Oxfordshire Safeguarding Children Board

7. **Integrated Care Partnership development - an update**

14:25

A presentation to update the HWB on recent developments in the Integrated Care System, Integrated Care Partnership in Oxfordshire and the process for developing a single accountable organisational structure and management team from all CCGs.

8. **Oxford Tobacco Control Strategy (Verbal Report)**

14:40

A verbal update on preparation of new Tobacco Control Strategy and Smoke Free Pledge.

**9. Health and Care Planning Framework - outputs from the work in OX12 (Pages 71 - 116)**

14:50

To discuss outputs from the work with local stakeholders and plan next steps.

**10. Health and Care Planning Framework - project scope for North Oxfordshire (Pages 117 - 120)**

15:00

To discuss plans for work with local stakeholders in Banbury.

**11. Report from the Oxfordshire Stakeholder Network event, 18 November (Pages 121 - 128)**

15:10

To receive feedback from communities of interest.

**12. CQC Plan update (Pages 129 - 140)**

15:20

To receive an update on the action to: *Review impact of changes to strategy and accountability following revision of Health & Wellbeing Board.*

**13. Healthwatch report (Pages 141 - 146)**

15:30

To receive an update from Healthwatch.

**14. Performance report (Pages 147 - 154)**

15:40

To monitor progress on agreed outcome measures.

**15. Reports from the Partnership Board (Pages 155 - 176)**

15:50

To receive updates from partnership boards including details of performance issues

rated red or amber in the performance report (above)

Reports from:

- Children's Trust
- Better Care Fund Joint Management Group
- Adults with Support and Care needs Joint Management Group
- Health Improvement Board

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## OXFORDSHIRE HEALTH & WELLBEING BOARD

**OUTCOMES** of the meeting held on Thursday, 26 September 2019 commencing at 10.00 am and finishing at 12.35 pm

### Present:

**Board Members:** Councillor Ian Hudspeth – in the Chair

Dr Kiren Collison (Vice-Chairman)  
Stuart Bell  
Lucy Butler  
District Councillor Andrew McHugh  
Louise Patten  
Yvonne Rees  
Ben Riley  
Councillor Lawrie Stratford  
City Councillor Louise Upton  
Rosalind Pearce (in place of Prof. George Smith)

Whole of meeting Deborah Miller (Law & Governance); Jackie Wilderspin (Public Health).

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

*If you have a query please contact Deborah Miller, Tel: 07920 084239 ([deborah.miller@oxfordshire.gov.uk](mailto:deborah.miller@oxfordshire.gov.uk))*

	ACTION
<b>13 Welcome by Chairman, Councillor Ian Hudspeth</b> (Agenda No. 1)	
The Chairman welcomed all to the Meeting and in particular Stephen Chandler, the Director for Adult Services and Ansaf Azhar, the Director for Public Health.	
<b>14 Apologies for absence and Temporary Appointments</b>	

(Agenda No. 2)	
With the consent of the Chairman, Rosalind Pearce attended for Professor George Smith. Apologies for absence were received from David Radbourne and Councillor Steve Harrod.	
<b>15 Declarations of Interest</b> (Agenda No. 3)	
There were no declarations of interest at the Meeting.	
<b>16 Petitions and Public Address</b> (Agenda No. 4)	
There were no requests to address the Board or to receive a petition.	
<b>17 Note of Decisions of Last Meeting</b> (Agenda No. 5)	
The Minutes of the Meeting held on 13 June 2019 were approved and signed as an accurate record of the Meeting.	
<b>18 Integrated Care System Plan for Delivery of NHS Long Term Plan</b> (Agenda No. 6)	
<p>The Integrated Care System 5 Year Plan was before the Board for discussion on priorities for Oxfordshire (HWB6).</p> <p>Louise Pattern in introducing the report, explained that most work took place within Oxfordshire and would continue to do so, but that there were areas of commonality where it made sense to come together at scale and do work, such as key areas around prevention and significant workforce issues (such as how housing could be influenced or a Oxfordshire weighting). The plan was very strategic looking at areas of commonality between places when planning care that would be fit for the 21<sup>st</sup> Century.</p> <p>Ian Hudspeth reported that there had been some concern around the Buckinghamshire, Oxfordshire and Berkshire West (BOB) plan, in particular everything being decided at a very strategic level. He asked if Louise could give the Board some assurances around whether there would be three different workings, whether sovereignty would remain with Oxfordshire, and that, although the timetable appeared to be very tight and driven; whether there</p>	



would be the ability for everyone to be engaged and have an input?

Louise explained that the aim was to get the local Oxfordshire Place sorted by developing an Integrated Care Partnership. This would not be a different organisation, but a way to facilitate through system leadership to get integration going. The current thinking was that they would pick some key areas including Mental Health and Primary Care and Community Services, with oversight at the Health & Wellbeing Board.

Ros Pearce spoke in support of the comments around the need to keep decision making retained at Oxfordshire level. She pointed out that Healthwatch had not been mentioned in the documentation. She further commented that as the five Health watches in the BOB areas would not be signing it off at the moment. She questioned what the long-term impact on the overview roles of Health & Wellbeing Boards and Scrutiny would be and how scrutiny would work at BOB level, together with how strategies could be aligned across the Health & Wellbeing Boards to integrate with BOB.

Louise explained that there was a commitment to align with the local authority boundaries across BOB, as that was where there was shared accountability for safeguarding and shared ways of working and overview & scrutiny and that there were no plans to change that.

Ros Pearce expressed concern that there was very little about Social Care in the plan and that it was very focused on Health and therefore did not address many of the issues around integration.

Steven Chandler explained that detailed conversations around inclusion had taken place. The Wellbeing component was very important, and the work being undertaken with communities that placed best focus was crucial. He would expect to see a much more obvious place for social care and broader wellbeing in the next draft.

Louise Upton expressed the importance of recognising the work of voluntary sector groups such as the Archway Foundation (which carried out a lot of work with lonely or isolated people) and queried whether there could be provision to support them. She further questioned, in relation to value for money, whether getting rid of the internal market Had been considered.

In relation to the procurement of services such as cleaners or care workers, Cllr Upton requested that officers made sure that

<p>paying the Living Wage was taken into consideration.</p> <p>Louise responded that they needed to get more organised about how they worked with voluntary organisations in the integrated care system. Integration was about a cost-based model where people were open and honest about what was available and what it was being spent on. Procurement and low wages would be monitored very carefully.</p> <p>Lawrie Stratford felt that prevention and communications with the public was missing from the report, and that it was very important to get the public involved and behind the strategy.</p> <p>Dr Kiren Collinson welcomed the report and commented that the Primary Care Network would be where a lot of our comments would go and where we would see most work being done on the ground. She didn't want people to view the integrated care system as a big unwieldy system but the best way to share resources and that the H&amp;WBB focus should be what was happening at the Oxfordshire level.</p> <p>Louise thanked everyone for their comments and undertook to take back the points made.</p>	<p>Louise Patten</p>
<p><b>19 Family Safeguarding Service</b> (Agenda No. 7)</p>	
<p>Hannah Farncombe, Deputy Director Children's Social Care, gave a presentation, (a copy of which is attached to the signed copy of the minutes), which informed the Board on the ambitions of the Family Safeguarding Plus model, which was based on best practice and would increase engagement with families by working with multi-agency teams to increase the help families receive (specifically around parental domestic abuse, parental mental health &amp; parental substance/alcohol abuse). Comments were then sought from Board Members.</p> <p>In response to comments from Councillor Hudspeth, Hannah Farncombe confirmed that having secure tenure and good quality stable affordable housing for everyone, was essential to reduce the cycle and for any family to thrive and was a very important aspiration for the future.</p> <p>Ansaf Azhar welcomed the project and in particular the focus on prevention and working across organisational boundaries. In relation to drug and alcohol abuse, public health currently had around 1,000 to 2,000 people in treatment currently, which meant there may be many others in the county who are not known to services. The project would help pick those up and presented a</p>	

fantastic opportunity to tap into that population group. He stressed the importance of having a strong evaluation thread on the project.

Councillor Andrew McHugh spoke in support of the project. He expressed the importance of tapping into schemes such as the scheme by Thames Valley Police had just received money to reduce knife crime and were going to use the money to look into tactical problem solving to divert the children who were likely to offend or be the victim of knife crime and the importance of tapping into such projects.

Councillor Ian Hudspeth pointed out that the Fire Service also presented an excellent opportunity for reporting back to the Council through their community work.

Stuart Bell welcomed the initiative and drew attention to the Kingfisher Team who worked with a sub-set of children, showing how working between agencies and across disciplines could be very powerful and effective. Other important work was being done by other agencies such as the police, the Family Nurse Partnership (who work with teenage families) and general adult mental health services. He cautioned that there would be a need to align our investment decisions.

Yvonne Rees, speaking as the district council's representative welcomed the pilot as a fantastic opportunity to join up services and supported the points made by Councillor Hudspeth on the issues around housing. She expressed the importance of proving the concept through the pilot to be able to make it a County-wide offer. She indicated that she would be changing her services to reflect what needed to be delivered in the future.

Councillor Stratford endorsed the scheme and in particular that it supported the prevention programme but felt that the impact on educational opportunities for young people was not covered in the document and the role the school nurses could play in being the first contact to pick up that something is not right in the family.

Ben Riley welcomed the scheme, noting the similarities in the model with the work they were carrying out with end of Life and frailty, with similar themes focusing around prevention, multi-disciplinary, the importance around home and local teams developing a core skills set to build up flexibility and resilience, focusing on building up the resilience of the family to reduce the need for statutory services to take over. He questioned whether there was an opportunity share learning between the projects.

Stuart Bell requested that officers take the presentation out more widely and that it was considered in any long-term planning.

Hannah  
Farncombe

<p>The Board thanked Ms Farncombe for the presentation and <b>AGREED</b> the recommendations as follows:</p> <ul style="list-style-type: none"> <li>• The Health and Wellbeing Board to endorse and support the Family Safeguarding Plus project</li> <li>• The Health and Wellbeing Board to note the governance structure and accept regular update reports on the progress toward implementation and go-live.</li> <li>• Support the creation of the system-wide (adult-focused) posts; secure agreements with suitable employing organisations and identify the long-term funding of the posts.</li> <li>• Support the creation of a partnership performance framework to measure and monitor the impact of the new services across a range of outcomes (that cut across traditional service boundaries).</li> </ul>	
<p><b>20 Better Care Fund Plan 2019-20</b> (Agenda No. 8)</p>	
<p>Stephen Chandler, Corporate Director of Adults Services, introduced the report (HWB8) which updated the Board on the Better Care Fund which was a programme spanning the NHS and local government, seeking to join up health and care services, so that people could manage their own health &amp; wellbeing and live independently in their communities for as long as possible. This included the Improved Better Care Fund which was paid to local government for funding of local care services and reducing pressures on the NHS</p> <p>The Better Care Fund had invested £50,361,088 in the Oxfordshire System in 2018-19 to improve health and social care outcomes for local people. In 2017 local systems were asked to produce two-year plans outlining their intentions for delivering outcomes from the Better Care Fund; the Oxfordshire plan was approved by the Health &amp; Wellbeing Board on 11 September 2017.</p> <p>On 27 July 2019, the planning template for Better Care Fund plans was issued to local areas. The report before the Board provided an update regarding the planning process and future opportunities for the Better Care Fund going forward. He reported that from next year onwards, he would be returning to the transformation agenda and would be using the better care fund as part of the support for some quite radical transformation</p>	

<p>work, including focusing energy on the prevention agenda, district housing, voluntary working with community groups, work with the Primary Care Network and recommissioning the home care system, which would be managed and evaluated through the joint management boards.</p> <p>Louise Pattern agreed there was a need to drastically think how we could do this as a whole system and move the agenda forward.</p> <p>Ros Pearce welcomed the proposal to look at the community as a whole and supported the work with the voluntary sector, as they were aware of the needs within their communities. She queried whether Stephen Chandler had agreed to fund the work with the voluntary sector and made a plea to ensure that it was not just focused on one or two organisations but support the whole sector. Stephen Chandler confirmed that he had given a commitment to funding.</p> <p>The Board thanked the Corporate Director for his report and <b>RESOLVED:</b> to:</p> <ul style="list-style-type: none"> <li>(a) delegate approval regarding the national submission of the Better Care Fund Planning template to the Director for Adult Services, Oxfordshire County Council and the Chief Executive, Oxfordshire Clinical Commissioning Group;</li> <li>(b) ask officers to bring a report outlining this plan, and trajectory against the performance measures to the next meeting of the Health &amp; Wellbeing Board.</li> </ul>	<p>Stephen Chandler, Lou Patten</p> <p>Stephen Chandler</p>
<p><b>21 Prevention Framework</b> (Agenda No. 9)</p>	
<p>Ansaf Azhar, Dr Kiren Collison and Jackie Wilderspin presented a working draft of the Oxfordshire Prevention Framework (HWB9) which had been drawn together by assessing what the local prevention priorities were; what was being done already; how the gaps could be filled and what resources were available to achieve it.</p> <p>In introducing the report, Ansaf Azhar explained that there was a fantastic opportunity to carry out prevention at a high level that was unique to the place. This could include pooling and prioritising resources towards prevention and asking what can be</p>	

<p>done upstream. The prevention framework would look across the whole spectrum from Healthy Place Shaping to preventative services.</p> <p>Dr Collison explained that the Prevention Framework presented an opportunity to get prevention moving. The framework had pulled together what the local need was, what the nationally recommendations were, what was already being done locally and what the gaps were. Prevention was everyone's business and needed to run through every work stream. The framework could also help to solve health inequalities in the County. The next steps were to work out what the priorities were and how to tackle them.</p> <p>Jackie Wilderspin took the Board through the checklists that would enable the board to navigate through the evidence. The check lists drew together all the elements that could be worked on for prevention, such as healthy life styles, socio economic factors or how services were designed and delivered to help people see how they could contribute. She asked the Board to consider whether they would wish to see anything else added to the check lists.</p> <p>Dr Kiren Collison stressed that targeting inequalities was at the heart of the framework, defining priorities and bringing it down to the small level where they could really start to make tangible change and that the leadership of the prevention framework would need to come from each organisation. She asked the Board for input on what the priorities should be and moved the following recommendations:</p> <p>The Health &amp; Wellbeing Board is RECOMMENDED to:</p> <p>Ensure that the implementation of the Joint Health and Wellbeing Strategy (2019-24) in Oxfordshire delivers a wide-ranging prevention agenda so that each individual, organisation and partnership can play their part;</p> <p>Set priorities for each year for the whole system to address, while also implementing business as usual and new initiatives at organisational level.</p> <p>Councillor Hudspeth welcomed the framework and noted that the new Local Transport Plan 5 would be a good basis for delivering for clean air and reducing the need for people to be in their cars. There were many schemes with segregated cycle and pedestrian facilities, making it safer for people to walk and cycle.</p> <p>Lucy Butler welcomed the framework which made a huge area of work achievable. She noted that there was some overlap with</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p>All</p> <p>Ansaf Azhar, Kiren Collison</p>
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other priorities and expressed the need to look into how work in other areas could be aligned.

Lawrie Stratford welcomed the proposals and noted that the challenge would be monitoring outcomes and the length of time the it would take for the proposals to make an impact.

Andrew McHugh welcomed the proposals. He reported that he had spoken to the local police area commander with a view to footage from cycle dashcams being used to generate a warning letter to aggressive drivers. In addition, he expressed the view that we should give notice to taxi drivers that in 5 years-time diesel vehicles would not be given a license. .

Ansaf Azhar expressed the need to look at the cultures and values around prevention. Ultimately there was a need to move way from doing things to people, to doing things with people. Reaching the most deprived areas of the county would require a culture shift and would be very difficult.

Louise Pattern agreed for the need to measure some things differently, but felt that there were some key metrics out there that could change quite quickly and could be used now and that by measuring some of those things it could give people the faith that it was working and the enthusiasm to do more.

Roz Pearce welcomed the proposals and particularly the emphasis on health and equalities. She agreed that there were some metrics that could be measured but cautioned that it was long term and there was a need to earn the trust of communities and working with communities to find out what works for them.

Louise Upton endorsed the framework as an excellent approach and suggested that childhood obesity and diabetes would be the top issues to focus on as they were intrinsically linked in that they were caused by physical inactivity, which led into health place shaping.

Stuart Bell welcomed the project and paid tribute to the design of the framework. He noted the links to the ICS project in helping to understand populations and pulling together health and care. There was a need to define populations in Oxfordshire, using this inequalities method.

Yvonne Rees welcomed the proposals as an excellent opportunity for progressing the partnership agenda with tangible joint working, enabling conversations and connectivity about what could be done better and joining up agendas.

Ian Hudspeth welcomed the high level look at addressing health inequalities in Oxfordshire, particularly within the City and the

<p>momentum to start addressing those issues.</p> <p>The Board thanked the officers for their report and <b>AGREED</b> the recommendations.</p>	
<p><b>22 Healthy Place Shaping</b> (Agenda No. 10)</p>	
<p>Rosie Rowe and Bev Hindle gave a presentation (a copy of which is attached to the signed copy of the minutes) which informed the Board about the Healthy Place Shaping Work in the County.</p> <p>The Presentation provided an update on the strategic priorities set by the Board the previous year and took a look ahead at how they were going to scale things further. Rosie Rowe reported that, despite the NHS funding stopping in March last year, the Healthy Shaping work continued in Barton and Bicester and Cherwell District Council had given additional funding to extend it to Kidlington and Banbury. The presentation further detailed external funding received from Sport England and the work being undertaken to influence the work on the Growth Deal to ensure it reflected some of the ambitions of Healthy Place Shaping. She gave assurances that the work being undertaken on Healthy Place shaping aligned with the strategic priorities, approach and framework that sits with the Health &amp; Wellbeing Board around prevention, early intervention and local support to promote independence and that they were trying to deliver some of the Board's Strategic Priorities.</p> <p>She highlighted the work being undertaken around increasing the built environment as an enabler, including influencing the Local Plan, Local Industrial Strategy and Local Transport Plan (LTCP5), providing outdoor gyms, green routes, communities' facilities and walking routes and the work of bringing different sectors together and community activation – daily mile, breakfast clubs, tackling food and eating habits, digital and online community activation and evening courses with communities. She outlined the monitoring being undertaken and the work around the Primary Care Network prevention work and the new post of a Healthy Place Officer.</p> <p>She detailed planning a number of district and county workshops to look at operational detail.</p> <p>Bev Hindle talked about how to do the work at scale, looking at what could be done at policy level, national context Regional and Sub-Regional context to take some of this learning and embed it</p>	



<p>in policy. He talked about the need for developments to prevent the need for cars rather than mitigate the increase in cars. He further talked of the need for post monitoring of developments.</p> <p>He referred to OxCams and the ability to use the economic viability of a region to influence on a local and larger scale to create a real change in dynamics to support and sustain Oxfordshire through Healthy Place Shaping, so that the landscape becomes a way of life. Leaders were beginning to draw a plan together for the area bringing together four workstreams: productivity, place making, connectivity and environment, with a hope to add health in the near future.</p> <p>There was a need for the Growth Board and Health &amp; Wellbeing Board to come together to achieve Healthy Place Shaping.</p> <p>The Board thanked officers for their presentation.</p>	
<p><b>23 Healthwatch Report</b> (Agenda No. 11)</p>	
<p>Roz Pearce, on behalf of Professor George Smith, gave a verbal update on the latest from Healthwatch Oxfordshire (HWO).</p> <p>Further to the Health &amp; Wellbeing Board asking HWO to set up a Network, Healthwatch Oxfordshire would now be holding a meeting of the Oxfordshire Wellbeing Network on 18 November 2019 with a theme of ‘Healthy Living and what does this mean to our communities?’ HWO would be encouraging many different communities to attend the event to have their voice heard, either by attending or on-line or by writing in. At the end of the network meeting, they were hoping that 2 or 3 key messages would emerge for Health and Wellbeing Board to focus on. HWO would like members of the Board to attend the meeting to engage with participants and hear their views.</p> <p>Dr Collison welcomed the update and questioned how HWO were going to engage with hard to reach/other groups. In response, Ros Pearce acknowledged that it was a challenge, to reach those groups but that all the partners around the HWB table would share responsibility for inviting people to the event.</p> <p>The Board thanked Ms Pearce for the update.</p>	

<b>24 Performance Report</b> (Agenda No. 12)	
The Board agreed that this item would be covered under Agenda Item 13.	
<b>25 Reports from the Partnership Board</b> (Agenda No. 13)	
<p>The Board received updates from the Board's Partnership Board (HWB13). The following was drawn to the attention of the Board:</p> <p><u>Children's Trust</u> – Lucy Butler reported the following:</p> <ul style="list-style-type: none"> <li>- Following the Care Quality Commission (CQC) and Ofsted giving Oxfordshire a written Statement of Action, it seems likely that there would be a re-visit in October/November. There were five area for improvement and progress had been made on all of them.</li> <li>- Children missing out on Education - the Children's Trust and the Safeguarding Board monitor it in detail. They had recently received an annual report which showed progress within the area – attendance figures had improved from last year, for children missing education, there was a much more effective tracking process.</li> <li>- For children that are electively home educated, numbers had increased, but not to the extent of the National increase. This was a challenging area, but they had been carrying out a lot of work with parents and schools.</li> </ul> <p><u>Health Improvement Board</u></p> <p>Councillor Andrew McHugh, Chairman, highlighted the following:</p> <ul style="list-style-type: none"> <li>- He reported that progress in relation to the development in the Strategy on Domestic Violence was now on track and going well.</li> <li>- On the last dashboard MMR had been red and was now amber, but they were not being complacent.</li> <li>- Rough sleeping remained red, but they were awaiting an updated report and were keeping a close eye on the area.</li> </ul> <p>All were thanked for their updates.</p>	

..... in the Chair

Date of signing .....

Division(s): N/A
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## **Health & Wellbeing Board – 30 January 2020**

### **OSAB ANNUAL REPORT 2018-19**

**Report by Dr Sue Ross, Chair of the OSAB**

#### **RECOMMENDATION**

1. The Committee is RECOMMENDED to
  - a) note that the adult safeguarding partnership is working across Oxfordshire and that work undertaken by the Board and its partners has resulted in a significant decrease in safeguarding concerns being referred into the Local Authority, building on the reduction on concerns started last year; and
  - b) note the priorities for 2019/20.

#### **Executive Summary**

2. The Oxfordshire Safeguarding Adults Board (OSAB) are required to report annually on the work of the Board and of its partners, assessing the position of the partnerships in relation to the safeguarding adults at risk within Oxfordshire.
3. Members of the Cabinet are recommended to note that the adult safeguarding partnership is working across Oxfordshire and that work undertaken by the Board and its partners has resulted in a significant decrease in safeguarding concerns being referred into the Local Authority, building on the reduction on concerns started last year. This goes hand-in-hand with an increase in the use of the consultation service offered by the Safeguarding Team.
4. The priorities for 2019 onwards include improving engagement with service users and the wider community. Of note is the Social Isolation and Loneliness Conference being held in partnership with AgeUK on 8<sup>th</sup> October 2019.
5. The annual report is attached as Annex 1.

KAREN FULLER  
Deputy Director, Adult Social Care

Background papers: N/A

Contact: Melanie Pearce  
Service Manager - Safeguarding

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# OSAB

Oxfordshire Safeguarding Adults Board



## 2018-19 Annual Report

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# FOREWORD

I am pleased to present the sixth annual report of the Oxfordshire Safeguarding Adults Board. It is my first for Oxfordshire as I became Chair in April 2019 and I am delighted to see all the good work that has been achieved prior to my arrival under the leadership of the former Chair, Pamela Marsden. I aim to contribute my experience from chairing other Safeguarding Adult Boards in the North of England and on good practice elsewhere in the UK, to build on the good work within the Oxfordshire partnership.

This report outlines the role and function of the Board which is set out in the requirements of the Care Act 2014. It highlights the risks faced by vulnerable people and most importantly what agencies both statutory and in the independent sector are doing to safeguard them.

We have been looking at the patterns in safeguarding activity to inform our priorities for improvement. We are particularly proud of our data around the numbers of safeguarding concerns which have decreased for the second year in a row through the hard work of partners and the increasing use of the consultation service. In the current climate where all agencies are experiencing increasing demands on their time, it is heartening to know practitioners are finding the consultation service valuable.

The Board works closely with the Oxfordshire Safeguarding Children's Board to ensure that we have a consistent view of safeguarding across the age groups and work together on issues that affect both adults and children in Oxfordshire. I look forward to the challenges of the year ahead for the Board with all the concerns there are for the lives of vulnerable people across the County. There has never been a time when safeguarding has been more important.



**Dr Sue Ross**

Independent Chair of the Oxfordshire  
Safeguarding Adults Board

# WHAT IS THE OXFORDSHIRE SAFEGUARDING ADULTS BOARD?

The Care Act 2014 says that Local Authorities must have a Safeguarding Adults Board in place from 1st April 2015.

The Oxfordshire Safeguarding Adults Board has provided leadership for adult safeguarding across the county since 2009. The Board is a partnership of organisations working together to promote the right to live in safety, free from abuse or neglect.

Its purpose is to both prevent abuse and neglect, and where someone experiences abuse or neglect, to respond in a way that supports their choices and promotes their well-being.

The Care Act says key members of the Board must be the Local Authority; the Clinical Commissioning Groups; and the Chief Officer of Police.

The three key members on the Oxfordshire Safeguarding Adults Board are:

- The Director of Adult Social Care, Oxfordshire County Council
- The Director of Quality, Oxfordshire Clinical Commissioning Group
- The Detective Chief Inspector, Protecting Vulnerable People, Thames Valley Police

The Care Act says these key members must appoint an independent chairperson who has the required skills and experience. Pamela Marsden was the Independent Chair of the Oxfordshire Safeguarding Adults Board from November 2016 - April 2019. She had many years of relevant experience as a Director within Adult Social Services outside Oxfordshire.



The Care Act 2014 states that the Board can appoint other members it considers appropriate with the right skills and experience. Oxfordshire's Board has senior representatives from the following organisations:



Community Protection  
Services (Fire & Rescue,  
Trading Standards &  
Community Safety)



Local Councillor with  
Adult Social Care  
portfolio



Board Members are the senior people in each of the organisations with responsibility for safeguarding. Their role on the Board is to bring their organisations' adult safeguarding issues to the attention of the Board, promote the agreed priorities and work to embed learning throughout their own organisation.

The Board meets four times each year and alternate meetings include a joint meeting with the OSCB (Oxfordshire Safeguarding Children's Board) where our joint priorities can be progressed. The Board also has multi-agency subgroups focussing on specific areas of work.

# WHAT HAS THE BOARD BEEN DOING THIS YEAR?



## Improving Multi-agency Working

"working together to ensure people are safe through their life journey"

### **Training Subgroup (TSG)**

Building on feedback from delegates at training, from issues arising in safeguarding concerns raised in Oxfordshire and from learning from case reviews from around the country, in 2018-19 the Board developed new Decision-making in Practice training materials.

Three sessions for care provider services on Making Safeguarding Personal were run over the year. The sessions were well received by delegates and further sessions have been arranged for 2019-2020. Feedback from the sessions has been used to improve what is already discussed around Making Safeguarding Personal in the other OSAB Safeguarding courses.

To support the work of TSG, the Safeguarding Adults Board has recruited a Learning & Engagement Officer. This Officer looks after all the training provided by the Board, ensuring it reflects the current issues in safeguarding. They will be supporting the engagement work the Board is planning for next year.

### **Vulnerable Adults Mortality (VAM) Subgroup**

The VAM group was initially set up in response to the deaths of adults with a learning disability who died while in the care of Southern Health. Once the group have reviewed those deaths, it continued to meet to oversee the reviews required under Learning Disability Mortality Review (LeDeR) process.

As a result of the learning from case histories that came to the Vulnerable Adults Mortality Subgroup for analysis, changes were made to how record-keeping is reviewed and quality assured, with a particular focus on how mental capacity is recorded.

### **Performance, Information & Quality Assurance (PIQA) Subgroup**

PIQA receives multi-agency performance information, including data on the use of advocates, a key mechanism for ensuring all work is in line with the principles of Making Safeguarding Personal (MSP).

Oxfordshire is acknowledged as a frontrunner nationally in the quality and quantity of its MSP data and practice. The Local Authority is part of a national pilot around the collection and use of MSP data.

The outcome of a safeguarding investigation is categorised as either having the risk reduced, removed or that the risk remains. The service user is also asked whether they are happy with the outcome of the safeguarding investigation. This year PIQA was concerned to find out more about those cases where the risk remained and the service user was recorded as not being happy with the outcome. Out of more than 1,200 investigations, less than 20 fell into this category. From the initial findings of audits into these cases, it appears they were service users who were unhappy an investigation was undertaken at all.

### **Full Board**

Mental capacity is a recurrent issue in safeguarding cases and as such, the Full Board has been kept up-to-date on practice issues relating to mental capacity as well as potential changes to the Deprivation of Liberties Safeguards (DoLS). The Mental Capacity (Amendment) Bill received Royal Assent in May 2019 so the Board will receive further briefings on the implications during 2019-20.

Focussing on its own effectiveness, the Full Board also reviewed the membership of the subgroups and narrowed down the information requested from them. Each now has a set of questions that form the basis of the quarterly update to the Full Board.

The Full Board received presentations from the Multi-Agency Public Protection Arrangements (MAPPA) Coordinator to understand how those released from prison under license are monitored to protect the wider community.

As part of the Board's aim to hear more from frontline practice, practitioners from Adult Social Care and Oxford Health NHS Foundation Trust presented recent cases to the Full Board to highlight how complex the issues are facing those coming into safeguarding services.

### *Define and develop a multi-agency risk assessment tool*

In 2018-19 the Board agreed it would look at developing a multi-agency risk assessment tool. The Board brought together a small group to work on this item but encountered numerous barriers to success. It became clear that the complexity of current risk assessment arrangements was based on genuinely different requirements and structures of diverse organisations, making a universal risk assessment tool impractical.



## Monitoring Key Issues

"Ensuring progress is being made on the issues that matter"

The Board decided to monitor the thematic priorities identified by Board Members that remain at the forefront of safeguarding work but whose governance fell to other partnerships.

**Prevention and early intervention** – the strategy around this is owned by the Health & Wellbeing Board (HWBB). Board Member agencies were consulted on the strategy as it was developed. In 2019-20 the OSAB will request an update report from the HWBB on progress in this area.

**Mental health service provision** – the Joint Strategic Needs Assessment identified the continued increase in demand on mental health services in Oxfordshire. The OSAB will challenge the HWBB on how needs are being met if the lack of services results in an increase in safeguarding concerns. Public Health are overseeing the Suicide Prevention Strategy, which also forms part of the work around mental health.

**Exploitation** – modern slavery and exploitation is an increasingly important issue across the country and with several high profile cases in the county, it is of particular concern to organisations in Oxfordshire. Locally there is the Anti-Slavery Network and the Modern Slavery Partnership Group who are working towards reducing slavery and exploitation. The Modern Slavery Partnership Group is under the governance of the Safer Oxfordshire Partnership and also reports to the bi-annual joint Safeguarding Board meeting.



## Service User & Community Engagement

"Presumption of person led decisions and informed consent"

### Engagement Group

In 2018-19 the Board established an Engagement Group to improve the links between the Board, frontline workers, community groups, service users and other stakeholders. The group was set up to help develop accessible, clear and concise material to promote safeguarding.

The group has overseen the production of several posters, which are all available on the Board's website, promoting what to do if someone has a concern about themselves, a friend/relative or someone they are working with.

In 2018-19 the Full Board also recruited two lay members to provide another form of challenge to the Board. The lay members helped to review last year's draft annual report and rework several sections to make it as accessible as possible to a wider audience. The report was praised across the partnership and within the leadership teams of various agencies, including elected members.





## Early Help Strategies & Initiatives

"It is better to take action before harm occurs"

The OSAB receives information from services around the work being done to prevent issues occurring. For example, the County Council Fire & Rescue Service provide their data on the Safe & Well visits they conduct. The data has shown that the service continues to achieve its targets in relation to the delivery of Safe and Well visits. The Fire & Rescue Service are looking at how they can improve their approach to targeting their Safe and Well visits to those who are most at risk through incorporating wider data and intelligence gathered by other partners into their risk profiling; for example, could data collected by the district councils on bin emptying be used to identify those with mobility issues and therefore those who might benefit from a Safe and Well visit?

The two Boards have run a safeguarding awareness session for elected members, along with producing a one-sided briefing about adult safeguarding for elected members with the key contacts in case a constituent comes to them with an issue.

The Safeguarding Consultation Service run by the County Council has continued to see increased use, proportional to the decrease in concerns being raised. This indicates the service is helping to identify concerns that do not meet the criteria for being a safeguarding concern before they are formally raised.

In 2019-20, the Performance, Information & Quality Assurance Group will audit the consultation service calls to understand more about who is using the service.

The two Safeguarding Boards have developed a joint training strategy for safeguarding across Oxfordshire. The aim of the strategy is to provide a consistent approach to safeguarding training across the workforce of Oxfordshire. The strategy is has been set to run for three years, with annual reviews to ensure it is still meeting the needs of the workforce.





## Working with the Children's Board

"working together to ensure people are safe from birth until end of life"

The OSAB has worked jointly with the Children's Safeguarding Board on a number of priorities.

Multi-agency **Domestic Abuse** training is now up and running and consultation has just been completed on the next 5-year domestic abuse strategy.

A **Housing** network has been set up led by local housing providers, a multi-agency housing audit is underway and there is good safeguarding board representation.

**Transitions** work ensures that there is good cross-over between child and adult services and any concerns are quickly escalated.

In addition, **modern slavery issues** are reviewed to maintain a clear view of trends and ensure an effective response is being mobilised across the county.



# HOW WE KNOW WE ARE MAKING A DIFFERENCE

Here are four examples of how the work of the Safeguarding Adults Board is making a difference to the residents of Oxfordshire.

All names have been changed to protect identities



## Ben

Ben has a chronic mental health problem requiring regular medication. It came to the point that he was living in squalor (accumulations of rubbish and rotting food, house not cleaned at all, etc). He was isolated and had no social network. Ben was unable to make any changes to his situation by himself.

Through thoughtful and patient engagement with Ben, he was coaxed into agreeing to emergency respite care in a care home where he met people he liked. This was an opportunity to clean up his home. It was also an opportunity to explore with him his options about changing his situation. He now attends a day centre and has a social outlet.

Ben's mental and physical health have improved, as he himself is happy to acknowledge.



## Adam

A concern was raised with the County Council's Safeguarding Team, that Adam, a retired clergy man, was under coercion to live with his daughter in Oxfordshire thereby making him estranged from his wife (who lived in another county) against his will.

As part of this arrangement, Adam was also unable to have private telephone conversations; telephone conversations were monitored with bugging devices by his daughter.

The Safeguarding Team spoke to Adam, his wife, and daughters. they found that Adam indeed lived in Oxford to please his daughter who had been helpful and supportive to him. He was saddened because it was contrary to his spiritual beliefs to live with his wife of over 50 years. He still desired to return to live with his wife and his wife wanted him back home. He was also sad that he had not been free to speak to his wife or pray with her by telephone. The Safeguarding Team facilitated Adam's return to his wife, which made him very happy.

Adam's daughter had complaints about the care provided to her father in the county where he had lived with his wife before coming to live with her. There were concerns about the care agency as there appeared to be no written agreement on what care would be provided, the care that had been provided was poor quality and the charges for what was provided were excessive (nearly £12,000 charged for 2 months care). However, they had felt there was no choice but to pay as there was no alternative provider.

The Safeguarding Team worked with the neighbouring authority to investigate these allegations. The allegations were partially substantiated and Adam confirmed that he received poor care from a particular carer but chose not to name the person because he did not want anyone to be punished. He was happy enough to be re-united with his wife.

The investigation found that the agency was not registered with Care Quality Commission (CQC). The agency is now being investigated by the CQC. The manager of the agency has learned lessons about care planning and working with statutory services to ensure their client's needs are met.

## Carl

Carl has a long term physical illness which is affecting his cognitive ability and he is not always able to make relevant decisions.

He was admitted to hospital and he was unable to consent to this. His family were very concerned about his ability to cope with the risks of traffic if he went out alone, and an authorisation was put in place to stop him from leaving the hospital. Carl stated he felt incarcerated.

As he received treatment, Carl's abilities were changing. He was kept fully informed and involved with decisions about his treatment and hospital admission. This enabled the staff to reduce the restrictions in place as Carl's level of functioning changed. Things changed from Carl being prevented from leaving the hospital under any circumstances to being escorted to the local shops to buy day to day items. While he was clear that he'd prefer not to return to the hospital, he nevertheless agreed to do so.



## Eric

The Fire Service raised a number of safeguarding concerns for Eric due to unsafe living conditions. This elderly gentleman lives in a very large house which has been his family home since birth.

The house is severely hoarded, poor electrical wiring, and rodent infestation. Eric lived in one room on the ground floor.

Safeguarding concerns were also raised by Thames Valley Police and Oxford City Council's Environmental Health department. All these agencies worked together for an extended amount of time to keep Eric living safely in his home for as long as possible.

However, as time passed, agencies became increasingly worried as Eric's living conditions deteriorated further. Following a fall and subsequent stay in hospital, Eric left hospital and went to a temporary placement in a care home. During his stay here, Eric's capacity was assessed according to the Mental Capacity Act, concluding that he did not have capacity to understand the risks in his home.

A 'best interest' meeting was held and the decision was taken that Eric would remain in a care setting where his basic needs were met. His property was made safe and passed into the care of solicitors who have Power of Attorney for him. Eric is thriving in his new environment. He is supported with personal care, enjoys hot meals and clean bedding, neither of which were available to him at home, and he has the stimulation of seeing other people daily.

### **Danielle**

Danielle lives with her husband, her dementia is progressing and she never goes out. Her husband was not coping well and often left her alone for prolonged periods. She is distrustful of strangers and reported passers-by to the Police on numerous occasions.

The Fire Service visited jointly with Adult Social Care and the landlord, a housing association, to assess the risks and see what support could be offered to the couple. A multi-agency meeting was then called, attended by Danielle's husband, to work out how to address the problems in the best interests of Danielle.

The housing association agreed to help with repairs and an electrical safety check, Social Care helped Danielle's husband to get a phone line fitted to enable Assistive Technology to be installed, such as a falls pendant and linked smoke and heat alarms. A local personal assistant was identified and arrangements made to gradually introduce her to Danielle, allowing time for trust to build up.

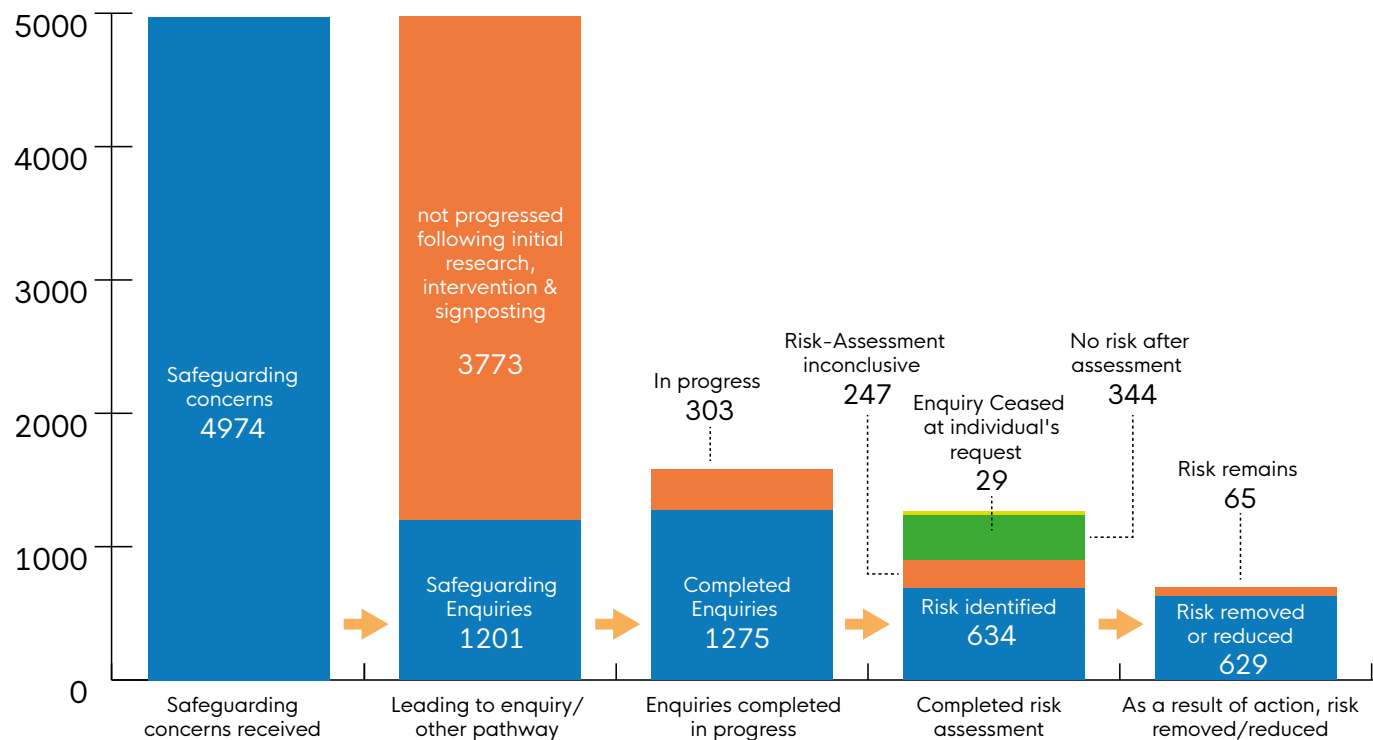
When the Fire Service re-inspected the property, they were satisfied that the fire risks had been significantly reduced. Danielle is now safer in her own home and Danielle's husband feels supported to care for his wife more effectively.



# WHAT ARE THE NUMBERS TELLING US

The safeguarding journey - from raising a safeguarding concern to the outcome of safeguarding enquiries 2018-19

Population 18+ with/without care and support needs





## RAISING OF SAFEGUARDING CONCERNS

We estimate that there are about 43,120 people who have care and support needs in Oxfordshire. This is five and half times the number of adults who received long term support from adult social care in 17-18 (7901)

In 2018-19, Oxfordshire received a total of 4974 concerns about cases of potential or actual harm or abuse. This is equivalent to around 9 concerns for every 1000 adults in the population or around 115 for every 1000 adults with care and support needs (although please note that not all concerns are raised by existing service users)

The 25% reduction in concerns since 16-17 is offset by an increase in consultation calls received by service from around 613 in 17-18 to 1757 in 18-19.

Most concerns (about 63%) were raised by health, carers or social care staff; the remainder were raised mainly by relatives, friends or neighbours, housing agencies and the police.

## RESULTING SAFEGUARDING ENQUIRY PROCESS

A quarter (24.1%) of the concerns received were assessed as requiring follow-up under safeguarding procedures

This is because the people involved were assessed as Experiencing, or being at risk of, harm or abuse; and/or having care and support needs which prevented them from protecting themselves

Those concerns (3373) not followed up as safeguarding enquiries were followed up in other ways, notably referral to trading standards offices, domestic abuse support agencies, the police or the County Council's customer services team

## OUTCOME OF ENQUIRY PROCESS

Safeguarding enquiries can take varying lengths of time to complete, depending on the issues and organisations involved. At 31 March 2019, 1275 enquiries had been completed in 2018-19. Some of these will have commenced in 2017-18. 303 of those started since April 18 were still in progress at the end of the year.

A risk was identified in 694 (54%) of completed enquiries in 2018-19; the risk assessment was inconclusive in 208 cases (16%), there was no risk identified in 344 (27%) and the enquiry was ceased at the individual's request in 29 (2%).

Where a risk was identified – the risk was removed or reduced in 629 (91%) of cases.

# WHAT WILL THE BOARD WORK ON IN 2019-21?

A business planning meeting of the OSAB in May 2018 agreed the following strategic priorities for 2018-2021 with an annual review to ensure they still reflect the safeguarding picture in Oxfordshire.



Early Help  
Strategies &  
Initiatives



Improving Multi-  
agency Working



Monitoring  
Key Issues

## Early Help Strategies & Initiatives

There are further refinements to be made to the annual self-assessment to understand more about the challenges around prevention & early intervention. Further work is needed to ensure the governance for all strands of early help is clear and understood across the partnership.

## Improving Multi-agency Working

Disseminating the lessons from Safeguarding Adult Reviews will be key within 2019-20. The Performance, Information & Quality Assurance Subgroup are also planning a series of mini-Peer Review sessions between Board Member organisations of their safeguarding systems.



## Monitoring Key Issues

Continue to monitor the thematic priorities identified by Board Members: mental health service provision; alcohol and drug abuse and modern slavery and exploitation. These are in addition to the agreed joint priorities for the Safeguarding Boards, currently housing, domestic abuse and transitions from child to adult services.

## Service User & Community Engagement

For 2019-20, Engagement Group the group is supporting the Social Isolation & Loneliness Workshop being run in October 2019. This will be followed up by a series of meetings in each district area, bringing together community groups and services with those at risk of loneliness and those working with people at risk of loneliness.

They will also work on the Adult Safeguarding Awareness Week (18th November 2019).



# GLOSSARY OF TERMS

## **Safeguarding**

Safeguarding means protecting our right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and reduce the risk of abuse and neglect. When people have experienced abuse or neglect, safeguarding is about taking actions that are informed by the person's views, wishes, feelings and beliefs.

## **Making Safeguarding Personal**

Making Safeguarding Personal starts with the principle that we are experts in our own life. Things other than safety may be as, or more, important to us; for example, our relationship with our family, or our decisions about how we manage our money. So, staff are always encouraged to ask 'What is important to you?' and 'What would you like to happen next?'

## **An Outcome**

An Outcome is what you hope to get out of the conversations we have, and the work we do with you. Measuring outcomes helps the Board to answer the question "what difference did we make?" rather than "what did we do?"

## **Deprivation of Liberty Safeguards (DoLS)**

Deprivation of Liberty Safeguards apply when a person in a care, or nursing home, or hospital, is subject to continuous supervision and control from staff, and is not free to leave; under the Supreme Court judgement known as 'Cheshire West', they are deprived of their liberty. Once identified, a deprivation of liberty must be authorised either by the Court of Protection order; or under the Deprivation of Liberty

Safeguards in the Mental Capacity Act 2005; or under the Mental Health Act 1983. If it is not authorised, under the law, it is an illegal detention.

**Safeguarding Adult Review**

A Safeguarding Adults Review must be conducted where an adult with care and support needs has died as a result of abuse or neglect and there are concerns about how agencies worked together to safeguard the adult.

A Safeguarding Adults Review (SAR) should also be conducted where an adult with care and support needs has experienced serious abuse or neglect as a result of abuse or neglect and there are concerns about how agencies worked together to safeguard the adult. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

Boards can also choose to arrange a review into any other case of an adult in its area with care and support needs.

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**Health and Wellbeing Board.**

**30 January 2020**

**Oxfordshire Safeguarding Children's Board – Annual Reports**

**Report by Director for Children's Services**

**RECOMMENDATION**

1. The Board is requested to note the annual report and provide any comments.

**Executive Summary**

2. Local Safeguarding Children Boards were set up under the Children Act 2004 in order that agencies co-operate with each other to safeguard children and promote their welfare. The Oxfordshire Board is led by an independent chair and includes representation from all six local authorities in Oxfordshire, as well as the National Probation service, the Community Rehabilitation Company, Police, Oxfordshire Clinical Commissioning Group, Oxford University Hospitals NHS Trust, Oxford Health NHS Foundation Trust, schools and Further Education colleges, the military, the voluntary sector and lay members. In April 2019 these arrangements changed to reflect the requirements of the DfE guidance 'Working Together 2018' however these reports relate to the financial year 2018/19.
3. This paper presents the Oxfordshire Safeguarding Children's Board Annual (OSCB) Report.
4. The OSCB Annual Report sets out report sets out the challenges that the safeguarding partners have faced in terms of the ongoing demand on the system with neglect being a key feature; the need to keep children safe in full-time education and the contextual safeguarding risks that exist for children outside of their home environment. The report also highlights a number of examples of good practice including work around child exploitation.

**OSCB Annual Report**

5. The key purpose of the **OSCB Annual Report** is to assess the impact of the Board's work in 2018/19 on:
  - service quality and effectiveness
  - safeguarding outcomes for children and young people in Oxfordshire.
6. The report evaluates performance against the priorities that are set out in the Business Plan for the year and against other statutory functions that the LSCB must undertake.

7. The report sets out the challenges that the safeguarding partners have faced in terms of the ongoing demand on the system with neglect being a key feature; the need to keep children safe in full-time education and the contextual safeguarding risks that exist for children outside of their home environment. The Board has also been concerned with supporting transgender children; improving specialist placements for those in care and those with serious mental health needs as well as supporting good access for all children with emotional and mental health needs to CAMHS help.
8. There are many good examples of safeguarding work within the partnership. Partners have made good progress to tackle child exploitation. Drug exploitation in particular is an area of growing concern. The board has set up a partnership structure and screening tool to identify and support children. Partners have increased the uptake of multi-agency chronologies that ensure that there is a full picture of a child's life, that joint working makes a difference. Partners have got a tighter grip of the information on those children on reduced timetables, excluded from school or not attending and board members have met with headteachers to get sign up to keeping children safe in education.
9. As a result of OSCB work: Thames Valley Police reported an increase in uptake by schools of 'Operation Encompass' from 48% to 94%. (This system alerts schools if the child has been in the home when a domestic abuse incident has taken place in the family home the evening/ night before school). Children's Social care has developed a practice handbook to set out expectations and guidance for workers with respect to good supervision and the inclusion of children's views. The Clinical Commissioning Group has worked with GP practices to develop improvement plans for safeguarding work. Oxford Health NHS FT's recording systems include prompts to include and flag safeguarding information.
10. In 2018/19 the OSCB delivered over 150 free safeguarding training and learning events plus online learning. The training reached over 11,000 members of the Oxfordshire workforce:
  - ✓ 5,017 multi-agency practitioners undertook face-face training
  - ✓ 6,497 multi-agency practitioners have undertaken e-learningThe OSCB ran a wide range of training to cover not just core safeguarding and early help but also working with fathers, supporting LGBTQ+ children and young people as well as digital safety.
11. The OSCB delivered termly updates over 4000 members of the workforce and e-bulletins to educational settings across the county. In the coming year the OSCB will launch and update website and twitter feed. Learning and improvement events for approximately 150 delegates each time have covered:
  - Child drug exploitation: identifying and responding to it
  - Multi agency chronologies: understanding how to use them and why
  - Contextual safeguarding: what it means and how to work with it

## **Financial and Staff Implications**

12. None noted

## **Equalities Implications**

13. None noted

Deputy Director for Safeguarding, Lara Patel

Background papers:

Contact Officer:

Tan Lea

Jan 2020

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Oxfordshire Safeguarding Children Board



# Annual Report

2018 - 2019

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# 1. Foreword from the Chair

As the Independent Chair of Oxfordshire Safeguarding Children Board, it is my honour to provide a foreword to this the 2018-2019 Annual Report. I hope that you enjoy reading it and find it an informative and stimulating read about the Achievements, Challenges and Activities of the Board in the past year. We have responded to feedback from last year about the length of the report and have tried to make it a shorter, more concise and pithy report. I would like pay tribute to the hard-working team in the LSCB office who have worked so hard to pull this document together and who support me so impressively in my role as Chair.

I started my tenure as Chair of the Board in September 2018. It was very apparent to me from the start that I was joining a strong partnership with much to celebrate and build upon. Oxfordshire, like other areas, has challenges around demand on statutory services, criminal exploitation of children, the availability of specialist provision for children with complex needs and so on. However I head up a partnership that I am convinced is well sighted on these and other issues and committed to working together to address them. I continue to see little sign of complacency regarding performance and the issues that face us; instead I see a range of professionals and managers committed to continuous improvement.

This is the last report that will be written under the previous version of Working Together to Safeguard Children. The Department of Education issued new guidance last year (Working Together to Safeguard Children 2018) setting out a change in the way that Safeguarding Boards are governed. Boards were required to submit to the Department proposals for how they would comply with the new guidance by the end of June 2019. I am pleased to report that Oxfordshire submitted their proposals at the start of May. Our proposals built on the strong existing partnership but created a new Executive Group that is headed up the so-called “Big Three” of Oxfordshire County Council, Oxfordshire’s Clinical Commissioning Group and Thames Valley Police who have lead responsibility for the local safeguarding arrangements.

We are committed to the Annual Report being an impactful, not just one that is read and then gathers dust on a shelf or sits on an internet page slowly becoming out of date! So if the report raises questions for you, you strongly agree or disagree with any of the contents or wish to know anything more about any aspect of the report do get in touch with us to discuss it further. In the meantime thank you all for what you do week in and week out to safeguard the children and young people of Oxfordshire and I look forward to continuing to work with you in the coming year.

Richard Simpson  
Independent Chair



## 2. Introduction

This annual report is a retrospective look at the work of OSCB for 2018/19. It will be the last Annual Report under the auspices of Working Together 2015. In May 2019 the OSCB will move to a new set of multi-agency safeguarding arrangements in line with Working Together 2018.

At present the OSCB Chair is required to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness; the causes of those weaknesses and the action being taken to address them as well as other proposals for action. Finally, it should include lessons from reviews undertaken within the reporting period.



## 3. Structure and Governance

### 3.1 Remit

The OSCB is a partnership set up under the Children Act 2004 to co-operate with each other to safeguard children and promote their welfare. Guidance is set out in Working Together. The Board's job is to make sure services are delivered, in the right way, at the right time, so that children are safe and we make a positive difference to the lives of them and their family. This is done in two ways:

#### 1. Co-ordinating local work by:

- Developing robust policies and procedures.
- Participating in the planning of services for children in Oxfordshire.
- Communicating the need to safeguard and promote the welfare of children and explaining how this can be done.

#### 2. Ensuring that local work is effective by:

- Monitoring what is done by partner agencies to safeguard and promote the welfare of children.
- Undertaking Serious Case Reviews and other multi-agency case reviews and sharing learning opportunities.
- Collecting and analysing information about child deaths.
- Publishing an annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Oxfordshire.

### 3.3 Structures and strategic links

The board is not responsible or accountable for delivering child protection services but it does need to know how well the safeguarding system is working. The board's membership is set out in Appendix A. It has effective linkages to other strategic groups in Oxfordshire to ensure clear remit and cross partnership working. The board's structure (going forward) is set out in Appendix B and linkages are set out in C. The OSCB has a strong working relationship with the Safeguarding Adults Board with joint meetings twice a year. This year the two Boards have had the joint priorities of: housing; domestic abuse and transitions.

### 3.4 The OSCB Chair

The OSCB Independent Chair, Richard Simpson, was recruited following a commissioning process in 2018. This involved a series of interviews with board members and children. Richard is a senior manager with Barnardo's children's charity. This arrangement delivers additional independent scrutiny for the Board. As well as his personal experience and skill set, he brings with him the knowledge and support of Barnardo's.

### 3.5 Financial contributions

All board members contribute to the OSCB. The contributions for 2018/19 are attached at Appendix D.

### 3.6 Subgroups

The Board was supported by an Executive Group comprising the Independent Chair, strategic leads and subgroup chairs. The purpose of the sub-groups and key activity in the past year is outlined below:

**Performance, Audit and Quality Assurance** – reviews safeguarding data and intelligence to test the effectiveness of services including early help. The group has undertaken three multi agency safeguarding audits, ten audits of agency safeguarding practice and escalated issues on safeguarding in education, domestic abuse and sufficiency of placements for children with complex needs. See section 5.

**Case Review and Governance** – undertakes rapid reviews of serious incident notifications, oversees and supervises all serious case reviews and identify themes, actions and learning from serious incidents. The group has led on four serious case reviews, three partnership reviews and developed guides, four learning summaries and a series of ten learning points for practitioners in Oxfordshire. See section 6.





**Training** – commissions, monitors and oversees the delivery of training, hosted an annual conference and provided learning summaries and events from key themes that identified locally and nationally on behalf of the OSCB and the Oxfordshire Safeguarding Adults Board. The group has supported learning events on child drug exploitation for 100 delegates, multi-agency chronologies for children for 100 delegates as well as an annual conference for 150 delegates around contextual safeguarding. 5017 delegates have undertaken face to face safeguarding training and 6497 delegates have undertaken e-learning. The group also set in place the mechanism for charging for non-attendance at courses in 2019/20 to respond to a concerning level of last-minute non-attendance.

**Child Exploitation** – ensures a co-ordinated multi-agency approach is in place for all child exploitation concerns and emerging issues. The group has supported the development of a Child Exploitation screening tool as well as partnership arrangements for exploited and missing children across the county. This is developing a common understanding of the patterns and trends around missing and child exploitation risks within each local area, enabling the partnership to ensure that resources are directed appropriately. Other work has been undertaken to improve services when working with boys as victims as well as to better safeguard children with disabilities from exploitation.

**Safeguarding in Education** – ensures staff in pre-schools, schools, colleges and other education providers are aware of key safeguarding issues and are also able to escalate their concerns to the Board and Executive Group and influence the strategic development of services. The group has focused on the themes of keeping children safe in education, elective home education, promoting CAMHS guidance on self-harm for schools; analysing Ofsted safeguarding reports and school audit work. It has produced a termly newsletter for schools.

**Procedures** – ensures all practitioners and managers across the children's workforce have up-to-date guidance and procedures on all key safeguarding issues via the OSCB website. The group has updated procedures as a result of changes in legislation and guidance, in particular, Working Together 2018. Colleagues can refer to the online manual to see updates, which include working together on Information sharing, Female Genital Mutilation, Historical abuse.

**Child Death Overview Panel** – ensures local oversight of all child deaths in the area and ensures that lessons are learnt and action taken as appropriate to the circumstances and any themes are identified and addressed. The group has updated procedures as a result of changes in legislation and guidance, in Working Together 2018, in particular joining with Buckingham CDOP for themed meetings. Oxfordshire has a high number of deaths of children who are not Oxfordshire residents because it hosts the regional hospital and children's hospice. CDOP monitors the numbers and trends of these deaths and liaises with their local area to ensure all appropriate learning is gained.

**Disabled Children** – ensures the safeguarding needs of disabled children are addressed and high quality services are delivered to this group. The group has worked to improve the revised Childcare and Development checklist by refining key criteria which need to be addressed for disabled children's health and well-being, contributed to plans for the Oxfordshire approach to reviewing and learning from child deaths under the new Working Together guidance and considered the impact of the Intensive Support Team in safeguard those with challenging behaviour related to their mental health needs. The group has worked closely with the Exploitation group on the strategy aimed at reducing the vulnerability of children with additional needs to child sexual exploitation / child drug exploitation.

**Health Advisory Group** – brings together the lead health safeguarding practitioners and alerts the Board and Executive to key safeguarding gaps and concerns from the health sector. It also ensures that health professionals are aware of key safeguarding issues. The group has focused on the themes of drug exploitation, neglect and health professionals role in identifying it (including the concept of 'Was Not Brought' rather than 'Did Not Attend' appointments), gender identity, Adverse Childhood Experiences (ACEs), safeguarding issues and mental health (including concerns about lack of provision of in-patient beds), FGM and the Child Protection – Information System. The latter is a new project to link IT systems used in health and social services, to help staff share information securely on children who are looked after or on a child protection plan.



### 3.7 Listening to views of children and young people in Oxfordshire

The group, Voice of Oxfordshire Youth (VOXY), was part of the recruitment process for the OSCB independent chair in 2018/19. The group offers a helpful sounding board for the OSCB, which listens to its view and concerns. Last year VOXY told the OSCB that it was concerned about fabricated and induced illness. This led to a review of current cases by the OSCB designated doctor, with findings presented to the board as well as a review of inter-agency procedures confirming that they are fit for purpose. VOXY also said that they were concerned about the effectiveness of preventive work undertaken with young people they perceive to have started to demonstrate harmful behaviours. This led to a multi-agency audit and learning summary, which contributed to the OSCB's decision to run its annual conference on contextual safeguarding.

The OSCB was also keen to capture the views of children it comes in to contact with through serious case reviews. These are children who have been at risk of serious harm and neglect. Through meetings with reviewers they have told us that at times they 'felt like they were missing' or simply 'not seen' by professionals. They have also told us how small gestures of kindness made a big difference. This re-iterates the message from previous years that practitioners, across the system, should never underestimate the difference that they can make by 'being there', following-up and caring.



## 4. Priorities and Progress

### 4.1 Priorities for 2018/19

The OSCB had three aims: to provide leadership for effective safeguarding practice; to drive forward practice improvement and to challenge in order to ensure that children are kept safe. See Appendix E for the details.

### 4.2 Reporting on progress

#### Aim 1: Providing leadership for effective safeguarding practice.

Working Together 2018 set out the new statutory requirement for the leadership of safeguarding arrangements to be at chief executive level across health, police and the local authority. The OSCB has worked hard to ensure that the new arrangements will build on the existing collective approach to safeguarding children and young people and is set out in the multi-agency safeguarding arrangements.

The OSCB has worked jointly with the adults safeguarding board on Joint priorities. Domestic Abuse training is now up and running, workshops on the young people's pathway are in place and consultation has just completed on the next 5-year strategy. A Housing network has been set up for local providers, a multi-agency housing audit is underway and there is good board representation. Transitions work ensures that there is good cross-over between services and any concerns are quickly escalated.

In addition, reporting on modern slavery is reviewed to maintain a clear view on trends and any concerns arising regarding children – none have been reported as yet.

The voluntary and community sector held elections for representatives on the OSCB board and representatives from that sector are well-represented across the subgroups. The OSCB Chair has met and engaged with the Children and Young people's Forum. An action plan is ensuring good communication as well as visibility on the new OSCB website.

#### Aim 2: Driving forward practice improvement.

##### Safeguarding adolescents

The OSCB has supported the development of a Child Exploitation screening tool as well as partnership arrangements for exploited and missing children across the county. This is timely: whilst the number of children going missing has reduced those that went missing 3 or more times rose by 22% last year (from 149 to 168). The OSCB has challenged around the work with young people at risk of peer abuse. Audits have checked the effectiveness of joint working. Workshops have been run to raise awareness. Learning from the Child J serious case review with respect to mental health support for adolescents has been implemented by mental health services. The OSCB has worked with the Adults Board to improve communication and joint working on those children transitioning from children to adult services.

## Tackling neglect

The OSCB has supported the development of the neglect practitioner portal which includes assessment tools to work with families, videos for practitioners, research and guidance on understanding and working with neglect. Partners have implemented a multi-agency training course on neglect and working with parents around emotional abuse. Colleagues have embedded the early help pathway - there were 1,378 in 2018/19 recorded early help assessments compared to 458 in 2016/17. Partners have checked how well we are involving fathers: data indicates that this could be better. Since July 2018 only 44% of fathers attended child protection conferences regarding their children.

## Taking action from learning

5,017

delegates have undertaken



254

face to face safeguarding training events and



delegates have undertaken e-learning

They were 'Supporting LGBT children, young people and families' as well as 'Working with fathers and other male carers' course. This has increased the range of training and reinforced the 'Think Family' message that the OSCB promotes.



The OSCB has run three learning events on: (1) child drug exploitation as this theme has been raised by practitioners across the county e.g. Kingfisher Team, area safeguarding groups; (2) multi-agency chronologies as this is a repeated theme from serious case reviews and can help address neglect and (3) contextual safeguarding<sup>1</sup> as this has been of concern to practitioners across the county.

<sup>1</sup>Threats to the welfare of children can come from outside their families. These extra-familial threats might arise at school ... from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

## 5. Safeguarding Performance and Effectiveness

### 5.1 Quality assurance framework

The performance, audit and quality assurance subgroup reviews performance and effectiveness across the system. It draws on performance data, the annual impact assessment, safeguarding self-assessments, single and multi-agency audits, participation work with children and young people, serious case reviews and practitioner feedback.

### 5.2 Local safeguarding profile: performance data

Quantitative data provides a picture on ongoing rising demand. There is some indication that the early help work is beginning to increase and have impact. Early help assessments have increased significantly. In 2016/17 early help assessments made up 6% of all assessments compared to 18% last year. The number of troubled families worked with rose from 2698 last year to 4631.

The 2018 Ofsted inspection was positive about improvements made to the Multi-agency Safeguarding Hub (MASH) and these have subsequently been seen to show impacts. In 2017/18 45% of MASH enquiries were dealt with within the target timescale. In 2018/19 this improved to 98% of 'red' enquiries were completed on time and 75% of other enquiries.

After over 10 years of growth in child protection numbers (250 children in March 2009) the number reduced in the last year. The number of children on a child protection plan fell from 729 last year to 605 at the end of March 2018. Neglect is the most common reason for children to be subject to child protection plans (70%). This compares to the national average of 48%<sup>2</sup>. Neglect is not however the most common reason for children to be subject to an early help assessment.

The number of children looked after by the local authority rose by 13% from 690 last year to 780 at the end of March 2019 but remains lower than national average. This is an increasing trend. The biggest increase has been in younger children, who are presenting with increasingly complex needs and elevated risk profiles particularly autism, mental health issues and risk of exploitation.

Audit findings (children displaying harmful behaviours) and case reviews (Children A-F) show the impact of adverse childhood experiences. Quantitative data indicates that the number of child victims of crime rose by 30% (from 2313 to 3021) and the numbers of domestic crime involving children rose 55% (from 1840 to 2854).

From national and local serious case reviews (Children A-F and Child J) the OSCB has evidence of links between safeguarding risk and safeguarding in education issues: attendance, exclusions, elective home education, attainment and achievement of pupils with special educational needs and disabilities.

<sup>2</sup>(SFR 2017/18).





Current year end statistics from 2018/19 indicate: 715 children were recorded as receiving elective home education and 413 pupils who were on a reduced timetable. Current statistics from the end of the second school term (i.e. Easter 2019) indicate 1448 pupils had received a fixed term exclusion and 55 pupils who were permanently excluded, of whom 19 received SEND support.

Data is showing us that children with additional needs make up a large proportion of the children worked with by the Kingfisher team, which specialises in supporting those children most at risk of child sexual exploitation. We know that this type of vulnerability often overlaps with drug exploitation and 50% of the caseload are known to have issues with drug and alcohol abuse. 40% were assessed as having mental health issues. Data also shows that the proportion of Oxfordshire's disadvantaged pupils aged 10-11 achieving the expected standard was below the England average at Key Stage 2 in 2018.

Local mental health services continue to face high levels of demand: in 2017/18 there were 566 child referrals into CAMHS each month, in 2018/19 this rose to 697. This has had an impact on the percentage of referrals to CAMHS who are seen within 12. At the end of the year this was only 34% compared with a target of 75%. The OSCB receives regular updates on this work and is assured that the urgent cases are seen promptly.

There are a higher than average numbers of young people remaining in their placement after 16 (84%) and a high percentage of 19-21-year olds in suitable accommodation (92%). The county council maintains contact with 93% 19-21 year old care leavers. 68% of the cohort are currently in employment, education or training.

### 5.3 Quality assurance: measuring performance and effectiveness

The OSCB takes a system-wide view on safeguarding work through an annual impact assessment and multi-agency auditing. These showed that the key financial and organisational pressures in relation to safeguarding children and their families were (1) recruitment and retention of staff and (2) increasing demand for services. They also pointed to (3) the need for partner agencies to fully understand their safeguarding duties within Working Together 2018, in particular key partner agencies, so that they can have sustained positive impact as well as (4) the benefits of sharing information and working well together as a long-term goal.

The OSCB gains further insight in to how well things are working at practitioner level through agencies' self-assessments and self-audits. Ten safeguarding audits from seven different agencies were reviewed. Collectively they showed that agencies are focussed on getting core safeguarding business right but that there is a determination to do better.

- Evidence of good practice. Thames Valley Police reported an increase in uptake of 'Operation Encompass' from .. to .... This system alerts schools if the child has been in the home when a domestic abuse incident has taken place in the family home the evening/ night before school.
- Evidence of quality assurance work. Children's Social Care audit stated, *"evidence found of multi-agency involvement including housing, education, LCSS, health. There is a strong sense of multi-agency collaboration on the case"*.
- Evidence of improved practice to deliver better outcomes. The Community Rehabilitation Company is setting up a permanent Risk and Safeguarding Practice Group to meet bi-monthly, to include practitioners, Unpaid Work staff and programme staff.

Whilst quality assurance work highlighted much good practice there were consistent themes for development at a practitioner level of the need for: good sharing of information, multi-agency chronologies and co-ordinated work.

### 5.5 Escalated issues

Quality assurance work raised some key concerns for the partnership over the last year which were escalated to the board. The first concerned domestic abuse: use of the 'young people's pathway'; use of MARAC; police recording of children's voice at domestic abuse incidents; sign up to Operation Encompass. The second was about safeguarding in education: setting and reporting of performance measures to be sure that children are being kept safe in and out of school. The third was about working together and case conferences: reliable reporting on attendance and contributing. Finally, the sufficiency of placements for children with complex mental health needs meaning there is a delay in discharging them when they come in to hospital.

## 6. Serious Case Reviews, Partnership Reviews, etc

### 6.1 National Child Safeguarding Practice Review Panel

In 2018 a revised version of Working Together was released along with Transitional Guidance, which applies until the new multi-agency safeguarding arrangements come in to place. The National Panel's<sup>3</sup> role and remit was outlined in this guidance along with expectations on safeguarding children boards.

The responsibility for overseeing this work lies with the Case Review and Governance (CRAG) Subgroup of OSCB. This includes the requirement to undertake a 'Rapid Review' as soon as a serious incident is reported to Ofsted and becomes known to the OSCB. The aim of the review is to enable the OSCB to gather the facts about the case and decide what steps we should take next, including whether to recommend to the independent chair to commission a review.

### 6.2 Cases considered for a review

The CRAG undertook three Rapid Reviews. In only one case were the criteria considered to have been met for a serious case review and the recommendation was also made by CRAG that the case raised issues which were complex and of national importance. Whilst the National Panel did not agree that the criteria had been met for a serious case review it has since commissioned its first National Review on adolescent risk and this same case will be examined in detail for that purpose.

The CRAG also undertook reviews of a further five cases, that were not notified to Ofsted as serious incidents but were of enough concern to local agencies that they were reviewed by the CRAG. Three of the cases resulted in Partnership Learning Reviews.

### 6.3 Ongoing reviews

The OSCB has worked on four serious case reviews, which were initiated before the start of the financial year. Of those four reviews: two have been signed off by the Board one is due for sign off and one has been completed as far as possible, whilst parallel processes are underway. The OSCB has worked on three partnership reviews all of which are ongoing and near completion

These reviews involve nine children, the majority of which are aged between 10-15 years, five are male and four are female. Two of these children are transgender.

<sup>3</sup>National Safeguarding Children Practice Review Panel

## 6.4 Safeguarding themes from reviews

Safeguarding themes covered by case reviews have been cross cutting – neglect plays a part in almost all cases. Broadly speaking additional themes have included: the impact of parental mental health on parenting and the well-being of children; severe emotional and physical abuse; engagement and attendance in education as well as children’s emotional wellbeing as they explore their identity and, in doing so, may also become at risk of harm to themselves.

As mentioned, the CRAG considered 8 cases for a potential review this year. An emerging theme from these has been ‘contextual safeguarding’ e.g. children being vulnerable to abuse or exploitation from outside their families such as online abuse and child drug exploitation.

## 6.5 Learning from reviews

The learning from OSCB reviews is shared on the website. Each review has a series of recommendations and action plans.

One message that is mirrored in the impact assessments, the audits and our local reviews is to remember the value of good sharing of information, using multi-agency chronologies and co-ordinating work. See the Golden Rules of information sharing and the information on chronologies on the website.

## Ten Learning points to strengthen working together in Oxfordshire

The OSCB has summarised the ten most frequent learning points from recent case reviews to share with practitioners. They should serve as a reminder of ‘points to bear in mind’ in the busy schedules of day-to-day work. There are many small changes that can be made to improve processes in a system. Ultimately the repeated messages are about how we, within the system, work.

- 1. Understand the ‘lived experience’ of the child in the family:** use multi-agency chronologies to share information in a cumulative view to weigh up risks over time and keep previous events in mind. Make sure that children’s comments are clearly recorded and understood – actual words used and not just the interpretation of them.
- 2. Be curious:** be curious about the family’s past history, relationships and current circumstances in a way that moves beyond reliance on self-reported information
- 3. Respond to physical abuse:** identify it, listen to children and follow safeguarding processes thoroughly; children may sometimes be too afraid to speak or unable to verbalise what they are going through



#### 4. Consider the role of schools in keeping children safe:

- children are safest in full time education. Oxfordshire serious case reviews indicate that children on reduced time-tables, children absent from school and children educated at home are at increased risk. School attendance is a critical factor to support opportunity, well-being and safety
- manage safeguarding records carefully and share them when children transfer schools
- escalate concerns to safeguarding leads and follow up when your concerns persist
- when the child is not in school be aware of the implications of elective home education; know which agencies are in touch with the family and to what effect

#### 5. Recognise the risks and impact of Parental wellbeing on the safety of the child: mental health, substance misuse and domestic abuse are recurring themes. Don't minimise 'older' information and use it to inform your chronology

#### 6. Ensure effective communication across health services for co-ordinated and consistent management of care: fragmented management of health needs can increase safeguarding risks

#### 7. Be mindful of children's emotional wellbeing: there is increasing evidence of self-harm by children aged 10 years & above.

#### 8. Consider that children have a limited capacity to protect themselves as they move into adolescence: more so for children who experience a lack of consistent, supportive parenting in their early years this can. Recognise that, as children explore their identity, they may be at risk of harm to themselves.

#### 9. Rethink 'did not attend' to 'was not brought' and follow up to understand why the child was not brought

#### 10. Understand safeguarding risks that exist in the child's environment – not just their family e.g. children being vulnerable to abuse or exploitation from outside their families such as online abuse, peer on peer abuse and child exploitation.



## 7. Strengths and Challenges

This report provides a rigorous assessment of the performance and effectiveness of local services. It identifies areas of strength and challenge as follows:

### 7.1 Strengths

The OSCB is a high functioning, high challenge Board with a strong reputation and a long-standing commitment to partnership working. The work to move smoothly to new multi-agency safeguarding arrangements is evidence of that. The OSCB training and learning programme continues to be an example of excellent practice with local practitioners volunteering their time to deliver learning to thousands of colleagues across Oxfordshire each year. The continued drive to address neglect through training, better resources and processes is positive and should continue. The indication that more early help assessments are taking place and that for the first time in ten years the number of children on child protection plans has not risen is a good indication of change.

### 7.2 Challenges

There is huge demand on the statutory system. The child population of Oxfordshire has grown by 7% in the last ten years and is estimated to stand at 143,400 young people aged under-18<sup>4</sup>. Alongside this growth there has been increased demand for services particularly towards the high end of the continuum of need. Our impact assessment tells us that local agencies are struggling from the financial pressures on resources and the capacity to retain staff to manage it.

Challenges exist in terms of practice improvement, leadership and joint working.

The key challenges for the Board partners in 2019/20 in terms of practice improvement are:

- **Neglect**

This is an ongoing concern in Oxfordshire and a repeat factor in case reviews. OSCB partners remain committed to addressing it. Neglect is recorded as the main reason in 70% for child protection plans although it is not being picked up in a similar extent in early help assessments. Multi-agency participation and contribution to case conferences could be improved and the standard use of the multi-agency chronology still needs embedded. Data also indicates that fathers are present and contributing to only 44% of case conferences.

<sup>4</sup>Source ONS Mid Year Estimates for Oxfordshire for people aged 0-17 2007 & 2017



- **Safeguarding in (and out of) Education:**

This issue frequently presents in case reviews and audit work. We know that children are safer in education. Work has just begun to agree targets and report data on part-time time tables, attendance, exclusions and also elective home education. We know that we need to improve understanding of education entitlement and provision to different partners in the system. OSCB partners are in the early stages of delivering change and improving practice.

- **Contextual safeguarding and child exploitation**

This is an ongoing concern and the partnership arrangements need to be embedded. The partnership response needs to be agreed and implemented.

Adolescents and risk: more adolescent children are subject to reviews, mental health concerns shown in increased referrals, peer on peer abuse not fully addressed through the young people's pathway

The key challenges for the Board in 2019/20 in terms of leadership and governance are:

- **Embedding the new arrangements and raising awareness of the board to local practitioners**

- **Independent scrutiny:** in the new safeguarding arrangements this will be a new piece of work to embed – need to ensure it picks up on escalated issues from 2018/19 such as domestic abuse

- **Voice of young people:** all audits and reviews point to good practice and the need to really improve this to know 'what it is like to be the child in this family'

The key challenges for the Board in 2019/20 in terms of joint work with the Safeguarding Adults Board are:

- **Domestic abuse:** to improve training for the workforce, better provision for people affected by domestic abuse and better joint working to support young people in abusive relationships
- **Housing:** to improve communication and joint working
- **Transitions:** to improve communication and joint working on those children transitioning from children to adult services
- The boards will also keep a watching brief on **Modern slavery** and **safeguarding training**





## 8. In conclusion

As we publish this annual report we are delighted to be launching our new multi-agency safeguarding arrangements on behalf of the children, young people and families in Oxfordshire.

The new statutory requirement is for the leadership of safeguarding arrangements to be at chief executive level across health, police and the local authority. We are fully committed to safeguarding children and promoting their welfare under these new arrangements. We are already setting out our priorities for the coming year.



## Appendix A. OSCB membership

Independent Chair, Barnardo's

Oxfordshire County Council: children's services, youth justice services, adult services, fire and rescue services, legal & public health

Oxford University Hospitals Foundation Trust

Oxfordshire Clinical Commissioning Group

Oxford Health NHS Foundation Trust

NHS England Area Team

West Oxfordshire District Council

Cherwell District Council

Oxford City Council

South Oxfordshire and Vale of White Horse District Council

Thames Valley Police

Children and Family Courts Advisory and Support Service

Community Rehabilitation Company

National Probation Service

Lay Members

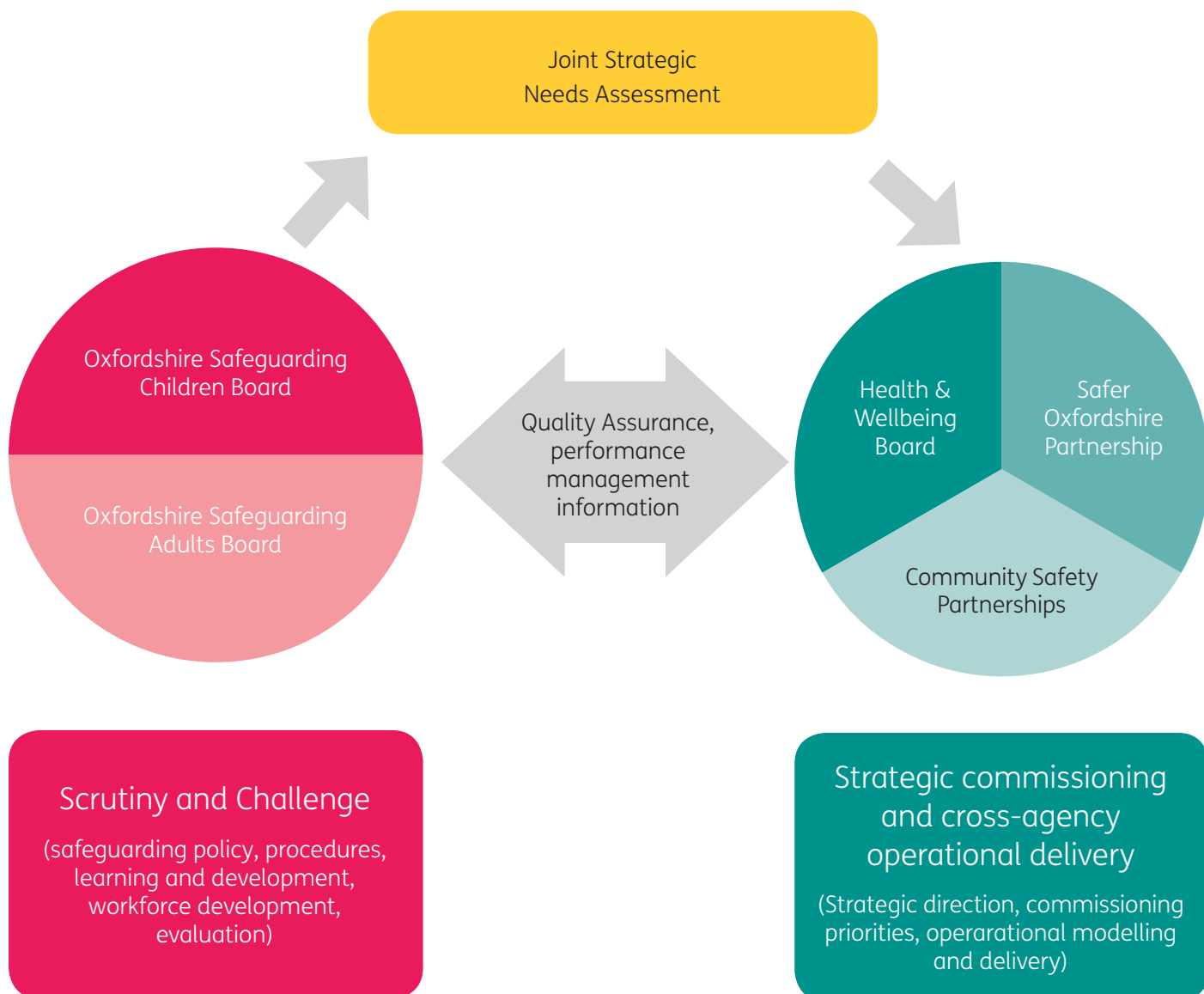
Representation from schools and colleges

Representation from the voluntary sector

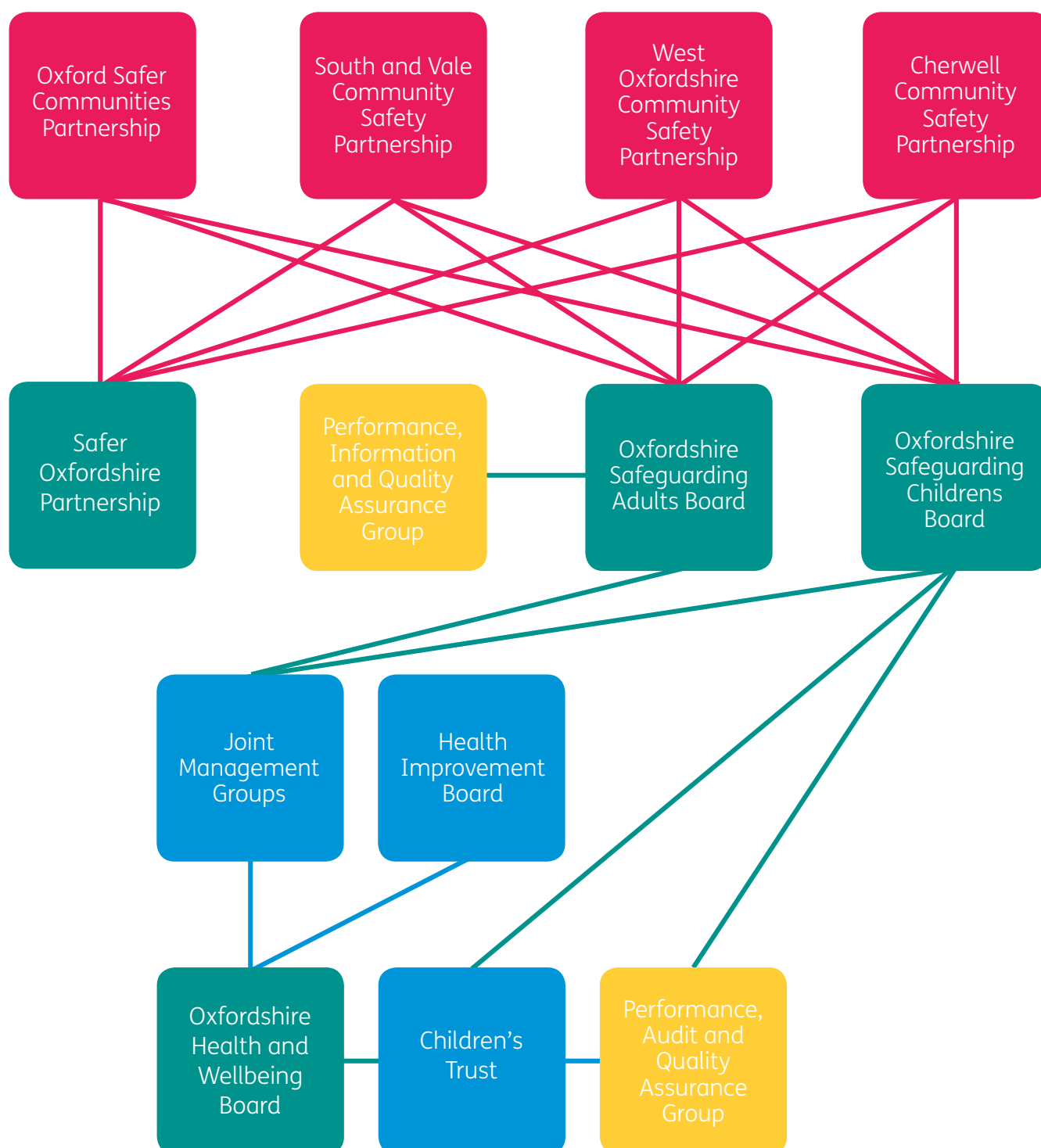
Representation from the housing sector

Representation from the military

## Appendix B: OSCB structure diagram



## Appendix C: Linkages to other strategic groups



## Appendix D: Funding and expenditure in 2018/19

	Provisional budget 2018/19	End of year budget 2018/19
<b>Funding streams</b>		
Public Health	-£30,000.00	-£30,000.00
<b>Income</b>		
Foster carer training		-£3,825.00
Neglect training		-£2,200.00
<b>Contributions</b>		
OCC Children, Education & Families	-£196,610.00	-£199,000.00
OCC Dedicated schools grant	-£64,000.00	-£64,000.00
Oxfordshire OCCG	-£60,000.00	-£60,000.00
Thames Valley Police	-£21,000.00	-£21,000.00
National Probation Service	-£1,410.00	-£1,410.00
CRC	-£2,500.00	-£2,500.00
Oxford City Council	-£10,000.00	-£10,000.00
Cherwell DC	-£5,000.00	-£5,000.00
South Oxfordshire DC	-£5,000.00	-£5,000.00
West Oxfordshire DC	-£5,000.00	-£5,000.00
Vale of White Horse DC	-£5,000.00	-£5,000.00
Cafcass	-£500.00	-£500.00
Public Health (see above)	£0	£0
<b>Total income</b>	<b>-£406,020.00</b>	<b>-£414,435.00</b>
<b>Expenditure</b>		
Independent Chair	£39,000.00	£33,504.00
Business unit	£253,000.00	£253,908.00
Comms	£14,500.00	£14,970.00
Training & learning	£60,000.00	£60,094.00
Subgroups	£10,000.00	£10,129.00
All case reviews	£40,000.00	£37,868.00
<b>Total</b>	<b>£416,500.00</b>	<b>£410,473.00</b>



## Appendix E: Board priorities in 2018/19

AIM: PROVIDE LEADERSHIP FOR EFFECTIVE SAFEGUARDING PRACTICE	
PRIORITIES	ACTIONS
Improve board effectiveness	Develop the work of the Board to be more effective in light of the new Working Together guidance
Joint work with OSAB	Develop joint working on housing, domestic abuse, transitions and keep a watching brief on modern slavery
Engage local communities	Ensure that local voluntary and community organisations are better engaged in the partnership: training, communication and working together
AIM: DRIVE FORWARD PRACTICE IMPROVEMENT	
PRIORITIES	ACTIONS
Safeguard adolescents	Support multi-agency responses to safeguard vulnerable adolescents: <ul style="list-style-type: none"> <li>• transitioning from children to adult services with OSAB</li> <li>• at risk of domestic abuse or peer abuse with OSAB</li> <li>• at risk of criminal exploitation</li> <li>• not in full time education</li> </ul>
Address neglect	Support a co-ordinated and multi-agency response to neglect
Act following learning	Ensure the training workstream is well co-ordinated across the OSCB and OSAB and having an impact  Ensure the learning and improvement comms. workstream reinforces safeguarding messages
AIM: ENSURE THAT CHILDREN AND YOUNG PEOPLE ARE KEPT SAFE	
PRIORITIES	ACTIONS
Challenge improvements	Test how well learning is embedded in to practice through multi-agency audits which include the voices of children and families  Check how well the integrated safeguarding arrangements effectively provide early help to families
Assess risk and capacity	Check the level of risk and impact on the safeguarding system through the annual partner self-assessments with OSAB

## Appendix F: Glossary

ACE	Adverse childhood experiences
CAMHS	Child and Adolescent Mental Health Service
CDOP	Child Death Overview Panel
CRAC	Case Review & Governance
CRC	Community Rehabilitation Company
FGM	Female genital mutilation
LCSS	Locality and Community Support Service
LGBT	Lesbian, gay, bisexual, and transgender
LIQA	Learning, Improvement and Quality Assurance (framework)
LSCB	Local Safeguarding Children Board
MASH	Multi-Agency Safeguarding Hub
MARAC	Multi-Agency Risk Assessment Conference
OCC	Oxfordshire County Council
OCCG	Oxfordshire Clinical Commissioning Group
OFTSED	Office for Standards in Education, Children's Services and Skills
OSAB	Oxfordshire Safeguarding Adults Board
OSCB	Oxfordshire Safeguarding Children Board
SEND	Special educational needs and disability
SFR	Statistical First Release
SOP	Safer Oxfordshire Partnership
TVP	Thames Valley Police
VCS	Voluntary and Community Sector
VOXY	Voice of Oxfordshire's Youth





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## **Report to the Health and Wellbeing Board 30 January 2020 OX12 Health and Care Needs Framework Findings**

### **1. Introduction and purpose of the report**

In November 2018 the Oxfordshire Health and Wellbeing Board (HWB) adopted the *Health and Care Needs Framework* as an approach to identifying and meeting current and future health needs of a local population.

The first area where this has been applied is in the OX12 postcode area (Wantage, Grove and surrounding villages). The OX12 Summary Report provides an overview of the project is attached as Appendix 1. This report is the culmination of 12 months of work with the OX12 communities.

Health and Wellbeing Board members are invited to review the summary report and this first use of the Health and Care Needs Framework. The approach demonstrates a clear commitment to partnership working in Oxfordshire as well as extensive stakeholder engagement, co-design and co-production with stakeholders and wider members of the public throughout all stages of the health needs framework. Delivery of the project has been a shared endeavour the summary report is a report of the Project Group. This cover paper highlights some key aspects of the summary report.

### **2. The Framework approach**

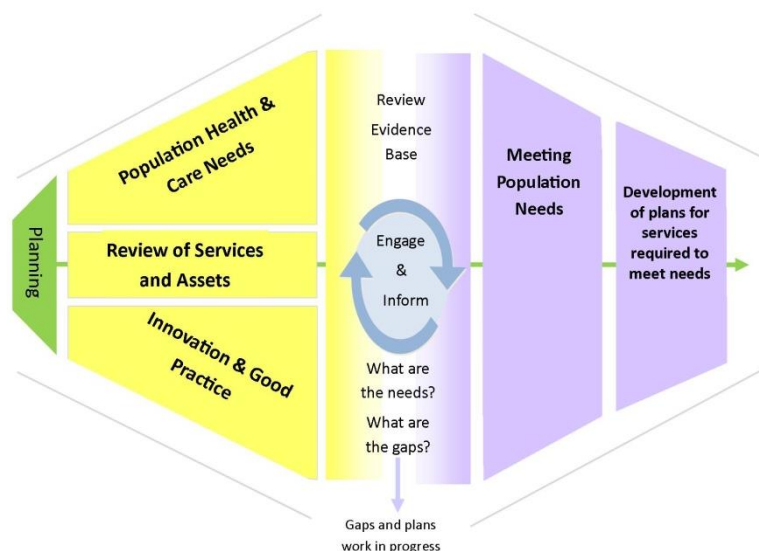
Members will recall that the approach set out in the framework and the principles are predicated on challenging commissioner and provider organisations to work together to plan for services in the short, medium and longer term. The framework approach does this through consideration of:

- The health and care needs of a population – now and in the future
- Local services and assets
- Innovation and good practice in the planning and delivery of health, care and wellbeing services

As a result of the information gathering stages of this project, stages that have provided information, data and insight, it has been possible to consider if and how needs are being met and what opportunities there are to address gaps and/or plan and deliver services in a new or alternative way.

The expected outputs of the framework are this information and insight and ideas and opportunities for health and care provision for that population. The summary report presents those findings and provides links to the greater detail that sits behind the summary.

Whilst not a prescriptive methodology; the framework approach has a recognised flow that seeks to include high levels of local engagement and involvement throughout.



*Health and Care Needs Framework Flow Diagram*

Continued involvement of the local community has provided a level of information, knowledge and insight that has enhanced the overall progress and impact of the project. The contributions of the Stakeholder Reference Group and their approach to the local survey in particular directly enhanced the volume and quality of information and feedback that the project received.

### **3. How we did it**

This project was delivered by the OX12 Project Group. This includes commissioning and provider partners from across the system and local GPs from health and care. A Project Executive provided oversight to the project delivery chaired by the Project SRO. As a part of the commitment to openness and transparency in the approach key documents generated by the project have been shared in a dedicated website page accessed from the front page of Oxfordshire CCG website.

A Stakeholder Reference Group, made up of key local representatives, groups and organisations including parish, town, district and county councillors, has been actively involved throughout the project. This group has made a valuable contribution to the project and has led and/or supported key aspects of the project work, events and activities.

The project was informed by population profiles and a data flat pack developed by public health colleagues. Information collected throughout the life of the project has been organised into a *bite-sized* pack and a comprehensive Information and Data pack.

A Clinical and Care Forum with senior practitioners and clinicians from across the system, under the leadership of the CCG Clinical Chair, led the work to consider opportunities to utilise national evidence-based innovation and best practice, including work of the Vanguard, and made evidence based recommendations in terms of meeting the current and future needs of people living in OX12.

A HOSC Task and Finish Group has scrutinised the implementation of the Health and Care Framework in OX12. All documentation has been made widely available on the OCCG website.

#### **4. OX12 Project findings**

The first three stages of the framework were delivered concurrently and focussed on gathering data and information in relation to the OX12 postcode area. In summary these information gathering stages of the Project showed that when compared to both Oxfordshire and the rest of England the population of the OX12 area is relatively healthy, relatively affluent and well served in terms of services. That does not mean that OX12 is without its challenges or that the population of OX12 do not experience difficulty accessing services.

The summary report attached at Appendix 1 contains detail and links to the working information gathered. This section of the cover paper concentrates on the culmination of the findings, the way in which the evidence based was reviewed and identified needs were considered in the context of provision.

The outputs from the population health and care needs, the review of services and assets and the innovation and good practice stages were grouped under four key themes as agreed with stakeholders:

- **Promoting and Developing Health and Wellbeing across all life stages**
- **The impact of a changing population on demand and need**
- **Making best use of Community Resources**
- **Travel and transport**

#### **Promoting and Developing Health and Wellbeing across all life stages**

Our analysis of population health and care needs has looked at current population, services and activities and future expectations and projections.

The population of the OX12 area is 26,900. Given the Oxfordshire Growth Deal and the known increases in proposed and agreed housing developments the project looked at sources of information in relation to projected growth.

The JSNA bitesize population forecasts published in August 2019 provides great insight into the anticipated change in population. Population changes have been considered from the perspective of two scenarios. Firstly Oxfordshire County Council's housing forecasts which incorporate district council plans for house build. Across all of Oxfordshire there is a projected population increase of 134,800 in the period 2017-2027, this is an increase of 20%. Secondly the Office of National Statistic's projections; these are based on past trends. For the same 2017-2027 period ONS projections show an all Oxfordshire increase of 3%.

In relation to housing-led population projections the Vale of White Horse District Council area is set to increase by 36,000 from 131,200 to 167,200 in the period 2017-2027. Of note within those projections is the increase of 9,700 people from 17,300 to 27,000 in the Wantage and Grove area.

Closer examination of Vale of White Horse District Council information highlights that as of April 2019 there are 5,558 additional homes expected from sites with planning permission within the OX12 area. 284 homes have already been delivered from these sites, with a further 3,935 dwellings expected to be delivered by 2031. The remaining homes are expected to be delivered beyond 2031.

Key health observations include:

- The overall proportion of people with a long-standing health condition in Wantage and Grove GP practices is similar to the national average at around 50%
- Current cancer prevalence is higher in OX12 compared to national figures, at around 3.5% compared to 2.7%
- Current prevalence of dementia is similar to national figures at 1% of the total practice population
- Prevalence of Diabetes, Chronic Obstructive Pulmonary Disease and Serious Mental Illness is significantly below the national average
- Coronary heart disease is steadily declining while rates of stroke, heart failure, and asthma remain stable
- Similar to national figures, around 15% of adults have high blood pressure (a leading risk factor for heart attacks and strokes). Around 12% of the adult population are estimated to have undiagnosed hypertension
- Levels of adult obesity, smoking, physical inactivity and overweight or obese children are significantly lower compared to national averages. Healthy eating and levels of physical activity is significantly higher compared to national data. However, still around 20% of children in the Vale of White Horse District (which includes the OX12 postcode) have excess weight at the start of primary school, rising to around 30% at the end of primary school
- The overall prevalence of depression in OX12 is currently around 9% of the adult practice population. The prevalence of mental health and emotional disorders in children is measured at county level. In Oxfordshire, around 8% of children aged 5-16 have a diagnosed mental health disorder, compared to over 9% nationally
- The Stakeholder Reference Group's survey of OX12 residents found that there is active use of leisure services (such as the sports centre, accessing exercise classes or using paid for gyms) and a wide network of self-run or informal groups (including mother and toddler groups, faith groups, singing groups and choirs, and art and creative groups)

### **The impact of a changing population on demand and need**

- Life expectancy for men (almost 82 years) and women (85 years) in Wantage and Grove practice populations is higher than the national average (79.4 and 83.1



respectively). There is a higher than average older population (20% of the population is over 65, higher than the national average).

- The proportion of people living in nursing homes is higher than the national average, at around 0.7% compared to 0.5% nationally, which increases the workload for GPs and the community health professionals who support these residents
- Use of A&E and Minor Injuries Units by people from OX12 is lower than the CCG average as is use of GP out of hour's services. Data on admissions indicates an appropriate use of A&E
- Respondents to the project survey raised concerns about access to dentistry in OX12
- Oxfordshire CCG forecasting predicts a shortfall in Wantage GPs (excluding retirements) of 2.7 and 4.8 by 2022 and 2027 respectively. The NHS Long Term Plan sets proposals that some of the additional forecast GP recruitment will be replaced by non-GP staff who can undertake a focused range of 'traditional' GP activities and consultations (for example, physiotherapists, clinical pharmacists and nurse practitioners / nurses with enhanced training)

### **Making best use of Community Resources**

The review of services and assets highlighted a number of key points:

- OX12 has a large number of physical assets in the form of community, church and public sector buildings
- Workforce issues are similar to other areas across Oxfordshire with nursing, therapy, GP and other primary care staff being difficult to recruit and retain
- Constraints on physical space for both primary and community services is one of the greatest challenges in the OX12 area. There are significant pressures on physical space in the two GP practices (both practices have identified the need to expand), while Oxford Health is also struggling for physical space for some of their teams working in the OX12 area
- A considerable amount of health care in OX12 is provided in people's homes. For example, District Nursing delivered 9,672 contacts in 2017/18
- Analysis of the need for community inpatient care during 2018/19 showed that 87 patients from OX12 required treatment in a community hospital. Of these 9 were admitted under a specialist stroke rehabilitation pathway that is delivered in Abingdon Stroke unit and 17 patients were admitted under the Emergency Multidisciplinary assessment unit pathway (EMU) at Abingdon Hospital. The remaining 61 out of the 87 patients required 'generic rehabilitation' prior to their discharge
- The numbers of people from OX12 using community inpatient beds equate to just under six community hospital beds in a twelve-month period (out of 140 beds in total). In 2018/19 87 out of 1,350 in-patients across Oxfordshire came from OX12)
- There is a vibrant third sector offering a wide range of clubs, leisure classes, events, and support services (including a volunteer transport scheme), with many opportunities for volunteering and/or sharing skills, knowledge and interests. This

includes active health and care groups such as MIND, MS Society, Young Carers, and AGE UK that support people with specific health conditions. However, community representatives on the project expressed concerns around future proofing these activities in terms of volunteers coming forward, investment and funding

- Respondents to the project survey wanted more services in OX12. The survey suggested a desire from those responding for podiatry, pharmacy and optical health services as well as specialist clinics, mental health support, screening and cancer services. Other respondents mentioned end of life care, outpatient clinics, rehabilitation, Midwifery Led Unit, X-ray and services for minor injuries. Survey respondents also said they wanted increased leisure facilities, support groups, services for older people and facilities for children

## **Travel and Transport**

- Public health data indicates that the majority of residents from the OX12 postcode area live within 10-15 minutes of the Health Centre, Wantage Hospital, a dentist and a pharmacy. This assumes the journey is made by public transport. However, experience of local residents travelling within OX12 and to neighbouring towns and cities suggests journey times are longer and journey plans more complex
- The project survey of OX12 residents had 1,303 respondents and, of these, the majority of people said they use a car to access services both within and outside of OX12 (1,139), while a smaller number travel on foot (522) or by public transport (243)
- 87% of the registered patients from OX12 who attend acute hospital outpatient appointments do so at one of the Oxford University Hospitals (the Horton, Churchill, John Radcliffe or Nuffield.) A small number of outpatient's appointments are provided in Mably Way Health Centre. Those travelling to Oxford for their outpatient and follow up appointments accounted for a total of 48,470 journeys over a 2 year period (April 2017 to March 2019)
- Respondents to the project survey raised concerns about parking at all hospital sites, particularly the John Radcliffe. This echoed concerns raised to Healthwatch in 2018 where residents from Wantage and Grove expressed frustration with parking difficulties when they had to travel out of OX12 to access services, particularly at Abingdon
- Respondents to the project survey also highlighted concerns about the availability, frequency and complexity of public transport to access services outside of OX12. Again, this echoed the 2018 Healthwatch report which described public concerns about bus services, particularly:
  - The reduction in services to local villages such as Challow
  - Buses to Abingdon and Oxford
- The Healthwatch report also noted the cost of taking taxis to attend health appointments. For example, the average charge from Wantage to the John Radcliffe in 2018 was £60.

- The Healthwatch report described the existing community transport options (provided by South Central Ambulance Service and Wantage Independent Advice Centre) but highlighted public confusion about how to access these services and eligibility

### **Innovation and Good Practice**

Senior clinicians from provider and commissioner organisations across Oxfordshire came together in the 'Clinical and Care Forum'. Led by Oxfordshire CCG's Clinical Chair, the Forum reviewed and considered opportunities to utilise national evidence-based innovation and best practice in the county relevant to OX12.

Three clinical areas were identified as being particularly relevant to OX12 (based on the emerging data and information collated by the OX12 Project and the national and local direction of travel for health and care services). These were:

1. Proactive and responsive care to increasingly support people at home with long term conditions and frailty;
2. Making services traditionally provided in acute hospitals more local and accessible, with a focus on outpatient and follow-up appointments;
3. The potential benefits of an increased focus on primary prevention to promote health and wellbeing and on secondary prevention to reduce the impact of disease.

Clinicians focused on these three areas, drawing on their expertise and clinical experience alongside information on innovation and good practice from around the country (including the Vanguard programme). They also took into account the national direction of travel and Oxfordshire priorities and initiatives.

Detailed findings of each of the framework stages are included within the summary report.

### **3. Solutions, opportunities and ideas for the future**

The latter stages of the framework concentrated on a review of the evidence from the early stages of the project. The work gave consideration to how current and future population needs could be best met. A solution building workshop with stakeholders was a core part of this work. This event and approach is detailed in the summary report. The workshop generated a range of ideas and opportunities informed by the health and care needs that were identified in the information gathering stages of the project.

This is an important section of the summary report. Health and Wellbeing Board members may be particularly interested in discussions as to how health and wellbeing could be promoted in the OX12 area. Headlines include:

- Wantage may benefit from a **Healthy Place** initiative. The experiences of Bicester and Barton as a part of the new towns initiative has shown significant positive impact on those areas. This has been achieved through local public sector organisations working with community groups and members of the public.
- **Working to achieve more sustainable primary care**
- **Delivering traditionally acute hospital based services in community settings**
- **Delivery of community rehabilitation**
- **Opportunities raised by plans to transform acute outpatient services**
- **Travel and Transport improvements**

The summary report shows that the health and care needs of the population of OX12 are broadly met by current service provision. Local residents experience some challenges in relation to accessing services. In short there are some opportunities to better support the population that the framework has highlighted.

## 6. Lessons Learned and Evaluation

In line with the NHS Change model an approach of 'plan, do, review, revise' has been utilised throughout the project; reviewing key events as the project has progressed, making changes and adjustments based on feedback and recommendations.

A formal evaluation will be undertaken once the project has closed. Findings from this evaluation will be reported back to the Health and Wellbeing Board and will directly inform future uses of the health and care needs framework.

## 7. Next steps

As a result of the work to follow the health and care needs framework there is now a much greater understanding of the OX12 postcode area. As expected the framework has provided information and insight about the population and the geographical area. Work with the local community and partners has generated ideas and opportunities for health and care provision for that population. The summary report presents those findings and provides links to the greater detail that sits behind the summary.

The opportunities for improving health and wellbeing in the area have been co-produced with commissioning and provider partners, stakeholders and members of the public. They align well with the strategic direction of health and care services as set out in The NHS Long Term Plan, Oxfordshire's Health and Wellbeing Strategy, clinical care pathways and system operational plans.

In line with implementation of these plans we can expect to see positive improvements in the planning and delivery of services in a more joined up way across Oxfordshire and in our local communities.

There are a number of specific ideas and options outlined in the report. Some aspects of these ideas are already being advanced by local partners and community groups.

System partners will now look to test the feasibility of the ideas and opportunities; aligning them with existing priorities and plans for Oxfordshire and those of the partner organisations. These tests of feasibility will include ensuring that an idea is clinically viable, operationally deliverable (particularly in terms of space for services), financially affordable and would deliver a measurable benefit for people in OX12

Oxfordshire Joint Health Overview and Scrutiny Committee asked that Oxfordshire CCG and Oxford Health reach a conclusion on the temporary closure of the community beds at Wantage Hospital. The analysis undertaken as a part of the project has highlighted that the overall utilisation of community beds is decreasing, nationally and in Oxfordshire and that the inpatient service requirements of OX12 are being met at other community hospitals in the County. On the basis of the work of this project there is not a compelling case for reopening the temporarily closed beds. Further work should be undertaken to test this. A report to the 6 February Joint HOSC meeting will set out a timetable for the work that will be required to do this.

## **8. Recommendations**

It is recommended that Oxfordshire Health and Wellbeing Board

- Reviews and notes the findings of the OX12 Project Summary Report
- Extends thanks to those members of the public and representatives of community groups within OX12 who volunteered their time and expertise to support delivery of the project
- Considers the findings of the formal evaluation of the health and care needs framework when completed

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# **OX12 Project**

Oxfordshire Population Health and Care Needs Framework:  
OX12 Project Summary Report

*(January 2020)*

**Final**

# OX12 Project

## Oxfordshire Population Health and Care Needs Framework: OX12 Project Summary Report

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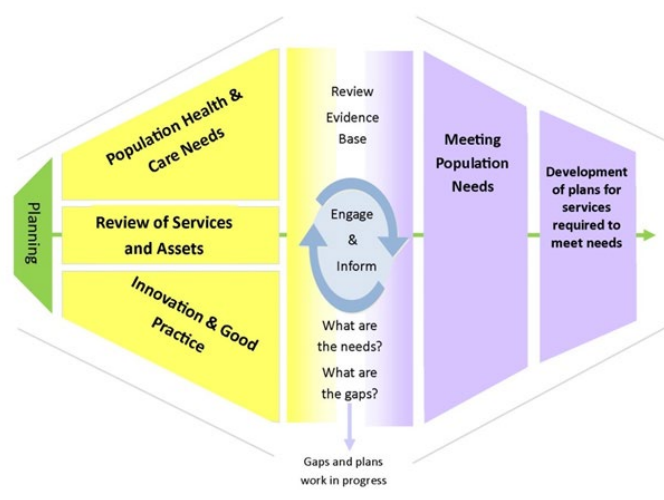
## 1. Background and Context

### 1.1 Oxfordshire's Population Health Management Framework

On 15<sup>th</sup> November 2018, the Oxfordshire Health and Wellbeing Board (HWB) formally adopted **Oxfordshire's Population Health and Care Needs Framework** (see Appendix 1).

This introduced a new “population health management” (PHM) approach that brings commissioners, providers and the public together to identify the current and future health, care and wellbeing needs of a population and to consider how they could be met. The framework is summarised in the diagram below.

Figure 1: Health and Care Needs Framework Flow Diagram



The first area where this has been applied around a locality is in the OX12 postcode area (Wantage and Grove and surrounding villages).

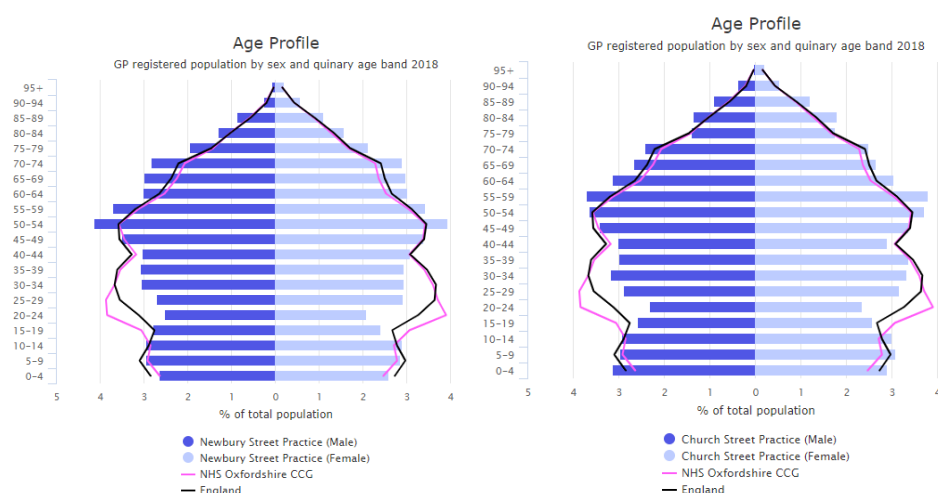
### 1.2 Purpose of this Report

This report summarises the work undertaken as part of the OX12 Project. It describes the themes that emerged and explains the project findings and outputs. It Figure 2 below shows the age profiles of people registered with the two GP practices, Newbury Street and Church Street also summarises the next steps.

## 2. About OX12

The population of OX12 is **26,900**. This population is both **relatively healthy** and **relatively affluent** compared to populations in England and across the county, and has a low proportion of ethnic minority residents. There is, however, a higher than average **older population** which creates more demand for age-related services and more complexity in terms of care. Figure 2 below shows the age profiles of people registered with the two OX12 GP practices, Newbury Street and Church Street.

**Figure 2: GP registered population by sex and quinary age band 2018**



The population of the OX12 area is 26,900 is set to grow. The JSNA bitesize population forecasts published in August 2019 provides great insight into the anticipated change in population.

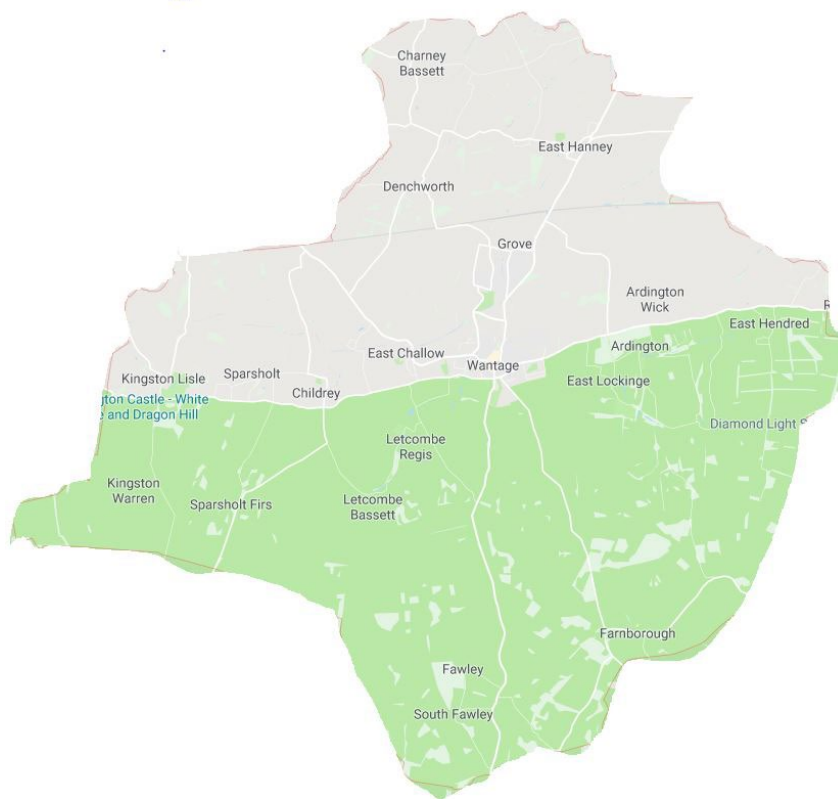
Population changes have been considered from the perspective of two scenarios. Firstly Oxfordshire County Council's housing forecasts which incorporate district council plans for house build. Across all of Oxfordshire there is a projected population increase of 134,800 in the period 2017-2027, this is an increase of 20%. Secondly the Office of National Statistic's projections; these are based on past trends. For the same 2017-2027 period ONS projections show an all Oxfordshire increase of 3%.

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Closer examination of Vale of White Horse District Council information highlights that as of April 2019 there are 5,558 additional homes expected from sites with planning permission within the OX12 area. 284 homes have already been delivered from these sites, with a further 3,935 dwellings expected to delivered by 2031. The remaining homes are expected to be delivered beyond 2031.

Figure 3 below shows the area included in the OX12 postcode that is the focus of this project.

Figure 3: Map of the OX12 Area



**Mably Way Health Centre** is the base for the two GP practices and one of the OX12 pharmacies and offers a range of community-based outpatient clinics e.g. podiatry, dietician and ultrasound provided by Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust and private providers.

The two GP practices together form the **Wantage Primary Care Network<sup>1</sup>** covering a population of 30,180 patients (this includes all of the OX12 area as well as a small number of postcodes from the surrounding areas). This may provide opportunities to provide care differently and in a more integrated way.

In addition to the services on the Mably Way site, there are five dental practices, three further pharmacies, and five opticians in the OX12 area.

**Wantage Community Hospital** currently provides a Midwifery Led Unit, children's services, speech and language therapy services and a musculoskeletal (MSK) service. Twelve inpatient rehabilitation beds at Wantage Hospital were temporarily closed in June 2016 following the identification of legionella.

The OX12 area currently has a **vibrant third sector and strong community networks** with a good take up of a wide range of physical and social activities.

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<sup>1</sup> Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan published in January 2019. GP Practices will be funded to work together to deal with pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff. A typical network will cover 30-50,000 people.



# Approach

*What we did*

### 3. The Approach Taken

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This section provides a brief summary of the work undertaken as part of the OX12 Project.

#### 3.1 Planning and Co-design

The OX12 Project sought to bring professionals and members of the public together to consider the population health and care needs and to co-design both the approach taken and the solutions to meet identified need.

A **multi-agency Project Group** involving professionals from a range of Oxfordshire organisations, including all key health organisation and the county and district Council, was established to oversee the Project. The group met regularly throughout the life of the project and took responsibility for overseeing the implementation of the Project Plan and project deliverables. Emerging issues were escalated to a senior **Project Executive** that included Director-level representatives of the key organisations.

Oxfordshire Clinical Commissioning Group's Communications and Engagement Team also established, and supported, a **Stakeholder Reference Group** which brought together patients, carers and the public from the local community with public sector partners. The Group's role was to act as an open and transparent forum where members could participate and speak honestly to ensure public views and experiences were taken into account.

The OX12 Project held a 'Listening Event' with members of the Stakeholder Reference Group in September 2019: this gave members of the Group an opportunity to put forward their views to a panel of senior NHS decision makers and to explore and discuss these with them. The notes of this meeting are included as Appendix 2.

An **Information and Data Task and Finish Sub-Group** was established to review the information and data created and collected through the project and to structure it in a way that would inform the planning and delivery of the Solution Building Event and the work to develop options for the future. Again, a co-design approach was taken with this Task and Finish Group including members of the Project Team, senior system analysts and members of the Stakeholder Reference Group.

A co-design approach was also taken to the 'solution building' stage when the project began to identify the ways in which health, care and community organisations could respond to the changing needs of the population. A **Planning and Design Sub-Group**, that included members of the Stakeholder Reference Group, was established to help shape the project's approach described in section 3.5 below.

#### 3.2 Information and Data

The collection of information and data on population health and care needs and the review of services and assets ran concurrently. This helped to avoid duplication and allowed the development of a holistic picture of current services and need.

The project began by collating existing information about the health and care needs of the OX12 population. This included the findings of engagement activities conducted by Healthwatch in 2018.

Each of the partner organisations then collected and provided information and activity data on the services they currently provide including Oxford Health, Oxfordshire County Council, Oxford University Hospitals Trust, and Vale of White Horse District Council.

The County Council's Public Health Team also used the suggested metrics in NHS England's 'Population Health Management Flatpack' to pull together an assessment of health needs in OX12. This drew information from a wide variety of sources and included: health and care inequalities; experience of care; the health and wellbeing of the population; quality; the cost of care; and workforce.

Further data and information was collected on third sector organisations providing services to OX12 residents and supplemented with a survey of people living and working in the local area (see section 3.3 below).

An 'Information and Data Workshop' was held in May 2019 to examine all the data and information gathered up to that point in the programme. This helped to create a picture of the health and care needs of the local population, the services currently available to meet those needs and issues and areas of concern that, if addressed, would have a benefit for the people of OX12.<sup>2</sup> The workshop also identified gaps in the information, allowing these to be closed in succeeding months.

This was followed by two workshops with the OX12 Stakeholder Reference Group to enable members of the community to interrogate the information and data gathered and identify any further gaps in the information.

The project's 'Information and Data Task and Finish Sub-Group' then gathered all the intelligence together to produce a formal **Information and Data Pack** and a **Bite Size** version. These documents supported the 'Solution Building' described in sections 3.5 and 3.6 below.

### 3.2.1 Limitations in the formal data

It is worth noting that there were some limitations in the information and data that was available to the OX12 Project. This was partially due to the fact that information is collected and recorded differently by different organisations. Wherever possible information was collected based on residents of OX12. However, primary care data related to registered patients of the Newbury and Church Street GP practices which includes people who do not live in OX12 postcodes. Some information was only available at a district, county or national level. Other data and information was drawn from organisations that used different timescales for the collection of data. All issues and discrepancies are clearly noted in project documentation.

Information on population growth and future health and care needs was also limited. While some areas of the country have complex predictive modelling tools that draw on actuarial style logarithms to predict future conditions, this is not a capability that is currently available in Oxfordshire. The OX12 Project, therefore, sought to make the best use of the information that is available and to maximise Oxfordshire's existing analytical capacity.

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<sup>2</sup> The summary write-up of the Information and Data Workshop is included as Appendix 3.

### 3.3 Review of Services and Assets

Information on current services and physical assets was gathered as part of the information and data collection work described above. A detailed report of OX12 assets is included in Appendix 4. To supplement this, a survey to map community services and assets was designed with members of the OX12 Stakeholder Reference Group. This sought to identify what services (NHS, social care, local authority and voluntary sector) are used by people living and working in the OX12 postcode area, where those services are provided from and where people travel from to access them.

The survey combined quantitative questions with open-ended qualitative questions that encouraged respondents to describe their experience. The survey was launched on 2<sup>nd</sup> April 2019 and was available on the CCG's online consultation and engagement tool *Talking Health* until 6<sup>th</sup> May 2019. During this time the survey was extensively promoted via the press (including paid for advertising and press releases) and social media (Facebook and Twitter). Seven roadshows promoting the survey were held at locations identified by members of the OX12 Stakeholder Reference Group and hard copies were made available to selected hard to reach groups.

A total of 1,303 responses were received: 920 (71%) were online and 383 (29%) were paper responses.

More details of the approach, distribution and response rate to the survey are available in the *'Report on survey to plan for the future Health and Care needs in Wantage and Grove (OX12)'* which is included as Appendix 5

### 3.4 Innovation and Good Practice

A key part of Oxfordshire's Population Health Management Framework is the consideration of relevant 'Innovation and Good Practice'. To support this, a review of the new models of care that have emerged throughout the country, particularly through the NHS England 'vanguard programme', was undertaken in April 2019 (see Appendix 6).

This was supplemented by a shorter discussion document that summarised the main points in this review alongside a consideration of the local direction of travel, as expressed in *Oxfordshire's Health and Wellbeing Strategy 2018–2023* and the Oxfordshire system's *2019/20 Operating Plan* (see Appendix 7).

These two documents were considered by senior clinicians from organisations across Oxfordshire in a 'Clinical and Care Forum' in July 2019. The conclusions from this meeting are described in [The Oxfordshire Clinical View](#) which was used to inform the 'solution building' stages of the project (see section 3.5 and 3.6 below).

### 3.5 Meeting Population Needs

The information gathering stages of the OX12 Project (the data on population health needs and information on services and assets) was brought together with feedback from ongoing dialogue with community representatives and the recommendations of the Clinical and Care Forum at a **'Solution Building Event'** on 18<sup>th</sup> September 2019.

This all-day workshop-style meeting involved local people, community groups and key stakeholders from the Wantage and Grove area alongside staff from health and

care partner organisations. Over 70 individuals attended with approximately half coming from the local area.

The event was independently chaired by an associate with the Consultation Institute. The event generated 135 table-based solutions / options for meeting the current and future population health needs in the OX12 area in the short, medium and long term. These were supplemented by a range of individual solutions from people on the 7 tables and a further set of post-it notes.<sup>3</sup> The write up of the day is included as Appendix 9.

### 3.6 Development of Options

An initial analysis of the post-it notes provided an approach to grouping the material from the Solution Building event. This was tested by the OX12 Project Group using all of the material generated in discussions on the Key Theme '*Impact of a changing population on demand and need*'. The Project Group endorsed this approach and also suggested that a sensible way of reviewing the material would be to identify:

- Quick wins;
- Things that could be developed in the longer term that would impact on the issues identified and provide a benefit for people living in OX12;
- Things that were already in train.

In identifying these, the Project Group further suggested that all proposed options should be tested to ensure that they were:

- Sensible/clinically sound;
- Deliverable;
- Affordable;
- Able to deliver a recognisable benefit/ make a difference to people of OX12.

The OX12 Project Executive also reviewed the suggestions from the Solution Building event and recommended that further analysis focused on the following areas:

- Promoting Health and Wellbeing;
- Transforming and Integrating delivery of Health and Care;
- Providing Services Closer to Home and supporting people to live independently longer;
- Travel, Transport and Access.

Four working groups were set up to take this work forward including members of the OX12 Project Group, Stakeholder Reference Group, leads from strategic partners, and clinicians depending on the focus of their work.

The groups considered the ideas generated by the Solution Building event alongside all the other information generated through the life of the OX12 Project.

These groups met throughout October and – recognising the four areas of focus are not discrete – were brought together on the 4<sup>th</sup> November 2019. At this meeting, the four groups shared their outputs to create a whole picture response to the health and care needs of OX12. They identified overlaps and differences in recommendations and took steps to align the proposals.

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<sup>3</sup> It should be noted that by collecting the material in this way there were duplications in the suggestions, solutions and statements that were the product of the day.

# Facts and Key Themes

*What we found*

## 4. Population Health and Care Needs: Key Themes

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The approach to the data collection and analysis is described in section 3.2 above. This section summarises what this information and data revealed about the health and care needs of the OX12 population. This was echoed and reflected through community feedback and the information discussed at the OX12 Listening Event.

### 4.1 Cross-Cutting Themes

Based on their consideration of the population health and care needs in Wantage, Grove and the surrounding villages, the OX12 Data and Information Group highlighted the importance of:

- Promoting health and wellbeing at different stages of life so that residents can: get the best start in life (at birth through to adulthood); maximise health and wellbeing in their prime of life; and ensure the end of life reflects personal choice.
- Taking account of conditions and experiences which cross all ages, for example mental health, learning or physical disability, and some long-term conditions.

### 4.2 The Four 'Key Themes'

Four 'Key Themes' emerged from the information gathering stages of the OX12 Project:

- Promoting and Developing Health and Wellbeing across all life stages;
- Making best use of Community Resources;
- The impact of a changing population on demand and need;
- Travel and Transport.

The data behind each of these 'Key Themes' is summarised in the rest of this section.

#### 4.2.1 Key Theme 1: Promoting and Developing Health and Wellbeing across all life stages

- The overall proportion of people with a long-standing health condition in Wantage and Grove GP practices is similar to the national average at around 50%.
- Current cancer prevalence is higher in OX12 compared to national figures, at around 3.5% compared to 2.7%.
- Current prevalence of dementia is similar to national figures at 1% of the total practice population.
- Prevalence of Diabetes, Chronic Obstructive Pulmonary Disease and Serious Mental Illness is significantly below the national average.
- Coronary heart disease is steadily declining while rates of stroke, heart failure, and asthma remain stable.
- Similar to national figures, around 15% of adults have high blood pressure (a leading risk factor for heart attacks and strokes). Around 12% of the adult population are estimated to have undiagnosed hypertension.



- Levels of adult obesity, smoking, physical inactivity and overweight or obese children are significantly lower compared to national averages.<sup>4</sup> Healthy eating and levels of physical activity is significantly higher compared to national data. However, still around 20% of children in the Vale of White Horse District (which includes the OX12 postcode) have excess weight at the start of primary school, rising to around 30% at the end of primary school.
- The overall prevalence of depression in OX12 is currently around 9% of the adult practice population. The prevalence of mental health and emotional disorders in children is measured at county level. In Oxfordshire, around 8% of children aged 5-16 have a diagnosed mental health disorder, compared to over 9% nationally.
- The Stakeholder Reference Group's survey of OX12 residents found that there is active use of leisure services (such as the sports centre, accessing exercise classes or using paid for gyms) and a wide network of self-run or informal groups (including mother and toddler groups, faith groups, singing groups and choirs, and art and creative groups).

#### **4.2.2 Key Theme 2: Making best use of Community Resources**

- Constraints on physical space for delivery of both primary and community services is one of the greatest challenges in the OX12 area. There are significant pressures on physical space in the two GP practices (both practices have identified the need to expand), while Oxford Health is also struggling for physical space for some of their teams working in the OX12 area.
- During 2018/19 a total of 87 patients from the OX12 postcode area were treated by Oxford Health in community hospitals across Oxfordshire (see section 5.3 for more details of where they were treated).
- A considerable amount of health care in OX12 is provided in people's homes. For example, District Nursing delivered 9,672 contacts in 2017/18.
- There are a range of physical assets in the OX12 area. These are described in section 5.5 below.
- There is a vibrant third sector offering a wide range of clubs, leisure classes, events, and support services (including a volunteer transport scheme), with many opportunities for volunteering and/or sharing skills, knowledge and interests. This includes active health and care groups such as MIND, MS Society, Young Carers, and AGE UK that support people with specific health conditions. However, community representatives on the project expressed concerns around future proofing these activities in terms of volunteers coming forward, investment and funding.
- Respondents to the project survey wanted more services in OX12. The survey suggested a desire from those responding for podiatry, pharmacy and optical health services as well as specialist clinics, mental health support, screening and cancer services. Other respondents mentioned end of life care, outpatient clinics, rehabilitation, Midwifery Led Unit, X-ray and Minor Injuries Unit. Survey

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<sup>4</sup> While prevalence data is drawn from the two GP Practices, this is based on a combination of Practice and District (Vale of White Horse) data.

respondents also said they wanted increased leisure facilities, support groups, services for older people and facilities for children.

#### **4.2.3 Key Theme 3: The impact of a changing population on demand and need**

- Life expectancy for men (almost 82 years) and women (85 years) in Wantage and Grove practice populations is higher than the national average (79.4 and 83.1 respectively) and there is a higher than average older population (20% of the population is over 65). This creates more demand for age-related services (such as district nursing and podiatry) and results in more complex care needs.
- The proportion of people living in nursing homes is higher than the national average, at around 0.7% compared to 0.5% nationally, which increases the workload for GPs and the community health professionals who support these residents.
- Significant housing growth is planned for the OX12 area (including plans for extra care homes). Over the next five years, 2018 to 2022, the areas with the largest numbers of additional homes are expected to be Grove and North East Wantage.
- The plans for the next five years include the build of a 65-bed care home and 50 extra care units on Grove Road.
- Use of A&E and Minor Injuries Units by people from OX12 is lower than the CCG average as is use of GP out of hours services. Data on admissions indicates an appropriate use of A&E.
- Respondents to the project survey raised concerns about access to dentistry in OX12.
- The numbers of people from OX12 using community inpatient beds equate to just under six community hospital beds in a twelve-month period (out of 140 beds in total). In 2018/19 87 out of 1,350 in-patients came from OX12.
- Oxfordshire CCG forecasting predicts a shortfall in Wantage GPs (excluding retirements) of 2.7 and 4.8 by 2022 and 2027 respectively. In line with the Long Term Plan, the GP workforce will develop a more skill mix approach using different clinicians, who can undertake a range of 'traditional' GP activities and consultations (for example, physiotherapists, clinical pharmacists and nurse practitioners / nurses with enhanced training).

#### **4.2.4 Key Theme 4: Travel and Transport**

- Public health data indicates that the majority of residents from the OX12 postcode area live within 10-15 minutes of the Health Centre, Wantage Hospital, a dentist and a pharmacy. This assumes the journey is made by public transport. However, experience of local residents travelling within OX12 and to neighbouring towns and cities suggests journey times are longer and journey plans more complex.
- The project survey of OX12 residents had 1,303 respondents and, of these, the majority of people said they use a car to access services both within and outside of OX12 (1,139), while a smaller number travel on foot (522) or by public transport (243).

- 87% of the registered patients from OX12 who attend acute hospital outpatient appointments do so at one of the Oxford University Hospitals (the Horton, Churchill, John Radcliffe or Nuffield.) A small number of outpatient's appointments are provided in Mably Way Health Centre. Those travelling to Oxford for their outpatient and follow up appointments accounted for a total of 48,470 journeys over a 2 year period (April 2017 to March 2019).
- Respondents to the project survey raised concerns about parking at all hospital sites, particularly the John Radcliffe. This echoed concerns raised to Healthwatch in 2018 where residents from Wantage and Grove expressed frustration with parking difficulties when they had to travel out of OX12 to access services, particularly at Abingdon.
- Respondents to the project survey also highlighted concerns about the availability, frequency and complexity of public transport to access services outside of OX12. Again, this echoed the 2018 Healthwatch report which described public concerns about bus services, particularly:
  - The reduction in services to local villages such as Challow. This is having an impact on people's independence and sense of loneliness and isolation.
  - Buses to Abingdon and Oxford. It requires two buses to get to a hospital appointment in Oxford from OX12 and takes approximately two hours each way. The return journey from Abingdon can be unpleasant on a rainy day as the return bus stop is not under any shelter.
- The Healthwatch report also noted the cost of taking taxis to attend health appointments. For example, the average charge from Wantage to the John Radcliffe in 2018 was £60. Even when people can afford a taxi (which many can't), it is a struggle to get one because there are no local taxis in Grove and four out of the eight in Wantage only take pre-bookings.
- The Healthwatch report described the existing community transport options (provided by South Central Ambulance Service and Wantage Independent Advice Centre) but highlighted public confusion about how to access these services and eligibility.

## 5. Current Services and Assets

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### 5.1 Overview

A considerable amount of health care in OX12 is **provided in people's homes**. Other services are **clinic based**.

Constraints on physical space for both primary and community services is one of the greatest challenges in the OX12 area. There are significant **pressures on physical space** in the two GP Practices, while Oxford Health is also struggling for physical space for some of their teams working in the OX12 area.

**Workforce** issues are similar to other areas across Oxfordshire with nursing, therapy, GP and other primary care staff being difficult to recruit and retain. Forecasting predicts a shortfall in Wantage GPs (excluding retirements) of 2.7 and 4.8 by 2022 and 2027 respectively.

## 5.2 Primary Care

Mably Way Health Centre includes two GP Practices and a pharmacy and offers a range of community-based outpatient clinics e.g. podiatry, dietician and ultrasound provided by Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust and private providers.

In addition to the services on the Mably Way site, there are five dental practices, three further pharmacies, and five opticians in the OX12 area. (A full list, including maps with the locations of these services, are available in Appendix 3).

The survey of OX12 residents showed that in addition to accessing GP services, local people had accessed NHS pharmacy services, dental services and opticians (including the Minor Eye condition service).

## 5.3 Wantage Community Hospital

Current provision at Wantage Community Hospital includes a Midwifery-led Unit, children's services and speech and language therapy services. MSK physiotherapy services re-opened in the hospital in September 2019. Twelve inpatient rehabilitation beds at the hospital have been temporarily closed since June 2016 following the identification of legionella.

During 2018/19 a total of 87 patients from the OX12 postcode area were treated by Oxford Health in community hospitals across Oxfordshire. Of these:

- 9 were admitted under the specialist stroke rehabilitation pathway to the Abingdon Stroke Recovery Unit;
- 17 patients were admitted under the Emergency Multidisciplinary assessment unit pathway (EMU) in Abingdon hospital;
- The remaining 61 patients required 'generic rehabilitation' prior to their discharge;
- The majority of the 87 patients were admitted to Abingdon wards with others being admitted to Didcot and Wallingford;
- The average length of stay (ALOS) measured from admission to discharge across all community hospitals is consistently 25 days;
- The majority of all patients from OX12 returned to their place of residence following admission.

## 5.4 Voluntary and Community Services

There is a **vibrant third sector** in OX12 with a wide range of clubs, leisure classes, events, and support services, with many opportunities for volunteering and/or sharing skills, knowledge and interests.

There are **active health and care groups** such as MIND, MS Society, Young Carers, and AGE UK that support people with specific health conditions.

A range of **online resources** to promote health and wellbeing are also available to people living in this community. However, feedback from stakeholders suggests that more could be done to make people aware of these resources.

The OX12 survey found that there is **active use of leisure services** (such as the sports centre, accessing exercise classes or using paid for gyms) and a **wide**

**network of self-run or informal groups** (including mother and toddler groups, faith groups, singing groups and choirs, and art and creative groups).

The survey responses suggest good take up of these opportunities in OX12<sup>5</sup> but also highlighted a number of community issues and concerns (see section 5.6 below).

## **5.5 Physical Assets**

### **5.5.1 Location of Physical Assets**

OX12 has a large number of physical assets.<sup>6</sup> In addition to Wantage Community Hospital and the primary care assets described in section 5.2 above, there is a Memorial Park in Wantage and:

- Two **Libraries** – one in Wantage and one in Grove.
- **Wantage Leisure Centre** which has an air-conditioned gym, indoor 25 metre swimming pool, sauna, fitness studio hosting a variety of classes, a large sports hall, squash courts and a crèche.
- A number of other **public sector buildings** including Wantage Fire Station, offices for Grove Parish Council and Wantage Town Council, and twelve schools (including Fitzwaryn Special School).
- **The Beacon Community Centre** which provides a varied programme of events from film screenings, live music, theatre and stand-up comedy to a range of classes and workshops. There are a choice of rooms for hire, including a large auditorium, a dance studio and three other function rooms. There is also a café on site.
- **Wantage Independent Advice Centre (WIAC)** based in Wantage and serving Wantage, Grove, Farringdon and residents of the Vale of White Horse district. Volunteers provide:
  - advice on a wide range of topics, including debt management, benefit entitlements, employment rights, consumer rights. Other agencies and organisations also hold sessions or group meetings at the WIAC premises.
  - a transport scheme to hospitals, doctors, day centres, shops etc. for people who are unable to use public transport.
  - a 'Good Neighbour' scheme offering volunteer befriending perhaps over a cup of tea or to help with small tasks (such as simple DIY, paperwork, de-cluttering, collecting prescriptions etc.).
- **Vale & Downland Museum** in Wantage.
- Thirty-five **Halls / meeting rooms** and two **Day Centres**.
- Twenty-eight **churches** and a **convent** which has community rooms.
- A range of other assets offering community and leisure activities.

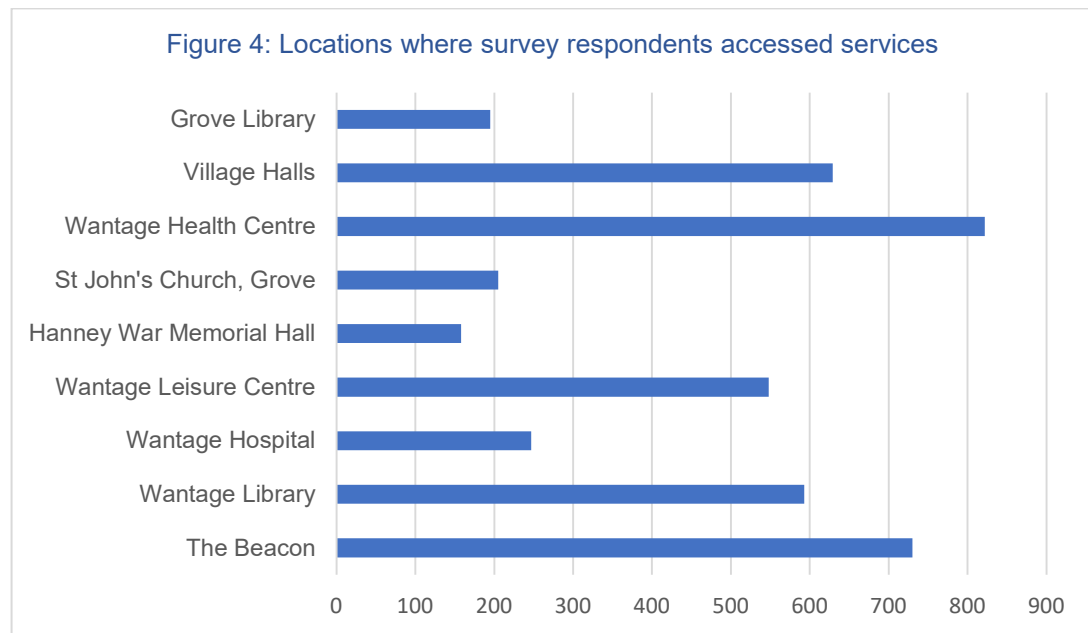
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<sup>5</sup> A breakdown of the responses to each question, and graphs showing the take up of activities, is included in the '*Report on survey to plan for the future Health and Care needs in Wantage and Grove (OX12)*' which is included as Appendix 5.

<sup>6</sup> A full list, including maps with the locations of these services are available in Appendix 4.

### 5.5.2 Accessing Services

The chart below shows which locations survey respondents said they most frequently use to access services, groups and activities.



87% (1,139) of all respondents to the Stakeholder Reference Group's survey said they usually, but not exclusively, accessed health and wellbeing services by car. 40% (522) accessed services on foot and 18% (243) used public transport. Less than 1% reported that they claimed support from the NHS Healthcare Travel Scheme. Further analysis of this data based on age profiles found a greater dependency on public transport and volunteer car driver schemes amongst those aged over 65.

## 5.6 **Community Issues and Concerns**

The responses to the open-ended questions in the Stakeholder Reference Group's survey also highlighted a number of issues and concerns about health and wellbeing services in OX12. These are largely consistent with the findings of other community surveys in the area, including the Healthwatch survey carried out in 2018.

### 5.6.1 Travel and Transport

Concerns related to the availability, frequency and complexity of public transport to access services outside of OX12. Parking was raised across all NHS sites, but specifically at the John Radcliffe Hospital (Oxford University Hospitals NHS Trust). Survey respondents felt that the distance to travel to services outside OX12 was too far and that travel times should be considered when providing services.

### 5.6.2 GP Services

Many comments related to GP services, specifically waiting times to see a GP. Survey respondents frequently felt that the Health Centre at Mably Way should be expanded and more GPs recruited. They also suggested that more services could be provided at the health centre to reduce travel times.

#### 5.6.3 NHS Dentistry

Many respondents to the survey felt that NHS dentists in OX12 were at capacity and there needs to be more provision in the area.

#### 5.6.4 Housing and Population Growth

Respondents highlighted concerns about housing and population growth in the OX12 area. Comments noted that the number of new houses being built will increase the population and create more demand on services. These respondents felt that the infrastructure will need to be improved to support the housing growth and that services should be more local because of this.

#### 5.6.5 Wantage Community Hospital

Many comments were received about the current Wantage Hospital facility. Wantage Community Hospital is highly valued by the local community. A common theme of feedback from the local people has been the need to ensure the hospital remains open and the facility offers a wide range of services to the local community.

Some respondents to the survey identified specifically that they wanted physiotherapy, maternity, End of Life care, respite, rehabilitation and minor injuries services to be returned to the hospital. Many were eager to see the inpatient rehabilitation beds re-opened at the hospital.

#### 5.6.6 Community Priorities

Respondents were asked if anything else would help them or their family access health and wellbeing services. This prompted a range of comments but the services that were mentioned most frequently were physiotherapy services, X-Ray, respite/rehabilitation, Minor Injury Unit and maternity. A smaller number of people said they wanted more mental health services.



# Innovation and Best Practice

*What good looks like*

## 6. The Oxfordshire Clinical View

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### 6.1 Clinical Areas

As outlined in section 3.4, senior clinicians from provider and commissioner organisations across Oxfordshire came together in the 'Clinical and Care Forum'.<sup>7</sup> Led by Oxfordshire CCG's Clinical Chair, the Forum reviewed and considered opportunities to utilise national evidence-based innovation and best practice in the county and specifically in OX12.

Three clinical areas were identified as being particularly relevant to OX12 (based on the emerging data and information collated by the OX12 Project and the national and local direction of travel for health and care services). These were:

1. Proactive and responsive care to increasingly support people at home with long term conditions and frailty;
2. Making services traditionally provided in acute hospitals more local and accessible, with a focus on outpatient and follow-up appointments;
3. The potential benefits of an increased focus on primary prevention to promote health and wellbeing and on secondary prevention to reduce the impact of disease.

Clinicians focused on these three areas, drawing on their expertise and clinical experience alongside information on innovation and good practice from around the country (including the Vanguard programme). They also took into account the national direction of travel and Oxfordshire priorities and initiatives.

### 6.2 The Oxfordshire Clinical View

Clinicians met on the 3<sup>rd</sup> July 2019. The conclusions from this meeting of the Clinical and Care Forum are described in [The Oxfordshire Clinical View](#). This is included as Appendix 8 and summarised below.

#### 6.2.1 Consideration of the County-Wide Context

Clinical leads welcomed the opportunity to develop local solutions to meet local health needs but recommended that any proposals arising from the use of the framework should be considered within a [county-wide or an Integrated Care System context](#) being mindful of any wider projects or initiatives that are being taken forward at either of these levels.

To ensure an equitable service for all patients in Oxfordshire, they also noted that some health needs (such as support for child and adolescent mental health) will need to be addressed at a county level.

#### 6.2.2 Sustainable primary care as a key enabler

Clinicians identified [sustainable primary care as a key enabler](#). *The NHS Long Term Plan* describes Primary Care Networks (PCNs) serving populations of 30,000 – 50,000. The aim is to bring primary care, community services, social care and the third sector closer together to provide more personalised, integrated and co-ordinated health and care for local populations. This work is progressing in Oxfordshire.

### 6.2.3 Out of Hospital Model of Care

The Oxfordshire Clinical and Care Forum strongly supported an ‘**out-of-hospital model of care**’ as the preferred approach to managing frail and vulnerable people (including those with mental health crisis issues). They noted, however, that some patients will continue to require hospital-based care.

Drawing on national research they recognised that there is a considerable evidence base to demonstrate that a hospital environment is frequently not the best place for care to be delivered, particularly for frail older people. They further highlighted the potential opportunities offered by both the emerging PCNs and the existing work being developed in Oxfordshire, such as ‘Home First’.

### 6.2.4 Moving acute hospital outpatient and follow-up services into the community

The Oxfordshire Clinical and Care Forum strongly supported the development of alternatives to face-to-face delivery of outpatients and follow-ups in an acute setting. They recommended moving **more outpatients and follow-up appointments closer to where people work and live**, where this is feasible.

Clinicians acknowledged feedback from local residents that travel to and parking at the acute hospitals in Oxfordshire is difficult and that this creates problems and added stress. Drawing on best practice elsewhere, and the success of this approach in Townlands Hospital in Henley, they agreed that increased near patient testing and digital technology has the potential to allow many traditional outpatient and follow-up appointments to be delivered virtually or at a community location. This will improve patient’s experience, reduce travel as well as often making more efficient use of clinical resources.

Clinicians, however, noted that not all specialities are suitable to be provided in the community, particularly those that require specialist equipment. It will, therefore, be important that each specialty is considered separately.

### 6.2.5 A Focus on Prevention

The Oxfordshire Clinical and Care Forum **endorsed an increased focus on prevention** to embed primary and secondary prevention in all clinical and care pathways. This approach aims to intervene early, or provide support earlier, to prevent and/or delay ill health and to deal with it more responsively when illness does occur. It includes addressing the wider determinants of health like social deprivation, loneliness and poor mental health and working with carers, voluntary organisations and other community organisations.

# Project Outputs and Next Steps

*What we could do to address need*

## 7. Developing local solutions to meet population needs

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The 'Solution Building' approach used by the OX12 Project is described in section 3.5 and 3.6 above. This section summarises the potential local solutions / opportunities that the project has identified to meet population health needs in Wantage, Grove and the surrounding areas. It includes initiatives that will take time to develop and implement along with some 'quick wins' that should be able to be delivered on a much shorter timeframe.

More work is required to explore the viability of all these potential solutions and opportunities, especially as many will either require funding or rely on commitments being made by both public and voluntary sector organisations or local volunteers.

### 7.1 Sustainable primary care as a key enabler

The Oxfordshire Clinical and Care Forum recognised sustainable primary care as a key enabler and also highlighted the role of Primary Care Networks (PCNs) in delivering more personalised, integrated and co-ordinated health and care for local populations.

The new Wantage Primary Care Network covers the OX12 area as well as a small number of postcodes from the surrounding areas. This Wantage PCN will be central to transforming health services and addressing population health needs as GP practices adopt innovative new approaches and work more closely with other services in the community.

The opportunities identified by the OX12 Project are designed to complement and wrap around the developments being introduced by the Wantage PCN.

While it is being addressed by a different process involving the two GP practices, NHS Property Services and Assura, the owner of the building, there was consensus amongst participants in the OX12 Project that the current capacity issues at the Mably Way Health Centre need to be resolved as soon as possible.

#### 7.1.2 Piloting new Pathway Tools

The work on the OX12 project facilitated cross organisational conversations that have led the Wantage PCN to pilot a new tool to identify patients who may benefit from proactive support to more appropriately access care. The tool identifies frequent users of urgent care – often low severity consumption such as a high number of calls to NHS 111 and Out of Hours – who have no or very few non-elective admissions.

#### 7.1.3 Moving towards Shared Care Records

The Wantage PCN is also actively involved in ongoing work to link patient care records held by different organisations on different IT systems. Access to these shared records will allow health practitioners to provide better and more holistic care by taking into account the interfaces the patient has with others in the health and care system.

### 7.2 Moving services into the community

Accessing services is a challenge for many patients from OX12, especially when they have to travel to Oxford City. The OX12 Project has, therefore, explored opportunities to make more services accessible in the local community in order to reduce travel, promote a cleaner environment and provide a better patient experience.

### 7.2.1 Acute hospital outpatient and follow-up appointments

The Oxfordshire Clinical and Care Forum strongly supported the development of alternatives to the face-to-face delivery of outpatients and follow-ups in an acute setting. The OX12 Project has identified opportunities to increase the range and scale of outpatient services available to the local population utilising the Wantage Community Hospital site. A viability assessment needs to be completed for all potential options. Suggestions for further exploration included:

- Community based cardiac rehabilitation, that has been successfully piloted in the north of the county
- Audiology services
- Supported Video suite – for skype/virtual outpatient consultations
- Chemotherapy
- A 12 bedded renal dialysis suite
- Ear, Nose and Throat (ENT) – this is one of the biggest areas of referral in OX12: the specific ENT specialities that could be delivered would be identified as part of the next steps.

Securing renal dialysis and chemotherapy in OX12 would require **near patient testing** facilities. (Near-patient testing, also known as point-of-care testing, is where medical investigations or tests are taken at the time of the consultation with instant availability of results. It prevents patients having to attend multiple appointments and allows immediate and informed decisions about care.)

This would open opportunities for GPs to use these facilities for more immediate diagnosis and treatment. This has the potential to further extend GPs capacity to care for people in their own homes, particularly when looked at in conjunction with new extended multi-disciplinary (MDT) teams (see section 7.3.2 below).

### 7.2.2 Minor Injuries

Improved access to treatment for minor injuries emerged as one of the community priorities in the OX12 Project survey. Postcode analysis, however, shows that the need for minor injuries treatment is low in the area.

### 7.2.3 Community Flu Clinics

The mapping of community assets found 35 village, community and church halls across the OX12 area. Another opportunity would be to examine the feasibility of providing outreach clinics (such as flu) in some of these village venues. This would benefit people living in the villages as well as people living nearby by reducing the need to travel to Wantage.

## 7.3 **Out of Hospital model of care for Community Rehabilitation**

The Oxfordshire Clinical and Care Forum explored the national evidence base that shows that a hospital environment is frequently not the best place for care to be delivered, particularly for frail older people. They strongly supported an 'out-of-hospital model of care' as the preferred approach to managing frail and vulnerable people (including those with mental health crisis issues).

### 7.3.1 Inpatient Beds at Wantage Community Hospital

Having supported an 'out of hospital' model, clinicians in the Oxfordshire Clinical and Care Forum did recognise that some patients will continue to require hospital-based care.

Analysis of the need for community inpatient care during 2018/19 showed that 87 patients from OX12 required treatment in a community hospital. Of these 9 were admitted under a specialist stroke rehabilitation pathway that is delivered in Abingdon Stroke unit and 17 patients were admitted under the Emergency Multidisciplinary Assessment Unit Pathway (EMU) at Abingdon Hospital. The remaining 61 out of the 87 patients required 'generic rehabilitation' prior to their discharge.

Following the temporary closure of the beds in the Wantage Community Hospital their needs are being met in community hospitals near to OX12, particularly Abingdon, Didcot and Wallingford although a few are cared for further away.

Current need for inpatient rehabilitation for patients from OX12 equates to 6 community beds. The reduction in the need for inpatient rehabilitation for OX12 patients reflects a trend across Oxfordshire that shows that the numbers of patients requiring inpatient rehabilitation is falling.

The overall utilisation of community beds is decreasing, nationally and in Oxfordshire. This can be attributed to more care being provided in people's homes or their normal place of residence or on an outpatient basis.

On the basis of the work undertaken using the health and care needs framework approach in OX12 and looking at the population's health and care needs in totality and the reduced need for inpatient rehabilitation there is not a compelling case for reopening the temporarily closed beds. Further work should be undertaken to test this.

### 7.3.2 An enhanced model for community rehabilitation

The aim of the Oxfordshire pathway for frail and elderly people is to care for people in their own homes wherever possible to support and maintain their independence. Where an inpatient stay is required clinicians agree it should focus on stabilising the patient and assessing to discharge keeping the inpatient stay as short as possible, whilst discharging patients with wrap around care in their own homes.

The OX12 Project has identified opportunities for enhancing community rehabilitation that could maximise the care given to patients closer to or in their own homes avoiding recourse to acute and/or inpatient care. This model of care requires the infrastructure in OX12 to grow to deliver this model effectively and enable services to be mobilised quickly.

There is a potential to develop a 'rehabilitation and recovery hub' at Wantage Community hospital using day facilities and clinics. This hub could serve patients who are 'not in acute crisis' and could provide physiotherapy, occupational therapy, social care support for rehabilitation and a place where people can regain their strength and recover from illness. The hub might include a gym, group activities, balance classes and falls prevention. It could provide a space for patients in temporary placements in residential homes to come in on a day basis for services, classes and/or therapy. Any future hub model should be inclusive of third sector and



voluntary groups, supporting and utilising the infrastructure to maximise the use of facilities.

In line with the national direction, *The NHS Long Term Plan* and current evidence base, this hub could be complemented by an enhanced package (to be scoped out) that would increase the role and availability of therapy and care support to patients in their own homes. Developing the Wantage PCN's Multidisciplinary Teams (MDT's) working alongside other organisations including OH could provide access to enhanced nursing care, therapies and domiciliary care (all necessary to support an out of hospital model of care).

Access to near patient testing facilities within the OX12 area (see section 7.2.1 above) could also open opportunities for GP's to provide more immediate diagnosis and treatment and a greater level of out of hospital care. However, this will require a different contractual relationship as currently the 'cost' and contracting model doesn't support such flexible use of infrastructure (i.e. one service is left carrying the costs associated with expensive tests etc when used by a different service without ability to recognise and share the costs equitably).

There may also be opportunities to increase the role and availability of outreach from the Abingdon EMU (Emergency Multidisciplinary Unit) to support patients through illness in their own homes without recourse to admission.

Supporting this, a stronger relationship could be built between primary care and community ambulatory units (e.g. Abingdon) to get telephone advice from specialist staff and/or Community Geriatrician around frailty to better manage and support these patients presenting with sub-acute illness.

## **7.4 Travel and Transport**

While the Oxfordshire Clinical and Care Forum strongly supported moving services into the community, the clinicians in the Forum also noted that not all specialities are suitable to be provided in this way, particularly those that require specialist equipment. The OX12 Project, therefore, considered how travel and transport issues could be addressed.

### **7.4.1 Increase Access to Assisted Transport**

Wantage Independent Advice Centre (WIAC) currently offers a highly regarded transport scheme to hospitals, doctors, day centres, shops etc. for people who are unable to use public transport. WIAC are, however, limited by the number of volunteer drivers. The OX12 Project identified a number of actions that could support this service and increase access to assisted transport.

#### **A new car share scheme for NHS staff to increase the number of volunteer drivers**

This would involve working through communication leads/NHS Staff newsletters to recruit NHS staff who regularly drive to Oxford hospital sites from the OX12 area who would be willing to provide a lift for people with early appointments or provide a lift home for those with appointments near the end of the day. WIAC would be willing to vet and add these people to their list of volunteers and match them to people needing lifts. Volunteers would only need to participate as much or as little as they feel able and could do one-way lifts.

### **Campaign to identify new volunteer drivers**

A campaign to identify and recruit new volunteers, with a particular focus on local people who have wheelchair accessible vehicles, in order to expand the numbers with adapted vehicles.

### **Increasing awareness of assisted transport options**

The Healthwatch report highlighted public confusion about transport options. A public campaign could raise awareness of assisted and community transport services. In particular, the OX12 Project identified the need to raise awareness of options such as the Oxford company KIT Mobility Taxis who provide taxis for people who have to travel in their wheelchairs.

### **Making claims easier**

Patients eligible for free or reduced cost transport are currently required to pay costs up front which they can then claim back. This claim process can take several weeks and leaves some patients, particularly those on benefits, struggling for cash. Establishing more places to get their refund in real time would help address this and providing cashier office facilities on more sites (e.g. Manzil Way, Didcot) could help many patients, not just those from OX12.

#### **7.4.2 Improving Travel by Bus**

Travelling by bus can be extremely challenging for patients from the OX12 area, particularly in poor weather. While new dedicated routes would be ideal, the Project recognised that any changes to bus routes and any new services need to be financially viable for the providers. The focus was, therefore, on relatively minor changes that have the potential to have a big impact for patients. The following opportunities have been identified but it should be noted that these have not yet been discussed with the relevant bus companies.

#### **Travelling within OX12**

Explore the feasibility of:

- Re-routing the **38** bus around Wantage and Grove to avoid a 30 minute wait for people starting their journey at the Wantage end of the route who are travelling to the Mably Way Health Centre;
- Explore the possibility of a shuttle bus from the centre of Wantage and some of the villages to Mably Way Health Centre and/or the leisure centre.

#### **Travelling outside of OX12**

Explore the feasibility of:

- Alternating the **X32** bus to Didcot so that it only goes through all the villages every other trip. Also reduce its route through the Harwell Campus outside peak commuting times. This could make access to Didcot quicker both for appointments and also for social visits impacting on isolation and loneliness.

#### **7.4.3 Exploring opportunities to align appointment times and travel arrangements**

Explore with Oxford University Hospitals and Oxford Health the possibility of securing software that would intelligently link a patient's postcode to public transport and

special transport needs in order to offer appointments at a time that better meets the patient's ability to travel and attend.

#### **7.4.4 Returning Equipment**

A final 'quick win' to reduce unnecessary patient journeys would involve asking NHS staff living in OX12 and who work in Oxford hospitals to return equipment to their base (e.g. BP units, shoes to the Tebbitt Centre, crutches etc.). An alternative would be to set up arrangements for these to be transported via the sample collection services from the GP surgery.

### **7.5 Promoting Health and Wellbeing**

In their review of innovation and best practice, the Oxfordshire Clinical and Care Forum highlighted the importance of promoting health and wellbeing and endorsed an increased focus on prevention to embed primary and secondary prevention in all clinical and care pathways.

The mapping of community assets revealed that OX12 already has a vibrant third sector, strong community networks and a range of community assets. However, more could be done to better co-ordinate existing work and for public, voluntary and community organisations to work together to address the wider determinants of health and wellbeing. The OX12 Project identified the following opportunities.

#### **7.5.1 'Healthy Place' initiative for the OX12 area**

Participants in the OX12 Project felt it would be worth establishing a 'Healthy Place' initiative, drawing on the experiences and learning from the healthy new towns' programmes in Bicester and Barton.

This could be led by local people working with key staff from the public sector and voluntary sector organisations. It would be an action focussed group and could grow out of the existing commitment and motivation for change shown by the OX12 Project Group, Town Council and Stakeholder Reference Group.

The aim would be to empower the community to decide their own local priorities for action, drawing upon the issues that have been highlighted through this health and care planning process. There were plenty of suggestions recorded at the 'Solution Building' event including farmers markets, ideas to get people more physically active, projects to target loneliness (which are set out in more detail below), intergenerational work and health promotion campaigns.

The other suggestions in this section could all be overseen by the Healthy Place initiative with support from public, private and voluntary sector partners as needed.

#### **7.5.2 Tackling Loneliness**

The issue of rural isolation and loneliness was highlighted in the Healthwatch report and the OX12 Project health profile. Opportunities to tackle rural isolation and loneliness were also frequently identified at the 'Solution Building' event and were considered in some detail by the 'Care Closer to Home' group.

The Healthy Place initiative would need to consider whether tackling loneliness should be prioritised in their work. Suggestions made at the 'Solution Building' event included: building on existing befriending and good neighbour schemes, recognising the need to recruit more volunteers; creating more opportunities for people to meet

and socialise such as community cafes or learning together; and finding new ways to identify those at risk of social isolation.

### **7.5.3 Healthy Place Shaping**

Led by the town, district and county council, 'Healthy Place Shaping' would ensure that 'health' is at the heart of all its planning and policies e.g. building, environment, leisure, licensing (food and alcohol) etc.

This would include looking at infrastructure (cycle paths, allotments, green spaces in new developments, mobility and wheelchair and pram friendly) and co-locating services to reduce the carbon footprint.

### **7.5.4 Healthy Workplaces**

Work could be undertaken with local employers to improve the health and wellbeing of their employees. This could include promoting initiatives such as:

- Healthy eating options in workplaces;
- Walking or cycling groups at workplaces;
- Support for working carers;
- Opportunities for employees to volunteer in the local community supported by their employer;
- Staff with a customer service role to be trained to recognise symptoms of loneliness and know what to say.

## **7.6 Raise awareness of local health and wellbeing services**

The success of a Healthy Place initiative and promoting local activities for everyone depends on access to up to date and relevant information. There were many suggestions on how to raise awareness of local health and wellbeing services in OX12.

Live Well Oxfordshire is a countywide web resource which can be searched to find local services and activities. Developed by the county council in partnership with Age UK Oxfordshire (Community Information Network), records on the website are reviewed regularly, and anyone can suggest new services to be added to the site. The Community Information Network online directory contains a subset of Live Well Oxfordshire records (focusing on community services) and there is also an annually published Live Well Oxfordshire brochure which contains information on care homes and home care services in the county, as well as information and advice about social care and community support.

These websites and 'hard copy' directory include details of activities and services available in OX12 but many people said it can be difficult to find the information they need. This could be addressed by local volunteers and interest groups committing to working more closely with Age UK to improve the directory and incorporate their local knowledge. Indeed, the Healthy Place group could take a leadership role in ensuring information is available in the right format for local needs.

Work would also be required to raise awareness of the information it can provide. Existing volunteers could provide a valuable role in helping point people to the information that would be most helpful for them but more targeted communications are also needed. For example, it is often difficult to spread awareness through parish

magazines so any additional funding that could be found would help facilitate items being included in these publications.

## 8. Next Steps

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The purpose of the OX12 Project has been to identify the current and future health and care needs of the population of OX12. In so doing, we have been able to test application of the Oxfordshire Population Health and Care Needs Framework that was adopted by the Health and Wellbeing Board (HWB) in November 2018.

Compared to England and the rest of the county the OX12 area is both relatively healthy and relatively affluent. The project has shown that the health and care needs of the population are relatively well served non-the-less there are a number of opportunities and ideas that could result in real benefits to the OX12 population.

The opportunities for improving health and wellbeing in the area have been co-produced with commissioning and provider partners, stakeholders and members of the public. They align well with the strategic direction of health and care services as set out in The NHS Long Term Plan, Oxfordshire's HWB Strategy, clinical care pathways and system operational plans.

The next steps are for system partners to test the feasibility of taking forward the solutions and opportunities that have been identified, aligning them with existing priorities and plans for Oxfordshire and those of the partner organisations that would take them forward.

Testing the feasibility of the wide range of opportunities will include ensuring that they are clinically viable, operationally deliverable, financially affordable and would deliver a measurable benefit for people in OX12.

On the basis of the work by this project there is not a compelling case for reopening the temporarily closed beds. Further work should be undertaken to test this.

Having followed the NHS change process of 'plan, do, review, revise' throughout the project we will undertake a formal evaluation of the project and the application of Health and Care Needs Framework in order to make recommendations on its use in the future. A short report of the formal evaluation will be brought back to the HWB.

## Glossary

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**Clinical Pathways of Care:** A care pathway is a multidisciplinary healthcare management approach for a specific group of patients with a predictable clinical course, in which the different tasks or interventions by the professionals involved in the patient care (physicians, nurses, pharmacists, physical therapists, social workers etc.) are defined.

**Health New Towns:** The Healthy New Towns programme brings together health providers, commissioners, local government and developers to create healthier places by embedding health and wellbeing from the start of new developments, and to design and deliver health and care services from scratch.

**Health and Wellbeing Board (HWB Board):** key leaders from the health and social care services and Healthwatch work together to improve the health and wellbeing of their local population and reduce health inequalities

**Healthwatch:** UK consumer watchdog for patients which aims to improve health and social care

**Joint Strategic Needs Assessment for Oxfordshire:** provides information about the county's population and the factors affecting health, wellbeing, and social care needs.

**Home First:** Home First allows people to leave hospital rather than waiting on the ward for care assessments and rehabilitation planning, which can take time. Instead they receive those assessments at home, in a specialist unit or care home to help them get back on their feet.

**Models of Care:** A model of care defines the way in which health care is delivered, with an ultimate goal to address the needs of people across the course of their illness, through services provided by a variety of health professionals, including family doctors, specialists, nurses, physiotherapists, occupational therapists, social workers.

**NHSE Vanguard programme:** NHS England selected 50 sites in 2015 to act as 'vanguards' to lead the development of new care models to act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.

**NHS Long Term Plan:** The NHS Long Term Plan, published in January 2019, is a 10 year plan for the NHS to improve the quality of patient care and health outcomes. Its ambitions include measures to prevent 150,000 heart attacks, strokes and dementia cases, and better access to mental health services for adults and children.

**Oxfordshire Joint Health Overview Scrutiny Committee:** looks at the work of the NHS clinical commissioning groups, healthcare trusts, and the NHS England Local Area Team. The committee acts as a 'critical friend' by suggesting ways that health related services might be improved.

**Outputs:** Outputs are results achieved immediately after implementing an activity. For example, if we are delivering a workshop on [health](#) needs, participants who attended it will leave with a clear understanding on health needs issues. So, this is an output that has been achieved and it is achieved right after the conclusion of the workshop.

**Patient Participation Groups (PPG):** patient representatives from a GP practice who advise and inform the practice on what matters most to patients and to help identify solutions to problems as a 'critical friend'

**Primary Care:** most people's first point of contact with health services, for example, GPs, dentists, pharmacists or optometrists

**Primary Care Networks:** Primary care networks bring general practices together to work at scale. This helps to recruit and retain staff; manage financial and estates pressures; provide a wider range of services to patients and to more easily integrate with the wider health and care system. GP practice work together in geographical networks covering populations of approximately 30–50,000.

**Third Sector:** Third sector organisations are voluntary and community organisations such as registered charities, community associations and groups, self-help groups, social enterprises and co-operatives.



## Appendices

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### Background and Context

**Appendix 1** (please refer to Item 7 on the link): [Oxfordshire's Population Health and Care Needs Framework](#)

### Planning and Co-Design

**Appendix 2:** [Key Points and Issues Raised During the Listening Event, 12<sup>th</sup> September 2019](#)

### Information and Data

**Appendix 3:** [Write up of the 'Information and Data Workshop held in May 2019](#)

**Appendix 4:** [Summary of the Review of Physical Assets in OX12](#)

**Appendix 5:** [Report on survey to plan for the future Health and Care needs in Wantage and Grove \(OX12\)](#)

### Innovation and Good Practice

**Appendix 6:** [Review of Innovation and Good Practice \(April 2019\)](#)

**Appendix 7:** [The OX12 Project: Innovation and Best Practice Discussion Document \(July 2019\)](#)

**Appendix 8** [The Oxfordshire Clinical View \(July 2019\)](#)

### Solution Building

**Appendix 9:** [Summary of Discussions at the OX12 Solution Building Event, 18<sup>th</sup> September 2019](#)

This list of appendices is not exhaustive. Copies of the full OX12 Project documents are available on the dedicated pages on the Oxfordshire CCG website:  
<https://www.oxfordshireccg.nhs.uk/about-us/planning-for-future-health-and-care-needs-in-wantage-and-grove-ox12.htm>

## Banbury Health and Care project – report to the Health and Wellbeing Board

### Introduction

Oxfordshire Health and Wellbeing Board (HWB) agreed in November 2018 to use a Health and Care Needs Framework. This offers a method for commissioners and providers of health and care services to work together on an evidence-based approach to planning for the design and delivery of services, engaging the public and key stakeholders to fully understand local health and care needs.

The HWB has agreed in principle that the framework should be used in Banbury to review the health and care needs of the population and consider opportunities to address them. This document outlines the proposed approach to this project and seeks the HWB's endorsement and support.

### Background

Banbury has a **growing population with a range of needs**. The latest Health and Wellbeing Profile published in November 2019<sup>1</sup> indicates that:

- Banbury has a higher proportion than the Oxfordshire average of young people (aged 0-15).
- In 2011, 19% of Banbury's population was from an ethnic minority background.
- Housing-led forecasts published in August 2019 indicate that with developments south of Salt Way and at Bankside in Banbury, the town's population is expected to grow by 23% by 2027.<sup>2</sup>
- Banbury includes some of the most deprived areas of Oxfordshire (alongside Oxford City). The town has six areas that were ranked within the 20% most deprived areas nationally in 2019.

The NHS and local authorities will work to **integrate care and act together to prevent and minimise future illness**. Oxfordshire's NHS and local authorities want to work with local people and their representatives so that the health and care needs of this population are addressed to the best of our ability within available resources.<sup>3</sup>

We aim to make progress on delivering the **Oxfordshire Joint Health and Wellbeing Strategy (2018-2023)** for the population of Banbury.

The Oxfordshire Health and Wellbeing Board agreed in March 2019 to focus on:

- Agreeing a coordinated approach to prevention and healthy place-shaping.
- Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).
- Agreeing an approach to working with the public to re-shape and transform services locally by locality.
- Agreeing plans to tackle critical workforce shortages.

The Health and Wellbeing Board has agreed in principle that the Health and Care Needs framework should be applied in Banbury. NHS and local authority staff believe that local developments in 2020 make this a good time to do this work together.

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<sup>1</sup> <https://insight.oxfordshire.gov.uk/cms/system/files/documents/BanburyJSNAprofileNov19.pdf>

<sup>2</sup> [https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA\\_Bitesize\\_Population\\_forecasts\\_Aug19.pdf](https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA_Bitesize_Population_forecasts_Aug19.pdf)

<sup>3</sup> Oxfordshire receives NHS funding per head of population which is 12.4% below the average for England, as set out in <https://www.oxfordshireccg.nhs.uk/documents/meetings/board/2019/03/2019-03-28-Paper-19-18-Oxfordshire-Operational-Plan-2019-20.pdf>

## Purpose

In line with the Health and Care Needs Framework, the project will look at the health and care needs of Banbury's population and include a focus on the prevention of illness and the wider determinants of health. It will address physical and mental health needs and services. With local people, it will seek to identify priorities and potential solutions to the issues identified. In identifying recommended actions, consideration will be given to how they could be implemented and used to inform other work, whether already in progress or for the future.

The project will draw on best practice from Healthy Place Shaping in Bicester and the use of the Health and Care Needs Framework in OX12. There is also a timely opportunity to link early development of the Banbury Primary Care Network with Healthy Place Shaping activity locally, itself building on a history of local community development and activation.

## Progress to date

A partnership has been established with nominated leads from Oxfordshire's NHS organisations and local authorities – Oxfordshire Clinical Commissioning Group, Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust, the developing Primary Care Network in Banbury, the GP Federation that provides services in Banbury, Cherwell District Council and Oxfordshire County Council.

The Banbury Health and Care project will cover the population served by practices in the Banbury Primary Care Network.

The project consists of three phases.

1. Establishing a joint understanding of population level health and care information, housing growth and population forecasting using a population health management approach.
2. Co-produce and agree areas for priority and action in line with the three branches of Healthy Place Shaping – community activation, infrastructure and new models of care.
3. Agree priorities for local service delivery to best fit identified local health and care needs in the light of Oxfordshire's Health and Wellbeing Strategy and the NHS Long Term Plan.

A Banbury Health Profile has been developed with electoral ward-level population health data. Following the Health and Care Needs Framework, this will be developed and informed by local clinicians before June 2020 and then used from September in the public, Healthy Place Shaping phase of the project.

The project will aim to identify actions to address persistent inequalities in health status and outcomes in areas of Banbury. These can be expected to include, but not be limited to:

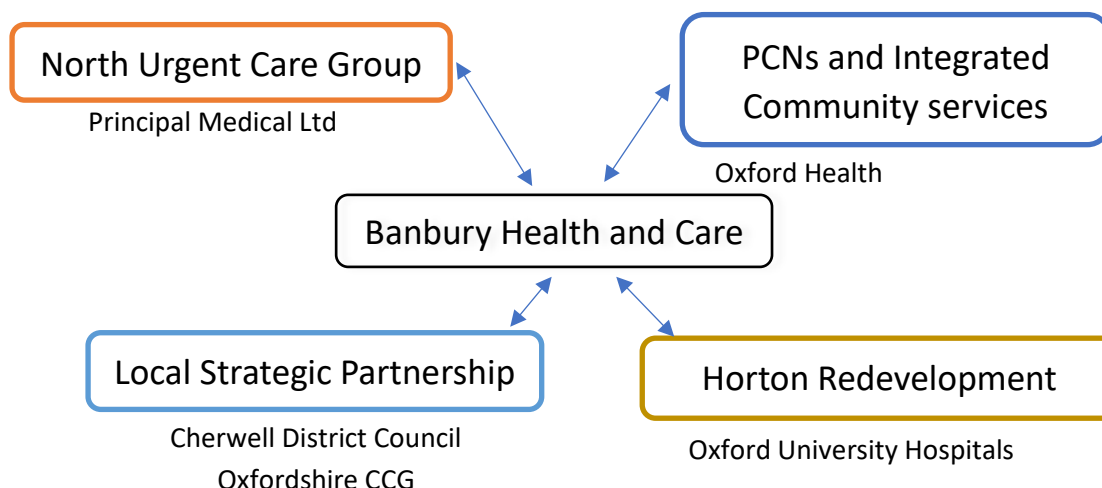
- Clear improvements to the way services are delivered, that are environmentally and economically sustainable and that address those with the poorest health and wellbeing
- Local ownership of priorities
- An action plan over two years

## Project organisation

Each organisation listed above has committed staff time to support this project. A multi-agency project team has been established, with Oxfordshire CCG's Director of Governance as Senior Responsible Owner.

The project will report on its progress and outcomes to the Oxfordshire Health and Wellbeing Board.

This project has no formal interdependencies with other projects but will stay in touch with the following projects and work areas through members of its project team from the organisations shown below.



Oxford University Hospitals NHS Foundation Trust are developing a related but separate project focused on the redevelopment of the Horton General Hospital, working with partners and the communities of North Oxfordshire, South Warwickshire and South Northamptonshire to develop a hospital fit to serve a growing local population.

Close links will be maintained with this Horton Redevelopment project as it develops, in order both that hospital services in Banbury take account of future care models identified as needed by the local community and that the Horton site can be used to best effect to meet local people's needs.

## Engagement and involvement

An Engagement Plan will be developed as part of the project, which will work to keep local people informed about what is being done, what is planned and opportunities to take part.

Through the first phase of the project, active engagement will be primarily with health and social care practitioners, coordinated through the Banbury PCN, Oxford Health, Oxford University Hospitals and Oxfordshire County Council's Children's and Adult Social Care teams locally.

The Cherwell Local Strategic Partnership will be briefed and engaged throughout the project.

As it moves into its more public-focused Healthy Place Shaping phase from mid-2020, the project will use skills and experience already developed in work in Bicester, Barton, Wantage (OX12) and most recently Kidlington to work with local communities and those who find it difficult to access existing services. In doing so, the project team will take account of the key themes identified in Healthwatch Oxfordshire's 2019 report on Banbury,<sup>4</sup> including "The barriers in using health services when patients' first language is not English..."

## Recommendations

The Health and Wellbeing Board is asked to:

- endorse and support the Banbury Health and Care project; and
- note the project's organisation and expect update reports on progress and resulting recommendations.

Catherine Mountford  
Director of Governance, Oxfordshire Clinical Commissioning Group  
January 2020

<sup>4</sup> *Banbury Voices*, Healthwatch Oxfordshire, January 2019: [https://healthwatchoxfordshire.co.uk/wp-content/uploads/2019/03/20190311\\_Banbury-Report-Final.pdf](https://healthwatchoxfordshire.co.uk/wp-content/uploads/2019/03/20190311_Banbury-Report-Final.pdf)

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## Wellbeing in your community

What affects wellbeing, what is being done and what could be done better?



## Networking - Wellbeing in your community

*‘Coming together is a start, working together is progress, empowerment is success’ (OWN networker)*

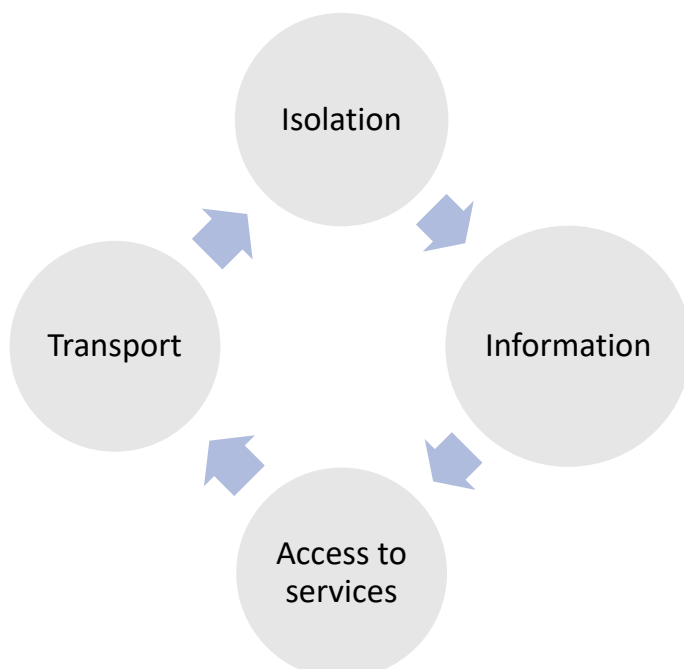
On November 18<sup>th</sup> 2019 WON held a successful and interactive network day. Over 100 people attended representing 75 different organisations from community, voluntary, and health and social care providers and commissioners. Seven members of the Oxfordshire Health and Wellbeing Board attended. At the end of the day there was an opportunity to respond to the key points raised by the Network.

Dan Knowles, CEO of Mind set the scene stating the World Health Organisation definition of health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. Wellbeing refers to a positive rather than neutral state, framing health as a positive aspiration.

The Network identified four key factors<sup>1</sup> that affect wellbeing in communities as:

- Social and physical **isolation**
- **Access** to services - health, social, community - lack of access to services increases isolation and affects health in a negative way
- **Transport** - lack of access to public and private transport increases isolation, and restricts access to services
- **Information / communication** about services and making it understandable!

### What impacts on wellbeing in communities?



<sup>1</sup> Feedback from the OWN is available at <https://healthwatchoxfordshire.co.uk/what-we-do/oxfordshire-wellbeing-network/>

## What could be done, by whom, and better?<sup>2</sup>

Voluntary and community organisations, sometimes working in partnership with each other and key agencies, are active in their communities to help reduce isolation, improve access to services, deliver community transport, and provide information for residents. But more can be done including:

- Learn what people want, from people. By listening to them.
- More secure and longer-term funding for community-based groups to innovate and deliver local solutions.
- Learn from good practice, success, failure. Where projects or pilot projects are successful these should be replicated across communities. Often there is a scarcity of information about what does work e.g. where is the local data showing what works for social prescribing?
- A single directory of services / community activity for the county.
  - Develop an existing directory e.g. Live Well Oxfordshire. Resources are essential to maintain directory.
  - Link organisations and people working with local councils - parish, town, district.
- Improve public transport, particularly in rural areas. Focus on people being able to access services - both locally and across the county.
  - There are examples of local community initiatives that can be replicated if financial support is found.

## Video

A short video was made on the day with contributions from voluntary, community and Health and Wellbeing Board members. It can be viewed here <https://healthwatchoxfordshire.co.uk/what-we-do/oxfordshire-wellbeing-network/>

## Oxfordshire Health and Wellbeing Board - Listening and responding to the Network

The video made at the event has contributions from community representatives and from three board members. Stuart Bell, CEO Oxford Health NHS Foundation Trust suggested that “we have to get together to empower people”.

Ansaf Azhar, Director of Public Health suggested that “...equality...Oxfordshire 10<sup>th</sup> most affluent place in the country...but hides significant inequalities in places and communities...need to work with the communities to understand...”.

At the end of the day four Health and Wellbeing Board members listened to and responded to the key points from the Network.<sup>3</sup>

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<sup>2</sup> The notes from the workshops are available here <https://healthwatchoxfordshire.co.uk/what-we-do/oxfordshire-wellbeing-network/>

<sup>3</sup> A full transcript of their responses can be found here <https://healthwatchoxfordshire.co.uk/what-we-do/oxfordshire-wellbeing-network/>



The following are extracts from their responses to the key issues identified - isolation, transport, information / communication, and access.

“You can’t have preventative services without working with local communities.”

“...transport problems...the board understand that some of the decisions made in the past have adversely affected some local communities... The board will be having a joint workshop with the Oxfordshire Growth Board to address some of the infrastructure issues. Again, there are no answers, but the board know it is something that they have to develop and formulate key strategies around it.” *Lucy Butler, Director of Children’s Services,*

“...questioned why people need cars and why hospitals need car parks. Driverless cars are already in use in Summertown. We need to look at things in a different way.” *Cllr Andrew McHugh, Chair Health Improvement Board*

“...how does OUHFT re-orientate themselves about thinking delivering services so they are delivered convenient for people using them, not for people providing them...”

“...we need to be thinking about the physical assets that they (OHT & OUHT) hold as the NHS as being available to the whole of the community, both organisations are interested in providing service closer to where people are - at home and less on their own sites.” *Professor Sir Jonathan Montgomery, Chair Oxford University NHS Foundation Trust*

“Picking up on conversations today, there won’t be an online only service there will still be face to face, ... society will change our behaviour which will reduce the need to travel...” *Catherine Mountford, Director of Governance representing Oxfordshire Clinical Commissioning Group*

**How do we ensure that the [voluntary/community] sector delivering these great services is saveable?**

“...the Oxfordshire Clinical Commissioning Group and county council need to take the question back and discuss it more closely.” *Catherine Mountford, Director of Governance representing Oxfordshire Clinical Commissioning Group*

“The board are really beginning to think differently, they don’t have all the answers but we want to go on the journey with you.” *Lucy Butler, Oxfordshire County Council*

## Reflections

OWN has set out to open access and to influence the Oxfordshire Health and Wellbeing Board from the wider community and voluntary organisations. As a first attempt there is more we need to do, particularly to include and hear from smaller organisations and from those communities seldom heard. We will develop the next

Network meeting by listening to those communities to reach a wider network of organisations and groups.

## What next?

Healthwatch Oxfordshire will present this report to the next Health and Wellbeing Board meeting and seek to secure commitment from the Board to ongoing open dialogue with the Oxfordshire Wellbeing Network

Healthwatch Oxfordshire will continue to work with the other Board member organisations to run two OWN events in 2020 and maintain an active OWN web page. <https://healthwatchoxfordshire.co.uk/what-we-do/oxfordshire-wellbeing-network/>

Healthwatch Oxfordshire will continue to work with community and voluntary organisation to widen the reach of OWN and identify topics for future OWN events.

Healthwatch Oxfordshire will report back to OWN on:

1. The outcomes from the joint Health and Wellbeing Board and Oxfordshire Growth Board meeting specifically around infrastructure and transport.
2. The discussions between Oxfordshire County Council and Oxfordshire Clinical Commissioning Group about how **‘we ensure that the [voluntary/community] sector delivering these great services is saveable?’** A key question put to the panel at the end of the day.

You can contact Oxfordshire Wellbeing Network by:

Emailing [hello@healthwatchoxfordshire.co.uk](mailto:hello@healthwatchoxfordshire.co.uk)

Telephone 01865 520520

Visit the OWN web page at <https://healthwatchoxfordshire.co.uk/what-we-do/oxfordshire-wellbeing-network/>

## List of organisations / groups represented at Oxfordshire Wellbeing Network

November 2019.

aBandofBrothers Oxford  
Abingdon PPG (Stern Street)  
Action for Carers Oxfordshire  
Action on Hearing Loss  
Agnes Smith Advice Centre  
Alcoholics Anonymous  
Alzheimer's Society  
ARKT  
Army Families Federation  
Aspire Oxford  
Aynho Parish Council  
CA Oxford  
Cherwell District Council  
Chinnor and District Royal British Legion  
Church Street Patients Participation Group  
Citizens Advice  
Citizens Advice NOSN  
CNHC  
Cottsway Housing Association  
Dementia Oxfordshire  
Employment Plus - The Salvation Army  
Friendleys  
Good Food Oxford  
Guideposts  
Headway Oxfordshire  
Healthy Abingdon  
Hedena Health and Manor Surgery  
Hedena Health GP practice, Headington, Oxford  
Horsefair PPG

Hummingbird Cancer Therapy Centre  
Kennington Parish Council  
LDC/Health Education England  
MIND Witney  
MS Society  
NHS Oxfordshire Commissioning Group  
North Hinksey Parish Council  
Oxfordshire County Council  
OCVA  
OxFed Health & Care Ltd  
Oxford City Council  
Oxford City Farm  
Oxford Computer Consultants  
Oxford Health NHS Foundation Trust  
Oxford Health NHS Trust, City Older Adult Community Mental Health Team.  
Oxford Hospitals Charity  
Oxford Private Care  
Oxford Transgender Support Group  
Oxford University Gardens, Libraries and Museums  
Oxford University Hospitals NHS Foundation Trust  
Oxford wood recycling  
Oxfordshire Association of `Care Providers  
Oxfordshire County Council Community Support Services  
Oxfordshire Mind  
Oxfordshire Neighbourhoods & Villages Trust Ltd  
Pharmacy Thames Valley  
PPG Woodlands Medical Centre  
Public health  
Rethink Mental Illness, Oxfordshire Carers Support Service  
Roots 'n' Culture  
Sanctuary Housing  
SMART CJS  
Sobell House Hospice  
Stroke Association

Style Acre

The Alzheimer's Society

The Hummingbird Centre, Bicester

Volunteer Link Up

Wantage Independent Advice Centre

White Horse Botley Primary Care Network

Windrush Medical Practice PPG, Witney

Woodlands Medical Centre, Didcot

Plus individuals who did not identify with an organisation / group

## Oxfordshire Health and Wellbeing Board 30 January 2020

<b>Report Title</b>	<b>CQC Action Plan – Final Report</b>
<b>Author(s)</b>	<b>Integrated System Delivery Board – System Leaders</b>
<b>Presenter(s)</b>	<b>Stephen Chandler</b>
<b>Summary and Recommendations</b>	
<p>In March 2018 the Oxfordshire system submitted an 18-month action plan to the CQC in response to their Local Area Review of the Oxfordshire Health &amp; Social Care System.</p> <p>The Health &amp; Wellbeing Board requested that the plan be brought to a close at the end of it's 18-month duration with any ongoing tasks identified and allocated as part of business as usual.</p> <p>This report provides an overview of how the plan evolved over time and describes how any ongoing tasks have been allocated to a suitable lead officer. It also clarifies which governance stream the ongoing task falls under in order to ensure the work is monitored until completion.</p> <p>HWB members are asked to agree to the closure of the plan and for any outstanding tasks to be completed and reported as part of their existing governance arrangements.</p>	
<b>Is the work linked to a sub-group of the HWB</b> (tick as appropriate)	<input checked="" type="checkbox"/> Integrated Services Delivery Board <input type="checkbox"/> The Children's Trust <input type="checkbox"/> The Better Care Fund Joint Management Group <input type="checkbox"/> The Adults with Support and Care Needs Joint Management Group <input type="checkbox"/> Health Improvement Partnership Board
<b>This paper links to the following priorities set out in the Joint Health and Wellbeing Strategy</b> (tick as applicable)	
<input type="checkbox"/> A coordinated approach to prevention and healthy place-shaping. <input checked="" type="checkbox"/> Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan). <input type="checkbox"/> An approach to working with the public so as to re-shape and transform services locality by locality. <input type="checkbox"/> Plans to tackle critical workforce shortages. <input type="checkbox"/> A Healthy Start in Life <input type="checkbox"/> Living Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> Tackling Wider Issues that determine health	
<b>The purpose of this paper is</b>	
To update the board on progress and next steps in relation to the CQC Action Plan following receipt of the CQC progress report in January 2019.	
<input type="checkbox"/> For decision <input type="checkbox"/> For discussion <input checked="" type="checkbox"/> For information <input type="checkbox"/> Other _____	

# CQC Action Plan – Final Report

## 1. Background

### 1.1. Local system review

In January 2018 the Care Quality Commission (CQC) published a report following the Local Area Review of Oxfordshire Health & Social Care System. As requested by the CQC, Oxfordshire Health & Social Care leaders set out their response to the report by submitting an 18-month action plan in March 2018.

At its meeting earlier in the year the Health & Wellbeing Board requested that the plan was brought to a close at the end of the 18-months. With any ongoing tasks clearly identified and allocated to a suitable lead officer with appropriate governance to ensure work is completed.

This report is the final report to the HWB regarding the CQC action plan. It provides an overview of how the plan evolved over 18 months and how any outstanding tasks will be completed once the plan is closed.

### 1.2. Oxfordshire System action plan

A high-level action plan was submitted to the CQC in March 2018 which documented 46 key actions that the system would take in response to the 15 recommendations in the local area review report. The plan was then further developed into a more detailed plan with sub-actions and key milestones to enable system leaders to track the delivery of work and the overall progress of the plan.

It is important to note that the action plan is a specific response to the 15 recommendations made by the CQC. It should not be considered a 'system masterplan' as it does not necessarily reflect all of the various broader pieces of work that are taking place across the system.

### 1.3. CQC follow up review

In November 2018 the CQC completed a follow-up review which was broadly positive. Two more high-level actions and additional sub-actions were added to the original action plan.

In many cases the tasks in the detailed plan went beyond the intention of the recommendation made in the original high-level plan, as System Leaders added additional tasks to ensure the recommendations were met fully. This extension has led to tasks running longer than the intended 18-month duration, meaning the plan still contained some incomplete tasks at the end of that period. Those tasks are already being progressed as part of either existing projects/programmes or as ongoing business as usual work with named leads and are described below.

## 2. Overview of plan

This section provides an overview of each workstream in the action plan, describes what the CQC found during the local area review, the recommendations they made, what has been delivered in response to the recommendation and any tasks that are still outstanding.

### Workstream A - Vision, Governance & Strategy

The CQC found that while relationships between the main stakeholders had been difficult over many years there was evidence that these were improving. They were critical of the level of whole system strategic planning, the lack of a clear strategic vision and said that the role of the HWB was unclear.

#### CQC Recommendation

*“System leaders must improve how they work together to plan and deliver health and social care services for older people in Oxfordshire. Whilst doing so a review of people’s experiences must take place to target improvements needed to the delivery of health and social care services, bringing people back to the forefront of service delivery.”*

#### Key actions delivered in response to recommendation

- Oxfordshire Health & Wellbeing Board (HWB) reviewed and revised to clarify accountability and reduce overlap
- Agreed the refreshed vision for Health & Wellbeing in Oxfordshire
- Co-produced the Health & Wellbeing strategy for Oxfordshire
- Co-produced the Older People’s Strategy

#### Task(s) outstanding

No tasks outstanding.

### Workstream B - Organisational Development

The inspectors noted that there had recently been changes in leadership in several organisations within Oxfordshire and this had encouraged an increased willingness to build trust and to work collaboratively going forward. However, feedback received in from the relational audit completed as part of the review demonstrated that some cultural issues remained.

#### CQC Recommendation

*“System leaders must address and create the required culture to support service interagency collaboration and service integration.”*

#### Key actions delivered in response to recommendation

- Reviewed the CQC relation audit results identifying areas that would benefit from organisational development activity



- Established a set of principles, behaviours and narrative to support shared purpose across the system
- Agreed a shared accountability framework

#### Task(s) outstanding

<b>Task not yet completed</b>	<ul style="list-style-type: none"> <li>• Further frontline OD work to address culture and enable strength-based approach to care planning</li> </ul>
<b>Owner</b>	<ul style="list-style-type: none"> <li>• Stephen Chandler - Corporate Director of Adult Services – Oxfordshire County Council</li> <li>• Sam Foster – Chief Nursing Officer – Oxford University Hospitals</li> </ul>
<b>Rational &amp; Future Reporting</b>	<ul style="list-style-type: none"> <li>• Whilst this action is broad in description it specifically related to the culture in urgent care. The action has been addressed in part but should be considered as part of future Urgent Care work which is being led by Stephen Chandler and Sam Foster.</li> <li>• There is a clear system wide set of arrangements for identifying and reporting this work which sits with the Accident &amp; Emergency Delivery Board and Urgent Care Delivery Group</li> </ul>

#### Workstream C - Older People's Strategy

The report stated that while the Joint Strategic Needs Assessment (JSNA) and the health and wellbeing strategy provided oversight of further integration of health and social care, promotion of preventative services and re-shaping of NHS services outlined in the emerging Sustainability and Transformation Partnership. It noted that the absence of a specific focus on an older people's strategy made it difficult to articulate joint goals.

#### CQC Recommendation

*"The Older People's strategy must be reviewed, and the results implemented into an updated Joint Strategic Needs Assessment. As part of the Older People's strategy, the draft frailty pathway should be implemented and evaluated to include those underrepresented in society."*

#### Key actions delivered in response to recommendation

- Co-produced the Older People's Strategy
- Developed a frailty pathway including a pilot Virtual Ward in the City locality

#### Task(s) outstanding

<b>Task not yet completed</b>	<ul style="list-style-type: none"> <li>• Approval of Older People's Strategy Implementation Plan</li> </ul>
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<b>Owner</b>	<ul style="list-style-type: none"> <li>Rachel Pirie – Commissioning &amp; Markets Lead for Older Adults – Oxfordshire County Council &amp; Oxfordshire Clinical Commissioning Group</li> </ul>
<b>Rational &amp; Future Reporting</b>	<ul style="list-style-type: none"> <li>This work is being delivered as part of the project which will implement the Older People's Strategy by Commissioning Teams in OCC/OCCG and will report through that governance structure.</li> </ul>

## Workstream D - Learning After Escalation

The report stated that the system was frequently in escalation which had resulted in this becoming normalised. There was a need for more evaluation of the contributing factors to the escalation and de-escalation processes so lessons could be learned, continuous improvements made and shared system wide.

### CQC Recommendation

*“System leaders should undertake more evaluation of the actions taken by teams and individuals during times of escalation and learning should be shared with system partners to encourage learning and continuous improvement.”*

### Key actions delivered in response to recommendation

- Reviewed and agreed revised escalation processes including OPEL levels
- Develop mechanism to collate learning from work carried out during escalations
- Shared learning from the review of the 2017/18 Winter Plan across the system and with HOSC
- Implemented BOB Urgent Care Stress Test

### Task(s) outstanding

No tasks outstanding.

## Workstream E - Demand Pressures

During the review some leaders and front line staff that the inspectors spoke to voiced concerns that planning for winter (2017/18) had been left too late and there was little confidence in the system's ability to cope during this period. In the follow-up review they also noted that system leads should ensure that the Continuing Health Care (CHC) service specification should be completed.

### CQC Recommendation

*“System leaders must evaluate its winter plans and demand pressures throughout the year to ensure lessons learned are applied when planning for increased periods of demand.”*

## Key actions delivered in response to recommendation

- Revised winter planning processes developed, which include:
  - Evaluation of previous winter plan
  - Independent scrutiny of winter plan from Health Overview and Scrutiny Committee (HOSC)
- Improved quality and oversight of Hospital Discharge and Reablement Pathway to improve flow
- Revised Demand and Capacity model implemented

## Task(s) outstanding

<b>Task not yet completed</b>	<ul style="list-style-type: none"><li>• Completion of the Continuing Health Care (CHC) Project</li></ul>
<b>Owner</b>	<ul style="list-style-type: none"><li>• Rachel Pirie – Commissioning &amp; Markets Lead for Older Adults – Oxfordshire County Council &amp; Oxfordshire Clinical Commissioning Group</li></ul>
<b>Rational &amp; Future Reporting</b>	<ul style="list-style-type: none"><li>• The CHC Project is being delivered by Commissioning staff across OCC/OCCG and will report under that governance structure.</li></ul>

## Workstream F - Market Management

The inspectors noted that commissioning strategies, underpinned by the JSNA and future projections, had supported a joint approach to managing the care market and commissioning services and this provided a good platform to move forward with service and operational integration. However as the system faced significant social care market issues system leaders need to make sure there is sufficient capacity and resilience to cope with an anticipated increase in demand.

## CQC Recommendation

*“System leaders should review and strengthen the approach to managing the care market so that providers are aware of future requirements, particularly in respect of domiciliary care, end of life care and care for people living with complex mental health issues. A proactive approach to market management is required to ensure a sustainable care market.”*

## Key actions delivered in response to recommendation

- Co-produced two provider conferences with key provider stakeholders
- Deployed a Provider Collaborative framework for Clinical Commissioning Group commissioned services
- Co-produced revised Market Position Statements
- Review and recommissioning of Short Stay Beds

## Task(s) outstanding

<b>Task not yet completed</b>	<ul style="list-style-type: none"> <li>Two long-term commissioning projects: Homecare2020 and Recommissioning of Long Stay Beds</li> </ul>
<b>Owner</b>	<ul style="list-style-type: none"> <li>Rachel Pirie – Commissioning &amp; Markets Lead for Older Adults – Oxfordshire County Council &amp; Oxfordshire Clinical Commissioning Group</li> </ul>
<b>Rational &amp; Future Reporting</b>	<ul style="list-style-type: none"> <li>These long-term projects are being delivered by commissioners across OCC/OCCG and will continue to report under those governance structures.</li> </ul>

## Workstream G - Workforce Strategy

The CQC report stated that Oxfordshire was particularly challenged by workforce issues across the system. It noted that there were strategic plans at organisational levels and STP level to align the workforce to future demand and work had taken place with an agreement to trial a combined recruitment campaign and to develop a single recruitment pathway. It cited the high cost of housing and accommodation as a barrier to staff retention and recruitment.

### CQC Recommendation

*“System leaders must implement the STP’s joint workforce strategy and work with the full range of care providers to support a competent, capable and sustainable workforce.”*

### Key actions delivered in response to recommendation

- Developed a Local Workforce Action Board
- Agreed and delivered the Oxfordshire System Support Workforce Action Plan, this included
  - Evaluation of joint recruitment campaign and used findings to inform future campaigns
  - Introduced a range of valuing staff initiatives
  - Delivered a skills and leadership development programme for care providers
  - Developed a career pathway for support care workers
- Agreement across the system that Workforce Strategy should sit across the wider Buckinghamshire, Oxfordshire and Berkshire West footprint – but with an Oxfordshire place-based narrative

### Task(s) outstanding

No tasks outstanding.

## Workstream H - Flow & Pathways

While services designed to improve flow through the health and social care system were evidence based. The inspectors noted that there were multiple pathways and access points, provided by different staffing groups. Frontline staff reported multiple confusing access points into the system and said that which one they would use depended on individuals' knowledge of the options.

### **CQC Recommendation**

*“System leaders must review how people flow through the health and social care system including a review of pathways so that there are not multiple and confusing points of access. Pathways should be well defined, communicated and understood across the system.”*

### **Key actions delivered in response to recommendation**

- Implemented HART Improvement plan
- Implemented revised Short Stay Beds and Frailty pathways (as noted above)
- Delivered revised Stranded Patient processes and pathway
- Strengthen the reporting and oversight of the A&E Delivery Board plan at HWB to assure system accountability for the delivery of these plans (via the Integrated System Delivery Board).

### **Task(s) outstanding**

<b>Task not yet completed</b>	<ul style="list-style-type: none"> <li>• Undertake a comprehensive review of pathways and evaluate discharge to assess processes</li> </ul>
<b>Owner</b>	<ul style="list-style-type: none"> <li>• Stephen Chandler - Corporate Director of Adult Services – Oxfordshire County Council</li> <li>• Sam Foster – Chief Nursing Officer – Oxford University Hospitals</li> </ul>
<b>Rational &amp; Future Reporting</b>	<ul style="list-style-type: none"> <li>• This work will also be picked up as part of the Urgent Care work (as with workstream B) which is being led by Stephen Chandler and Sam Foster.</li> <li>• There is a clear system wide set of arrangements for identifying and reporting this work which sits with the Accident &amp; Emergency Delivery Board and Urgent Care Delivery Group</li> </ul>

### **Workstream I - Housing**

Inspectors found that some processes would benefit from increased focus on the future housing needs of people, particularly in relation to admission and discharge from hospital.

### **CQC Recommendation**

*“System leaders should ensure that housing support services are included within multidisciplinary working, especially in relation to admission to and discharge from hospital, to enable early identification of need and referrals.”*

#### **Key actions delivered in response to recommendation**

- Appointed dedicated social care and community health staff to identify and manage housing related issues in community hospitals.
- Used feedback from local strategic workshops, ASASS Working Group Network, discussions with district councils and the Oxfordshire Health & Social Care Working & Living Survey to support the identification and management of housing related issues.

#### **Task(s) outstanding**

No tasks outstanding.

### **Workstream J - Review of Commissioned Services**

The CQC found that although jointly commissioned services were limited, there were some examples of good services in health and social care working together. For example the project groups working on DTOC and ‘stranded patients’. However, many new initiatives were being developed without a shared approach, which resulted in silo working and a need to encourage a culture of inter-agency and multidisciplinary working to provide seamless care and avoid duplication of effort.

#### **CQC Recommendation**

*“System leaders should conduct a review of commissioned services to consider design, delivery and outcomes, to improve the effectiveness of social care assessments and reduce and avoid duplication. On completion, the criteria for each service should be circulated to system partners and social care providers to ensure resources are used effectively.”*

#### **Key actions delivered in response to recommendation**

- Reviewed several commissioned services and took actions to mitigate risks or improve effectiveness, services include; Short Stay Beds, Contingency Care, Hospital at Home services, Continuing Health Care

#### **Task(s) outstanding**

No tasks outstanding.

### **Workstream K - Support for Carers**

During the review inspectors found that carers were not receiving the support they required. They also found that some Carers felt they were not always fully supported at the time of crisis.

## CQC Recommendation

*“System leaders should review methods used to identify carers’ eligibility for support so that they are assured that carers are receiving the necessary support and have access to services.”*

### Key actions delivered in response to recommendation

- Run Strategic and Carer Listening Events to gather feedback from a wide range of stakeholders – this has led to the creation of a Carers Co-production Group to co-produce the future shape of services for Carers.

### Task(s) outstanding

<b>Task not yet completed</b>	<ul style="list-style-type: none"><li>• Produce outline model of future support for carers</li></ul>
<b>Owner</b>	<ul style="list-style-type: none"><li>• Rachel Pirie – Commissioning &amp; Markets Lead for Older Adults – Oxfordshire County Council &amp; Oxfordshire Clinical Commissioning Group</li></ul>
<b>Rational &amp; Future Reporting</b>	<ul style="list-style-type: none"><li>• This is part of the ongoing review of support to Carers underway within OCC/OCCG and will continue to report through that governance structures</li></ul>

## Workstream L - Self-Funders

Inspectors found that people who were funding their own care experienced difficulties in accessing essential information and were therefore not always aware of what was available to them.

## CQC Recommendation

*“System leaders should ensure that better advice to access information and guidance is offered to people funding their own care.”*

### Key actions delivered in response to recommendation

- Reviewed and updated information for people who fund their own care.
- Developed and implemented a new brokerage service which will include people who fund their own care

### Task(s) outstanding

No tasks outstanding.

## Workstream M - Trusted Assessor

While efforts had been made to improve system flow and reduce DTOC, the trusted assessor model, discharge coordinators and flow leads roles were not fully effective and people still experienced delays in their discharge, especially at weekends.

### **CQC Recommendation**

*“Continue to embed the trusted assessor model.”*

### **Key actions delivered in response to recommendation**

- The trusted assessor model has been embedded in the following areas:
  - Short Stay bed pathway
  - Stranded Patient review
  - Between acute and community hospitals
  - The Council's black contract with care home providers built into the short stay bed pathway and has also been implemented between acute and community hospitals

### **Task(s) outstanding**

No tasks outstanding.

## **Workstream N - Co-Production**

Inspectors reported that the system's approach to co-production with people who use services, their families and carers was under developed. There were challenges engaging seldom heard groups and ensuring proactive engagement about things that mattered most to people living in the area.

### **CQC Recommendation**

*“System leaders must continue to engage with people who use services, families and carers when reviewing strategies and integrated systems and structures to ensure these are co-produced”*

### **Key actions delivered in response to recommendation**

- HWB agreed to systemwide approach to involvement and engagement – Oxfordshire Wellbeing Network
- A number of major commissioning projects have included in-depth co-production such as development of the Older People's Strategy, Homecare 2020 and development of the strategy for adults with care and support needs

### **Task(s) outstanding**

No tasks outstanding.

## **Workstream O - Voluntary, Community & Social Enterprise Sector**



The inspectors reported that there is a strong VCSE sector in Oxfordshire but felt that there were missed opportunities for the VCSE sector to be involved in the discharge process to make it more effective and person centred.

### **CQC Recommendation**

*“Engagement and partnership working with the VCSE sector should be reviewed to improve utilisation.”*

### **Key actions delivered in response to recommendation**

- Worked with VCSE partners on a range of workstreams such as development of the 2018/19 winter plan and system workforce and housing programmes
- Jointly developed the Oxfordshire Wellbeing Network a network of local organisations which is being led by Oxfordshire Healthwatch. This group will help inform and influence the Oxfordshire Health & Wellbeing Board.
- The VCSE are represented on key system boards such as the A&E Delivery Board and Co-Production Board

### **Task(s) outstanding**

No tasks outstanding.

# OX12 Framework and Stakeholder Reference Group - a view from Healthwatch Oxfordshire

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**Rosalind Pearce**  
Executive Director  
Date: January 2010

Agenda Item 13

# Background

- Healthwatch Oxfordshire attended the OX12 Stakeholder Reference Group (SRG) to observe the process
- Initiated as the Healthwatch Oxfordshire (HWO) Trustees wanted assurance that the process c/would deliver what it promised:
  - Cost to system
  - Capacity of system to deliver and replicate across the county
  - Commitment to involvement from community
  - Co-design outcomes



# Observations

- SRG chaired by independent community leader
  - Expectations of Save Wantage Hospital managed in a positive way, without losing sight of the issue
  - Framework Team always represented at SRG and listened to and responded to SRG concerns re communication, information, gaps in community involvement
- Framework Team 'grew' into the process as relationships built with SRG
- Building solutions event opened up to more than the SRG - good
- SRG members involved in working groups apart from Clinical and Care Forum - never understood why this is
- Good data collection / sharing event - would have liked to see more SRG members there



# Observations

- Takes time and actions to build relationships and trust in the community
- Small actions can destroy trust and relationships this quickly
- 'Sustainable primary care as a key enabler' (The Oxfordshire Clinical View) - but one of the biggest challenges to this - the GP building - was not part of this work
- Role of SRG and relationship with Framework Group in whole process needs to be clarified especially in reporting back to HAWB & HOSC
- No tangible change/development after a lot of time, effort, and toil over a 12 month period



# Comments

- SRG and Framework Group have learned along the way especially around communication - both internally and externally
  - these lessons must be applied in future activity
- The Framework approach when fully evaluated by external evaluator must including process, outcomes, cost, SRG views
  - Evaluation of the process must start at the beginning
- Replication of this approach must take into account:
  - Capacity, and capability of volunteers, and costs to volunteers
  - Recognise that the approach must be designed to meet the demographics of the community including production of communication materials, levels of community involvement, representation across the community



# Sustainability

- Observing the amount of time, staff commitment, and guessing at the cost of associated resources required to deliver the framework it is unlikely that the system has the capacity to deliver more than one project at a time.
- Focussed on a small area mean that where County wide issues/solutions are identified e.g. CAHMS, community hospitals these are not addressed during the Framework process.
- It is not clear where the leadership and resources are for maintaining momentum to ensure that good ideas and embryonic solutions are continued to be developed.



Health & Wellbeing Performance Framework: 2019/20  
January 2020 Performance report

	Measure	Responsible Board	Baseline	Target 2019/20	Update	Q1 Report		Q2 Report		Q3 Report		Notes
						No.	RAG	No.	RAG	No.	RAG	
A good start in life	1.1 Reduce the number of looked after children by 50 in 2019/20	Children's Trust	789 (Jan 19)	750	Jan-20	794	R	780	A	786	A	Fig is for Dec 31, 2019. We remain above the target. Numbers are remaining stable against the backdrop of a 4% rise nationally last year. Rated Amber because of the volatility in the small number of high cost placements and its impact on budget and workload.
	1.2 Maintain the number of children who are the subject of a child protection plan	Children's Trust	602 (Jan 19)	620	Jan-20	608	G	592	G	593	G	Fig is for Dec 31, 2019. The number remains in line with expected demand and is slightly lower than the target.
	1.3 Increase the proportion of children that have their first CAMHS appointment within 12 weeks to 75%	Children's Trust	26% (Apr-Nov 2018)	75%	Oct-19	36%	R	26%	R	30%	R	The figure is for the year to date as at the end of October 2019. Clearing a backlog has a detrimental effect on this measure. A revised supporting measure is to be developed
	1.4 Increase the number of early help assessments to 1,500 during 2019/2020	Children's Trust	1083 (Apr-Jan 2019)	1,500	Jan-20	923	A	1371	A	1490	G	The figure is assessments in the year to date. The growth of early help assessments has helped provide more timely support and reduce demand on social care
	1.5 Reduce the number of hospital admissions as a result of self-harm (15-19 year) to the national average (rate: 617 actual admissions 260 or fewer)	Children's Trust	312 (2016/17)	260	Oct-19	87		134		166		Admissions from April 2019 to October 2019
	1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths	Children's Trust	65% (17/18)	73%	18/19 ac yr	nya		nya		64% provisional		Annual figure reported on academic year 18/19
	1.7 Maintain the proportion of pupils achieving a 5-9 pass in English and maths	Children's Trust	52% (17/18)	50%	18/19 ac yr	nya		nya		46% provisional		Annual figure reported on academic year 18/19
	1.8 Reduce the persistent absence rate from secondary schools	Children's Trust	13.7% (T2 18/19)	12.2%	18/19 ac yr	nya		13.90%		14.60%	R	The Engagement Board has focused on persistent absence through the introduction of a behaviour and attendance helpline for schools and are working in partnership with CAMHS on their Oxford City pilot.
	1.9 Reduce the number of permanent exclusions	Children's Trust	26 (T2 18/19)	tbc	18/19 ac yr	nya		55		72	R	Exclusions last year were higher than the target, but relative performance is good. Issues at individual schools may significantly increase the number of exclusions
	1.10 Ensure that the attainment of pupils with SEND but no statement or EHCP is in line with the national average	Children's Trust	KS2 20% cf 24%: (17/18) KS4 28.5 c.f 31.9 (16/17)	tbc	18/19 ac yr	KS2 20% 17/18 ac yr KS4 NYA	A	KS2 20% 17/18 ac yr KS4 28.0 17/18 ac yr	R	KS2 22% 18/19 ac yr KS4 - NYA	R	KS2 fig (% SEN support pupils reaching at least the expected standard in reading writing and maths 18/19 academic year. Oxon=22% (20% 17/18);
	1.11 Reduce the persistent absence of children subject to a Child Protection plan	Children's Trust	32.8% (16/17)	tbc	Q3 2018/19	32.8	R	36.2	R	36.2	R	Annual Figure for 17/18: National figure (17/18) =32.7%. 18/19 figure expected in March 2020
	1.12 Reduce the level of smoking in pregnancy	Health Improvement Board	8% (Q1 18/19)	8%	Q1 2019/20	6.7%	G			6.8%	G	
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	Health Improvement Board	94.3% (Q2 18/19)	95%	Q2 18/19	92.8%	A	94.6%	A	94.6%	A	RAG based on 18/19 targets; reported annually
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	Health Improvement Board	92.7% (Q2 18/19)	95%	Q2 18/19	89.4%	R	91.7%	A	91.7%	A	RAG based on 18/19 targets; reported annually
	1.15 Maintain the levels of children obese in reception class	Health Improvement Board	7.8% (17/18)	7%	2018/19	n/a				7.60%	G	The baseline for children who are obese and does NOT include those overweight (but not obese); annual fig
	1.16 Reduce the levels of children obese in year 6	Health Improvement Board	16.2% (17/18)	16%	2018/19	n/a				15.70%	G	
Surveillance measures												
	Monitor the number of child victims of crime	Children's Trust	2238 (Apr-Dec 2018)	Monitor only	Jan-20	763		1558		2466		Figures are year to date (April to December)
	Monitor the number of children missing from home	Children's Trust	1494 (Apr-Dec 2018)	Monitor only	Jan-20	635		1153		1624		Figures are year to date (April to December)
	Monitor the number of Domestic incidents involving children reported to the police.	Children's Trust	4807 (Apr-Dec 2018)	Monitor only	Jan-20	1452		3076		4676		Figures are year to date (April to December)
	Monitor the crime harm index as it relates to children	Children's Trust	Set in Q1	Monitor only	Q3 2018/19	n/a		n/a		n/a		

Agenda Item



2.1 Number of people waiting a total time of less than 4 hours in A&E	Joint Management Groups	88% (Apr-Nov 18)	tbc	Oct-19	87%	R	86%	R	82% (85% yr to date)	R	September 2019 saw OUHFT Accident and Emergency (A&E) fail to reach the 95% national and 90% NHSI agreed performance trajectory targets, achieving 84.24%. This showed a slight improvement from August's performance of 84.09%. (IPR Nov 19) In October the figure was 82%.
2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average	Joint Management Groups	91% Oxon; 86% national. (Jan 2019)	86%	Jan-20	92%	G	92%	G	92%	G	Jan 2020; 91.7 % of health & social care providers in Oxfordshire are good or outstanding compared with 85.9% nationally
2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies	Joint Management Groups	18% (Apr - Nov)	22%	Sep-19	20%		18%	R	17% (19% yr to date)	R	This is a nationally set target. 19% is year to date figure to September. Target last year 19%).
2.4 The proportion of people who complete psychological treatment who are moving to recovery.	Joint Management Groups	51% (Apr - Nov)	50%	Aug-19	51%	G	47%	R	49% (49% yr to date)	R	Figure to August 2019
2.5 The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment	Joint Management Groups	100% (Apr - Nov)	95%	Aug-19	100%	G	99%	G	99% (99% yr to date)	G	Figure to August 2019
2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	Joint Management Groups	99% (Apr - Nov)	75%	Aug-19	99%	G	98%	G	98% (98% yr to date)	G	Figure to August 2019
2.7 The proportion of people on General Practice Seriously Mentally Ill registers who have received a full set of comprehensive physical health checks in a primary care setting in the last 12 months.	Joint Management Groups	23.6%	60%	Jun-19	nya		29%		29%		Figure is YTD (June as reported in November 2019) Not rag rated until end of Full Year
2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe: JR (1 hour); HGH (1.5 hours)	Joint Management Groups	98% JR; 96% HGH (2017/18)	95%	Nov-19	87% JR; 72% HGH	R	77%	R	80% JR; 82% HGH	R	EDPS performance continues to be challenged. It is recognised by commissioner and provider that resource is needed to address the issue of reduced overnight cover in order to achieve the current KPI. A plan is in place to prioritise activities when the current system focus around Adult Mental Health Team pressure is more stable. Investment has been secured for setting up a Crisis Resolution & Home Treatment Team (initially in the City), an additional Safe Haven in Banbury, and a High Intensity User Service based in OUH ED which will increase community provision and is expected to divert activity away from ED. (IPR Nov 19)
2.9 Proportion of people followed up within 7 days of discharge within the care programme approach	Joint Management Groups	96% (Apr - Dec)	95%	Jun-19	96%	G	98%	G	98%	G	Latest figure June 2019
2.10 The proportion of people experiencing first episode psychosis or ARMS (at risk mental state) that wait 2 weeks or less to start a NICE recommended package of care.	Joint Management Groups	75%	56%	Sep-19	89%	G	89%	G	71% Sep (74% Yr to date)	G	
2.11 Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by March 2020	Joint Management Groups	57% (Sep 2018)	75%	Jun-19	41% (Dec 18)	R	32% (Mar 19)	R	10% (Jun 19)	R	By end September practices delivered 561 checks compared to 601 for the same period in 2018. OCCG is analysing performance at practice level and will be contacting underperforming practices to offer information, advice and support during quarter 3
2.12 The number of people with severe mental illness in employment	Joint Management Groups	18% Dec 2018	18%	Nov-19	18%	G	22%	G	23%	G	
2.13 The number of people with severe mental illness in settled accommodation	Joint Management Groups	96% Dec 2018	80%	Nov-19	96%	G	96%	G	96%	G	
2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2020	Joint Management Groups	9	10	Jun-19	nya		6	G			
2.15 Reduce the number of people with learning disability and/or autism placed/living out of county	Joint Management Groups	177 (Dec 2018)	< 175	Jan-20	181	A	179	A	176 in Oct, Nov and Dec	A	Small decrease in numbers since last report
2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	Health Improvement Board	19.1%	18.6%	May-19	n/a		19.1%		20.30%	R	Annual Figure; Cherwell 24.1%; Oxford 15.4%; South Oxfordshire 19.4%; Vale of White Horse 17.6%; West Oxfordshire 26.9%
2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	Health Improvement Board	>2,337 per 100,000 (2017/18)	> 2,337 per 100,000*	Q1 2019/20	2,929	G	2,929	G	3,460	A	Estimated rate per 100,000 based on number of actual quitters for the quarter (475). Data always a quarter in arrears

2.18 Increase the level of flu immunisation for at risk groups under 65 years	Health Improvement Board	52.4 (2017/18)	55%	Sept 18 to Feb 19	51.4%	A	51.4%	A	51.4%	A	Annual Fig
2.19 Maintain the % of people invited for a NHS Health Check (Q1 2014/15 to Q4 2019/20)	Health Improvement Board	97% (2018/19)	97%	Q2 2019/20	94.9%	G	84.4%	G	90.5%	G	CCG Localities: North East 85.8; North 88.9; Oxford 93.4; South East 98.6; South West 88.3; West 85.2. Data always a quarter in arrears
2.20 Maintain the % of people receiving an NHS Health Checks (Q1 2014/15 to Q4 2019/20)	Health Improvement Board	49% (2018/19)	49%	Q2 2019/20	47.1%	G	42.0%	G	44.6%	G	CCG Localities: North East 40.5; North 49.7; Oxford 40.4; South East 48.0; South West 46.3; West 41.8 . Data always a quarter in arrears
2.21 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 3.5 years	Health Improvement Board	68.2% (Q4 2017/18)	80%	Q4 2018/19			67.8%	A	68.3%	R	Variation in districts for 2018/19 data - Cherwell 71.3%; Oxford 53.7%; South Oxfordshire 75.8%, Vale of White Horse 73.9%, West Oxfordshire77.4% (Source): PHE Public Health Outcomes Framework)
2.21 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 5.5 years	Health Improvement Board	68.2% (Q4 2017/18)	80%	Q3 2018/19			76.3%	A	76.6%	A	Variation in districts for 2018/19 data - Cherwell 75.8%; Oxford 70.4%; South Oxfordshire 78.8%, Vale of White Horse 77.4%, West Oxfordshire79.5% (Source): PHE Productive Healthy Ageing Profile)

Ageing Well 1	3.1 Increase the number of people supported to leave hospital via reablement in the year	Joint Management Groups	1036 (Apr-Dec 18)	2000	Jan-20	123	A	112	R	110	R	On average this year 95 people started reablement from hospital with HART; 15 from Oxford health. It would equate to 1315 for the year
	3.2 Increase the number of hours from the hospital discharge and reablement services per month	Joint Management Groups	8596 (Dec 2018)	8920	Aug-19	8842	A	6726	R	8406	A	Average figures for first 9 months of year. Average Fig for first 9 months of year is 8406 and is 6% below contract levels
	3.3 Increase the number of hours of reablement provided per month	Joint Management Groups	4350 (Dec 2018)	5750	Aug-19	5944	G	5402	A	5225	A	After 9 months of the year reablement levels are 9% below contract levels. In December itself levels fell to 27% below. This reflects both staff leave and families spending more time with people who use reablement services over Christmas. The average amount of care provided per person is higher than we expected when the contract was specified, meaning fewer people are supported which is having an adverse effect on delayed transfers of care
	3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	Joint Management Groups	20.8% (2016/17)	>18.8%	Jun-19	21%	G	21%	G	18% Oct 20% Yr to date)	G	Year to date to Oct; 18% in Oct
	3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average	Joint Management Groups	74% Feb 2018	> 69.9%	Feb-19	70.9	G	70.9	G	70.9	G	National social care user survey February 2019
	3.6 Maintain the number of home care hours purchased per week	Joint Management Groups	21,353 Dec 2018	21,779	Jan-20	21,327	A	20,876	A	20,744	A	The number of home care hours increased substantially till 2 years ago. It has now stabilised despite increased need, due to workforce capacity
	3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population	Joint Management Groups	22,822 (2017/18)	24,550 or fewer	Oct-19	19,677	G	23,559	G	22,630	G	
	3.8 90th percentile of length of stay for emergency admissions (65+)	Joint Management Groups	16 (2017-18)	18 or below	Oct-19	13	G	13	G	14	G	Year to date to Oct
	3.9 Reduce the average number of people who are delayed in hospital	Joint Management Groups	85 (Dec 2018)	TBC	Nov-19	95	A	121	R	106 (Nov 19)	R	Latest national published figure for Nov DTOC Bed days for Oxfordshire (Social Care, NHS and Both) (Total bed days delay for month divided by days in month)
	3.10 Reduce the average number of people delayed when discharged from hospital to care homes	Joint Management Groups	8 people (Dec 2018)	average of 6 at yr end	Nov-19	6.1	G	4.4	G	4.9 (Nov)	G	Latest national published figure for Nov DTOC Bed delays for Social Care with Residential Home as reason for delay - divided by days in month.
	3.11 Validated local position of CCG on average length of days delay for locally registered people discharged from hospital to care homes	Joint Management Groups	2.48 (17/18)	< 2.48	Jun-19	2	G	2.19	G			
	3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week remains below the national average	Joint Management Groups	13.0 (Apr-Dec 2018)	14	Jan-20	11.5	G	12.5	G	13	G	Year to date figure as at the start of January 2020
	3.13 Increase the Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Joint Management Groups	77% (Oct-Dec 2017)	85% or more	Oct - Dec 2018	73.7	R	73.7	R	73.7	R	This measure is a national measure of people leaving hospital with reablement between October and December and whether they are at home 91 days later. A lower figure could imply that cases picked up are more complicated.
	3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	Joint Management Groups	1.4% (Oct-Dec 2017)	3.3% or more	Oct - Dec 2018	1.7	A	1.7	A	1.7	A	This measure is a national measure of the proportion of older people who leave hospital with reablement between October and December. A higher figure suggests greater use of reablement. The latest national figure (2017) is 2.9%The measure is used to monitor the CQC action plan
	3.15 Increase the estimated diagnosis rate for people with dementia	Joint Management Groups	67.8% (Apr-Dec)	67.8%	Sep-19	68.1%	G	67.8%	G	67.8%	G	Figure to September
	3.16 Maintain the level of flu immunisations for the over 65s	Health Improvement Board	75.9% (2017/18)	75%	Sept 18 to Feb 19	76.3%	G	76.3%	G	76.3%	G	Annual Fig.
	3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)	Health Improvement Board	58.1% (Q4 2017/18)	60% (Acceptable 52%)	Q4 2018/19	59.5%	A	58.7%	G	63.5%	G	FIT testing replaced FOBt testing in programme in June. The simpler test kit is likely to improve uptake nationally; preliminary local data is reflecting this (PHE)
	3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	Health Improvement Board	74.1% (Q4 2017/18)	80% (Acceptable 70%)	Q4 2018/19	73.9%	A	73.5%	G	77.5%	A	Cherwell 78.1%; Oxford 70.3%; South Oxfordshire 77.8%; Vale of White Horse 80.5%; West Oxfordshire 79.8% (Source: PHE Productive Healthy Ageing Profile 2018/19 year data)

Tackling Wider Issues that determine health <sup>2</sup>	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	Health Improvement Board	208 (Q1 2018-29)	>208	Q1 2019/20	n/a		141	G	153	G	Officially released by Government 13 December. It is unlikely that the figures will change
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	Health Improvement Board	tbc	<75%	Q4 2018/19	n/a		89.1%	G			
	4.3 Maintain numbers of rough sleepers in line with the baseline “estimate” targets of 90	Health Improvement Board	90 (2018-19)	>90	Q3 2018/19	n/a		119	R			
	4.4. Monitor the numbers where a “prevention duty is owed” (threatened with homelessness)	Health Improvement Board	no baseline	Monitor only	Q1 2019/20	n/a		307		373		Officially released by Government 13 December. It is unlikely that the figures will change
	4.5 Monitor the number where a “relief duty is owed” (already homeless)	Health Improvement Board	no baseline	Monitor only	Q1 2019/20	n/a		162		149		Officially released by Government 13 December. It is unlikely that the figures will change
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	Health Improvement Board	no baseline	Monitor only	Q1 2019/20	n/a		15		13		Officially released by Government 13 December. It is unlikely that the figures will change

**Health and Wellbeing Process Measures 2019-20**

Measure	Responsible Board	Q1			Q2			Q3			Q4		
		Process	Progress	RAG	Process	Progress	RAG	Process	Progress	RAG	Process	Progress	RAG
Whole Systems Approach to Obesity	Health Improvement Board	Review the National guidance appropriate to Oxon and the NHS Long Term Plan	PHE WSA National Guidance published in July and reviewed. NHS LTP reviewed for adult and childhood obesity. Developed a working group and action plan to take forward the recommendations	G	Identify and engage stakeholders	Stakeholders identified and 50% engaged. HIB agreed in September for all board member organisations to nominate a representative(s) that we can work with which is currently being followed up.	A	Establish a working group			Develop a joint action plan		
Making Every Contact Count	Health Improvement Board	Transformation of Oxfordshire MECC Systems Implementation Group;	The group has been changed from a task and finish group to currently meeting every two months until further review. Updated terms of reference for the group have been put in place.	G	Promoting MECC approach and training within stakeholder organisations	Various member organisations have been promoting MECC and encouraging the uptake of training. Detailed updates were reported at the September 2019 meeting.	G	Support BOB STP with 1. the development & implementation of the MECC digital App 2. IAPT training model test bed and Train the Trainer model			1. Engagement with local/regional MECC networks to contribute updates and share learning 2. Test/shadow BOB STP MECC Metrics		
Page 152 Mental Wellbeing	Health Improvement Board	Sign Mental Wellbeing Prevention Concordat	All HWB organisations, OMHP and Active Oxfordshire signed the Concordat.	G	Establish a working group for mental wellbeing	More recent specific examples include the Oxford Health Public Health Promotion Resource Unit (PHPRU) including a link to the Wessex MECC eLearning when they send an email to every new user of their service. There are also now 3 MECC Trainers within Age UK Oxfordshire (AUKO) and Action for Carers Oxfordshire. MECC Training is planned to be rolled out to their 150 staff through 3 levels of training from 2020.	G	1. Identify wider stakeholders 2. Suicide Prevention Multi-Agency Group active in May and Dec			Develop Mental wellbeing framework		

Social Prescribing	Health Improvement Board	<p>1. Oxford City - Develop measurable outcomes. Install 'Elemental' social prescribing platform to track the patient journey</p> <p>2. SE Locality - All 10 Practices know the Community Navigators and their role and proactively refer patients. Proactive referrals made from the hospital discharge team to the Community Navigators</p>	<p>1. OxFed (Oxford City service) is no longer going to install Elemental software.</p> <p>2. SE Locality service developed across all GP Practices.</p>	G	<p>Cherwell and West Oxfordshire - GP Practices identified and targeted for each phase of the scheme roll out; Practices in areas of inequality identified and targeted.</p>	<p>Phased roll out of service across Cherwell and West Oxfordshire on target. 20 Practices signed up out of 26 Practices. Targeting areas of inequality- 5 Banbury town Practices signed up.</p>	G						
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## Report to the Health and Wellbeing Board

<b>Report from</b>	Children's Trust Board (Chair – Cllr Steve Harrod)
<b>Report Date</b>	15 <sup>th</sup> January 2020
<b>Dates of meetings held since the last report:</b> 2 <sup>nd</sup> October 2019, 17 <sup>th</sup> December 2019	
<b>HWB Priorities addressed in this report</b> <ul style="list-style-type: none"> <li>• A Healthy Start in Life</li> </ul>	
<b>Link to any published notes or reports:</b> <a href="https://www.oxfordshire.gov.uk/cms/content/children-and-young-peoples-plan-2018-2021">https://www.oxfordshire.gov.uk/cms/content/children-and-young-peoples-plan-2018-2021</a> (Link to current Children and Young People's Plan)	
<b>Priorities for 2019-20</b>	<b>Be Successful</b> <ol style="list-style-type: none"> <li>1. Have the best start in life.</li> <li>2. Access high quality education, employment and training that is motivational.</li> <li>3. Go to school and feel inspired to stay and learn.</li> <li>4. Have good self-esteem and faith in themselves.</li> </ol> <b>Priority focus for 2019/20: Focus on children missing out on education</b>
	<b>Be Happy and Healthy</b> <ol style="list-style-type: none"> <li>5. Be confident that services are available to promote good health and prevent ill health – early in life and before crisis.</li> <li>6. Learn the importance of healthy, secure relationships and having a support network.</li> <li>7. Access services to improve overall well-being.</li> <li>8. Access easy ways to get active.</li> </ol> <b>Priority focus for 2019/20: Focus on social and emotional well-being and mental health</b>
	<b>Be Safe</b> <ol style="list-style-type: none"> <li>9. Be protected from all types of abuse and neglect.</li> <li>10. Have a place to feel safe and a sense of belonging.</li> <li>11. Access education and support about how to stay safe.</li> <li>12. Have access to appropriate housing.</li> </ol> <b>Priority focus for 2019/20: Focus on domestic abuse</b>
	<b>Be Supported</b> <ol style="list-style-type: none"> <li>13. Be empowered to know who to speak to when in need of support and know that they will be listened to and believed.</li> <li>14. Access information in a way which suits them best.</li> <li>15. Have inspiring role models.</li> <li>16. Talk to staff who are experienced and caring.</li> </ol>



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

<b>Priority</b>	<b>Be Successful</b>
<b>Focus</b>	Children missing out on education (Oct 2019 meeting)
<b>Deliverable</b>	See Children and Young People Plan for list of deliverables.
<b>Progress report</b>	<p>A number of positive actions have been put in place since this was reviewed a year ago, including;</p> <ul style="list-style-type: none"> <li>- Work is ongoing to try and maximise school attendance. Several pieces of model policy and guidance (such as reintegration timetabling) have been developed and made available to schools. Additionally a Behaviour Pathway and Behaviour and Attendance Hotline have been created for schools.</li> <li>- Qualitative work is underway to understand why children are being excluded, as opposed to just reviewing numbers excluded.</li> <li>- Schools with high exclusion rates are being written to, additionally meetings have been held with the 10 highest excluding Head Teachers of pupils with SEN</li> <li>- Data consistency in reports to OCC and DfE are being reviewed and addressed.</li> <li>- Recommissioning of Alternative Provision is underway. Additionally a refresh and quality assurance has been completed for the directory for Alternative Provision available in Oxfordshire.</li> <li>- The Service Level Agreement with the Oxfordshire Hospital School has been updated and expanded.</li> </ul> <p>This will be kept under continual review to ensure there are improvements in all areas desired.</p>

<b>Priority</b>	<b>Be Healthy</b>
<b>Focus</b>	Social and Emotional Wellbeing and Mental Health (Dec 2019 meeting)
<b>Deliverable</b>	See updated Children and Young People Plan for list of deliverables.
<b>Progress report</b>	<p>Based on Apr-Nov figures the number of Early Help Assessments (EHA) are exceeding expectations.</p> <p>TAF (Team Around the Family) figures are also increasing, ensuring the right professionals are brought together with families.</p> <p>OCCG have managed to secure funding to pilot 4 Mental Health Support Teams (MHST), with each team covering up to 8000 students. The Oxford City area is currently up and running, and a Bicester and Banbury area is currently being established.</p>

	Referrals to CAMHS have increased by 59%. Waiting times vary depending on the pathway (emergency referral, or urgent referral etc.), however the longest wait is currently at 12 weeks.
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<b>Priority</b>	<b>Be Safe</b>
<b>Focus</b>	Domestic Abuse
<b>Deliverable</b>	This is being measured via the outcome of a peer review audit, alongside a separate report which will evaluate the Domestic Abuse training outcomes.
<b>Progress report</b>	To be reviewed at a future meeting.

<b>Priority</b>	<b>Be Supported</b>
<b>Focus</b>	Listen to the feedback from young people in Oxfordshire
<b>Deliverable</b>	This deliverable is measured by a standing agenda item, to hear feedback from young people via VOXY. Additionally, via the “Be Supported Survey”
<b>Progress report</b>	The survey is launching on 13 <sup>th</sup> Jan and will run for 4 weeks. An update is expected at the next CTB meeting in March.

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

<b>Indicator Number</b>	<b>RAG</b>	<b>What is being done to improve performance?</b>
1.1b increase the proportion of children that have their first appointment (with CAMHS) within 12 weeks.	R	<p>An online service (Healios) has been commissioned as a pilot to reduce the Getting Help pathway waiting list which by the end of December should have assessed and treated approximately 600 children that are on the waiting list. While the KPI performance is disappointing the Trust provides information to show that the average wait for CAMHS is reducing month on month.</p> <p>Increasing numbers of children are being assessed in the service but the focus is on longest waiters. In addition, open cases are currently being transferred from Getting More Help pathway into the Neuro-Developmental Conditions (NDC) service. Parent workshops being set up to support parents during waits. Recent capacity planning indicates that the service now has the right capacity for new referrals once the backlog is addressed. 106 children on the waiting list are being assessed by Healios using funding from NHS England, which was awarded last financial year. The most recent award in October will enable OH to further reduce the waiting times for this pathway.</p>
2.3 Ensure that the attainment of pupils with Special Educational Needs and Disability (SEND) but no statement or Education Health and	R	<p>Updated annually – no update from the previous meeting</p> <p>This is a key area of focus identified by the SEND performance board.</p> <p>A detailed action plan is in place and is overseen by the board and the Head of SEND. This has a focus on</p>

Indicator Number	RAG	What is being done to improve performance?
Care Plan is in line with the national average. * Key Stage 2 * Key Stage 4		increasing the level of support in early intervention for mainstream schools and the gathering of evidence for where a pupil is requiring additional support.  This action plan has been shared and signed off by Department for Education and the Care Quality Commission.
2.5 Reduce the persistent absence of children subject to a Child Protection plan	R	Following the launch of the Learner Engagement services last October, the education service are actively working with schools within a new Learner Engagement strategy overseen by the Learner Engagement Board. The Engagement Board has focused on persistent absence through the introduction of a behaviour and attendance helpline for schools and are working in partnership with CAMHS on their Oxford City pilot.  Re-commissioning of alternative provision is underway to reflect the needs of children/young people, parents and schools locally.
3.14 Reduce the number of looked after children by 50 in 2019/20	A	At the end of the year 780 children were looked after – at the end of September there were 788 looked after children. Last year Ofsted inspection rated our children's services overall, and services for looked after children, as 'good', which assures us that we are performing well and keeping children safe. However, the high numbers can mean that children are placed further away, and workload pressures rise. Each current looked after case has been reviewed by a senior manager in the council to determine an appropriate plan is in place. All external places are regularly reviewed to ensure that they are appropriate.  Within the council's 'Journey of the Child' programme we have a set of projects looking at the sufficiency of placements and how we support looked after children returning home after placements. 60% of children who become looked after do so within a year of them being on a child protection plan. The introduction of the Family Safeguarding Plus model should reduce the numbers of looked after children.
3.8 Reduce the number of children subject of a child protection plan	A	At the end of September, the figure was higher than target, but by 9 <sup>th</sup> December it had dropped below the target. Numbers traditionally rise in summer holidays as children are not at school. Rated amber to reflect the seasonal increase in numbers, but underlying trends remains positive.

### 3. Summary of other items discussed by the board

Special Educational Need and Disabilities (SEND) Update:

Since the last update the SEND re-inspection has also taken place (15<sup>th</sup> – 17<sup>th</sup> October). We await the feedback from Ofsted on progress against the Written Statement of Action.

The 5 areas for action have been showing good progress since the last update, with 3 of the 5 now green. Area C (Quality of Education, Health and Care Plans (EHCP)) and D (timeliness of the completions of ECHP) are still amber. However, completion of EHC plans in 20 weeks is steadily improving and is now broadly in line with the national average. Additionally, quality assurance meetings are being held every month at which a small sample of plans are reviewed. Senior SEN officers are also discussing the quality of plans at monthly supervision meetings with staff.

The SEN team restructure is also now complete, with additional posts being added. The team is now structured in two areas; School Age team (0 – end of Year 8), and a Preparation for Adulthood team (Year 9 – 25 years old, or when education provision ceases). This allows the teams to link more closely with schools, families and other professionals to improve planning for children transitioning to adulthood.

The board have also received updates on LGBT work progress and developments, a lot of work is underway to aid awareness raising in a number of areas. The board is fully committed to supporting and promoting this work. Additionally, the Director of Public Health presented an update on the Oxfordshire Prevention Framework 2019-2024.

#### **4. Forward plan for next meeting**

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

- Update on the 'Be Safe' area of focus (domestic abuse)
- Update on the 'Be Supported' area of focus (survey report)
- Corporate Parenting update
- A review of the Children and Young People's Plan and subsequent 2020/21 priorities will also be conducted.

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## Report to the Health and Wellbeing Board, (30<sup>th</sup> January)

<b>Report from</b>	Better Care Fund Joint Management Group
<b>Report Date</b>	17 <sup>th</sup> January 2020
<b>Dates of meetings held since the last report:</b> 25 <sup>th</sup> September 2019 27 <sup>th</sup> November 2019 (public meeting)	
<b>HWB Priorities addressed in this report</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> A coordinated approach to prevention and healthy place-shaping.</li> <li><input type="checkbox"/> Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).</li> <li><input type="checkbox"/> An approach to working with the public so as to re-shape and transform services locality by locality.</li> <li><input type="checkbox"/> Plans to tackle critical workforce shortages.</li> <li><input type="checkbox"/> A Healthy Start in Life</li> <li><input type="checkbox"/> Living Well</li> <li><input type="checkbox"/> <u>Ageing Well</u></li> <li><input type="checkbox"/> Tackling Wider Issues that determine health</li> </ul>	
<b>Link to any published notes or reports:</b> November meeting papers: <a href="https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=1072&amp;MId=6163&amp;Ver=4">https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=1072&amp;MId=6163&amp;Ver=4</a>	
<b>Priorities for 2019-20</b>	<p>The Better Care Fund Joint Management Group will deliver the priorities outlined in Living Longer, Living Better: Oxfordshire's Older People's Strategy.</p> <p>The priority themes identified in this strategy are:</p> <ul style="list-style-type: none"> <li>i. Being physically and emotionally healthy</li> <li>ii. Being part of a strong and dynamic community</li> <li>iii. Housing, homes and the environment</li> <li>iv. Access to information and care</li> </ul>

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

a. Better Care Fund Planning Template and Improved Better Care Fund Spend

<b>Priority</b>	
<b>Aim or Focus</b>	To approve the Better Care Fund plan 2019-20 for submission.
<b>Deliverable</b>	<p>Nationally, Health &amp; Wellbeing Boards are required to outline plans for usage of the Better Care Fund on an annual basis, and submit this on the required template. For 2019-20 the Better Care Fund planning template was due on 27<sup>th</sup> September 2019.</p> <p>This plan was discussed and agreed for submission, and also discussed at the September Health &amp; Wellbeing Board.</p> <p>The September meeting of the Better Care Fund Joint Management Group also reviewed progress against the Improved Better Care Fund spend for 2019-20 to date. The Improved Better Care Fund is paid directly to local government on the condition that it is pooled as part of the overall Better Care Fund plan; it can be spent on:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Meeting adult social care needs</li> <li><input type="checkbox"/> Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready</li> <li><input type="checkbox"/> Ensuring that the local social care provider market is supported</li> </ul> <p>In particular in Oxfordshire this funding has been used to support flow out of hospitals by ensuring capacity in the multi disciplinary and social work teams which support hospital discharge; to support the provider market with funding for inflationary fee uplifts; and to develop additional innovation and workforce projects to support capacity and capability particularly within the home care market.</p>
<b>Progress report</b>	The planning template was agreed for submission.

b. Care Quality Commission Data Profiles

<b>Priority</b>	
<b>Aim or Focus</b>	The group reviewed the <i>CQC - LA area data profile: Older people's pathway (Oxfordshire), July 2019</i> . This is the third time the CQC has released this profile.
<b>Deliverable</b>	The group reviewed the information contained within the document and discussed the content.
<b>Progress report</b>	The information was noted, and agreed to be shared with officers for use in ongoing projects.

c. Continuing Healthcare Update

<b>Priority</b>	Support the care of older people.
<b>Aim or Focus</b>	To review the plan for management of Oxfordshire's Continuing Healthcare offer and spend

<b>Deliverable</b>	<p>NHS Continuing Healthcare means a package of care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need.</p> <p>This area has been reviewed by the Joint Management Group previously but remains a priority area due to the increasing numbers of people eligible for Continuing Healthcare, with a commensurate impact on spend.</p>
<b>Progress report</b>	The group noted the approach to manage CHC spend, which is line with the CHC national strategic improvement programme. Noting the continued demand and financial pressure the group asked that this item remains on the agenda for regular updates.

d. Equipment update

<b>Priority</b>	Use innovative and appropriate aids, equipment and services
<b>Aim or Focus</b>	Equipment provision in the community
<b>Deliverable</b>	<p>Providing equipment is an essential component underpinning Oxfordshire's Health and Wellbeing Strategy and many of other joint Health and Social Care Core Strategies. Outcomes achieved are wide ranging and include:</p> <ul style="list-style-type: none"> <li>• Promoting independence and preventing long term care for children and adults.</li> <li>• Providing timely support to protect children and adults from harm and enhance quality of life.</li> <li>• Assisting and speeding up rehabilitation and return home.</li> </ul> <p>Support children and adults with long and short-term disabilities or conditions</p>
<b>Progress report</b>	A new contract delivered by a new contractor began in April 2019. In addition, this contract is now supported by a specialist team including Occupational Therapy to support service delivery, recycling rates and specialist items. JMG agreed with the report showing that this team is delivering savings and cost avoidance and noted the improving performance evident under this new contract.

e. Support at Home Transformation

<b>Priority</b>	<ul style="list-style-type: none"> <li>• Focus on prevention, reduce the need for treatment and delay the need for care by helping people to manage long term conditions</li> <li>• Ensure services are effective, efficient and joined up and that the market for provider organisations is sustainable.</li> <li>• Help people to maintain their independence and remain active in later life.</li> </ul>
<b>Aim or Focus</b>	Develop capacity, capability and sustainability within the home care market, to support people to live well at home for longer.
<b>Deliverable</b>	Work is underway to review the way in which support for people at home is commissioned, and to explore ways in



	which to further develop the market and work strategically with home care providers. This includes bringing in technology, innovation, community assets and working with providers to manage workforce pressures.
<b>Progress report</b>	The group noted the importance of this work, further updates to be provided as the project progresses.

f. Oxfordshire Prevention Framework

<b>Priority</b>	Focus on prevention, reduce the need for treatment and delay the need for care by helping people to manage long term conditions.
<b>Aim or Focus</b>	The Prevention Framework underpinned the Joint HWB Strategy and the JSNA is the resource to be used to decide priorities and identified inequalities.
<b>Deliverable</b>	The prevention framework was shared with the group for information.
<b>Progress report</b>	The group reflected on the role of prevention in the wider health and social care agenda, and noted that organisations have prevention champions to help drive this agenda forward through the wider programme of work.

g. Self funder offer

<b>Priority</b>	Support the care of older people
<b>Aim or Focus</b>	To review the plan to develop support for people who fund their own care, as required following the CQC Local System Review.
<b>Deliverable</b>	<p>The project has been established as part of a larger workstream which will see the implementation of the Council's new model of Care and Support Brokerage. The development of a Self-Funder's pathway for the Council is one element of this implementation.</p> <p>This project has been discussed by the Joint Management Group previously, this report is to update the group regarding progress.</p>
<b>Progress report</b>	<p>The service to support self funders is now operational in the John Radcliffe offering three tiers of services:</p> <ol style="list-style-type: none"> <li>1) Signposting, using the knowledge that the council holds in order to advice patients and their families about what it is available around the market.</li> <li>2) Sourcing services to people who are self-funder.</li> <li>3) Providing an ongoing management of this services to users and families.</li> </ol> <p>The group noted the progress to implement this area of support, and further updates and outcomes will be provided.</p>

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

Indicator Number	RAG	What is being done to improve performance?
3.1	R	Oxfordshire University Hospitals are leading the delivery of an improvement plan for the existing HART service, supported by system partners. Further work is being undertaken to consider the overall pathway.
3.2	A	This measure is subject to close monitoring and is supported by the HART improvement plan. This measure has moved to amber from red in the previous quarter.
3.3	A	The level of hours is not delivering the level of cases as the amount of care provided per person is higher than predicted.
3.6	A	Home care capacity remains a challenge, due to workforce conditions within Oxfordshire. A review of the homecare commissioning approach is being undertaken, including engagement with homecare providers. This is within the wider context of developing a strength based approach to support people to live independently in their communities.
3.9	R	Main causes of delay are: awaiting HART or placement. HART Improvement Plan has system oversight to support delivery with key performance indicators against agreed thresholds and improvement trajectories. System Care Working Group is overseeing system plan to support urgent care capacity and flow.
3.13	R	Oxfordshire University Hospitals are leading the delivery of an improvement plan for the HART service, supported by work to consider the overall pathway. A lower figure against this measure could imply that more complex cases are support through the HART service.
3.14	A	This measure is a national measure of the proportion of older people who leave hospital with reablement between October and December. A higher figure suggests greater use of reablement.

## 3. Summary of other items discussed by the group

N/a – all items described above

## 4. Forward plan for next meeting

27 <sup>th</sup> January 2020	<ul style="list-style-type: none"> <li>- The NHS Long-Term Plan and implications for Oxfordshire's Better Care Fund</li> <li>- Annual Care Provider Price Review</li> <li>- Future plans for the commissioning of care home services</li> </ul>
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## Report to the Health and Wellbeing Board, 30<sup>th</sup> January 2020

<b>Report from</b>	<b>Adults with Support and Care needs Joint Management Group</b>
<b>Report Date</b>	17 January 2020
<b>Dates of meetings held since the last report:</b> 25 <sup>th</sup> September 2019, 28 <sup>th</sup> November 2019	
<b>HWB Priorities addressed in this report</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> A coordinated approach to prevention and healthy place-shaping.</li> <li><input type="checkbox"/> Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).</li> <li><input type="checkbox"/> An approach to working with the public so as to re-shape and transform services locality by locality.</li> <li><input type="checkbox"/> Plans to tackle critical workforce shortages.</li> <li><input type="checkbox"/> A Healthy Start in Life</li> <li>✓ Living Well</li> <li><input type="checkbox"/> Ageing Well</li> <li><input type="checkbox"/> Tackling Wider Issues that determine health</li> </ul>	
<b>Link to any published notes or reports:</b> November meeting papers: <a href="https://mycouncilpages.oxfordshire.gov.uk/ieListDocuments.aspx?CId=1071&amp;MId=6164&amp;Ver=4">https://mycouncilpages.oxfordshire.gov.uk/ieListDocuments.aspx?CId=1071&amp;MId=6164&amp;Ver=4</a>	
<b>Priorities for 2019-20</b>	<p>Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems will live independently and achieve their full potential.</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>• Improving access to mental health support (including psychological therapies, the Emergency Department Psychiatric Service and packages of care following experiencing first episode psychosis or At Risk Mental State)</li> <li>• Reducing health inequalities for people with severe mental illness and people with learning disabilities</li> <li>• Increasing the number of people in employment who have severe mental illness or learning disabilities</li> <li>• Reducing the number of people with learning disabilities and/or autism admitted to specialist in-patient beds, or placed out of county</li> </ul>

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

**a. Strategy for Adults of Working Age with Care and Support Needs**

<b>Priority</b>	To work with people who receive services and their carers to understand what they want from services that support them over the next five years
<b>Aim or Focus</b>	The Adults' strategy will bring together the vision for services for people who have mental illness, a learning or physical disability, autism, a sensory impairment, a long-term health condition or brain injury. We are developing this in conjunction with people who use these services and their carers
<b>Deliverable</b>	Draft strategy to be brought to Health & Wellbeing Board before going out for public consultation
<b>Progress report</b>	<ul style="list-style-type: none"> <li>Based on the user survey and focus groups, a strategy has been drafted. We are reviewing this, following a meeting of the reference group, to ensure that everyone's views are incorporated into the strategy</li> <li>We are working on service area implementation plans to deliver the objectives set out in the strategy. The Learning Disability implementation plan will be reviewed by the Joint Management Group in March.</li> </ul>

**b. Reviews of Outcome Based Contract (OBC) for mental health services and of social work staffing in Integrated Mental Health Teams (IMHTs)**

<b>Priority</b>	To provide an independent evaluation of the effectiveness of the OBC to date ensure it is fit for purpose, meeting the right needs, and that the voluntary sector is fairly funded. Alongside that, to ensure that we are meeting our statutory duties regarding social work delivery in the IMHTs and that this can be carried out within the budget available.
<b>Aim or Focus</b>	The OBC for mental health services runs from 1 October 2015 until 30 September 2020. The review will inform extension of the contract to September 2022 and will help determine whether the voluntary sector's contribution to the partnership is fairly funded.
<b>Deliverable</b>	A report of both reviews will go to the Council's Performance Scrutiny Committee and the Oxfordshire Joint Health Overview & Scrutiny Committee in February.
<b>Progress report</b>	<ul style="list-style-type: none"> <li>Both reviews are complete and the reports have been approved by partner organisations: Oxfordshire County Council, Oxfordshire Clinical Commissioning Group, and the partners in the Oxfordshire Mental Health Partnership.</li> </ul>

	<ul style="list-style-type: none"> <li>• Reports to go to the Council's Performance Scrutiny Committee on 4<sup>th</sup> February, and the Oxfordshire Joint Health Overview &amp; Scrutiny Committee on 6<sup>th</sup> February</li> </ul>
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### c. Learning Disability residential care placements

<b>Priority</b>	To reduce the number of people with learning disabilities placed out of county in residential care
<b>Aim or Focus</b>	There are currently 176 people with a learning disability in out of county residential placements. On average 11 people a year have been placed in out-of-county placements over the past 6 years. We believe that a number of these people would have a better quality of life in supported living settings.
<b>Deliverable</b>	The project aims to move 50 people from out of county placements back to Oxfordshire (along with moving 26 people in in-county residential care placements to supported living) over two years.
<b>Progress report</b>	<ul style="list-style-type: none"> <li>• Desktops assessments to prioritise the people for the face-to-face social work stage have begun. These will be completed in February</li> <li>• Started identifying people's housing needs in order to draw up a list for housing providers of the type of new properties which will be required</li> </ul>

## 2. What is being done in areas rated Red or Amber in the Performance Framework

Indicator	Current figure	RAG rating	Update for this Board
2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies	Q3 19.4%	Red against national target  Green against local agreement	National Target is 22%. Local system agreement to maintain the 2018/19 target of 19% for 2019/20, due to prioritizing current resources to support adult mental health teams' core services.
2.4 The proportion of people who complete psychological treatment who are moving to recovery.	Q3 47.5%	Red	National target 50% (target to be achieved by end of Q4) Service is monitoring performance in each team and identified actions are in place.
2.7 The proportion of people on General	Q3 - 29%	N/a	Target 60%, % (target to be achieved by end of Q4)

Practice Seriously Mentally Ill registers who have received a full set of comprehensive physical health checks in a primary care setting in the last 12 months.			This is a relatively new target and a new enhanced service for primary care to deliver. Target is achieved when all six health checks have been completed therefore performance is expected to improve by year end and support is being offered to address data quality issues. Currently Oxfordshire is performing better than its regional counterparts.
2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe	93% JR; 97% HGH (Dec-19)	Red	Target 95% Emergency Department Psychiatric Service has remained under close performance scrutiny. NSHE awarded funding in Q3 to address overnight capacity gap which is starting to improve performance.
2.11 Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by March 2020	10% (Jun-19)	Amber	Target 75% (target to be achieved by end of Q4)  OCCG is contacting practices to promote the Oxford Health Learning Disability primary care liaison service. This supports practices to engage with their LD populations, including encouraging eligible individuals to have annual health checks. Historically the majority of health checks are carried out in Q4. In 2019-20 practices delivered health checks to 74% of the eligible population.
2.15 Reduce the number of people with learning disability and/or autism placed/living out of county	176 (Jan-20)	Amber	Target <175 A project plan has been approved by the LD Project Board, which includes moving 50 people from out-of-county residential to more independent support living in Oxfordshire over the next two years.

### 3. Summary of other items discussed by the group

- a. **Performance, Activity and Finance Report:** At each meeting there is review and discussion of the financial position of the pooled budget and the activity driving it.
- b. **Risk management for people with high-functioning autism:** The Group had previously heard the concerns from social work operational teams and from primary care clinicians in relation to the risk management of people with high-functioning autism and challenging behaviour in the community. Chris Walkling presented a proposal for additional investment to support mobilisation of an interim specialist autism team to support this group of people more effectively. Members from the Clinical Commissioning Group asked that more detail was taken to their Board for approval.
- c. **Personal Budgets:** Rebecca Lanchbury sent an update on increasing choice within people's personal budgets following the presentation of her initial findings earlier in the year.
- d. **Oxfordshire Prevention Framework (2019-2024):** Jackie Wilderspin presented the Prevention Framework, which was accepted by the Health & Wellbeing Board in September. The Group discussed how they could implement the Framework, including drawing up priority checklists and action plans.

### 4. Forward plan for next meetings

For 23<sup>rd</sup> January 2020:

- NHS Long Term Plan
- Price review for discussion
- Service & Resource Planning proposals
- Reasons for the Learning Disability overspend

For 26<sup>th</sup> March 2020:

- Learning Disability strategy implementation plan
- SEND report
- Price review for decision



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## Report to the Health and Wellbeing Board, 30<sup>th</sup> January 2020

<b>Report from</b>	Health Improvement Partnership Board
<b>Report Date</b>	10 <sup>th</sup> January 2020
<b>Dates of meetings held since the last report:</b> 21 <sup>st</sup> November 2019	
<b>HWB Priorities addressed in this report</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> A coordinated approach to prevention and healthy place-shaping.</li> <li><input type="checkbox"/> Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).</li> <li><input type="checkbox"/> An approach to working with the public so as to re-shape and transform services locality by locality.</li> <li><input type="checkbox"/> Plans to tackle critical workforce shortages.</li> <li>✓ A Healthy Start in Life</li> <li>✓ Living Well</li> <li>✓ Ageing Well</li> <li>✓ Tackling Wider Issues that determine health</li> </ul>	
<b>Link to any published notes or reports:</b> Papers for the November meeting were published and can be found here: <a href="https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=899&amp;MId=5893">https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=899&amp;MId=5893</a>	
<b>Priorities for 2019-20</b>	<ol style="list-style-type: none"> <li><b>1. Keeping Yourself Healthy (Prevent)</b> <ul style="list-style-type: none"> <li>• Reduce Physical Inactivity / Promote Physical Activity</li> <li>• Enable people to eat healthily</li> <li>• Reduce smoking prevalence</li> <li>• Promote Mental Wellbeing</li> <li>• Tackle wider determinants of health - Housing and homelessness</li> <li>• Immunisation</li> </ul> </li> <li><b>2. Reducing the impact of ill health (Reduce)</b> <ul style="list-style-type: none"> <li>• Prevent chronic disease though tackling obesity</li> <li>• Screening for early awareness of risk</li> <li>• Alcohol advice and treatment</li> <li>• Community Safety impact on health outcomes</li> </ul> </li> <li><b>3. Shaping Healthy Places and Communities</b> <ul style="list-style-type: none"> <li>• Healthy Environment and Housing Development</li> <li>• Learn from the Healthy New Towns and influence policy</li> <li>• Social Prescribing</li> <li>• Making Every Contact Count</li> <li>• Campaigns and initiatives to inform the public</li> </ul> </li> </ol>

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

**a. Campaigns and communications – working together**

<b>Priority</b>	Campaigns and initiatives to inform the public
<b>Aim or Focus</b>	To align communication and campaigns on health topics across the partner organisations, boosting their impact, especially on social media.
<b>Deliverable</b>	Each campaign / round of communication is led by an identified organisation and based on sharing of campaigns and communications plans between organisations. The lead partner in any campaign will share materials (wording, images, graphics, branding) in good time ahead of “go live” for any campaign so that individual councils are ready to share/retweet at the designated moments and consider internal communications to reach staff reflecting the messaging. Councils would be free to change the geographical focus for messaging to instil local relevance without altering core messages. It is hoped that this will create greater consistency. The plan can be refreshed by communications teams every month via email and phone calls
<b>Progress report</b>	Campaigns that have been disseminated by partners in the last 3 months include Mouth Cancer Action Month (Nov) Winter Warmth and the NHS Health Check campaign.

**b. Housing and Homelessness – Trailblazer programme for preventing homelessness**

<b>Priority</b>	Tackle wider determinants of health – housing and homelessness
<b>Aim or Focus</b>	To report on the outcomes of the Trailblazer programme for preventing homelessness and consider next steps.
<b>Deliverable</b>	The Trailblazer programme report included confirmation of the positive impact of embedding housing workers in different settings, particularly in hospital discharge teams in the acute trust and Mental Health. This expertise enabled closer working between the hospitals and housing authorities which resulted in fewer delayed transfers of care in cases where patients had no accommodation to be discharged to.
<b>Progress report</b>	<p>The Trailblazer programme is now finished, though additional funding has been found to continue to employ an embedded worker in the hospital trust until the end of March 2020. The Health Improvement Board members undertook to investigate whether further funding could be made available to continue this work beyond that date as it had shown such positive outcomes.</p> <p>The full report on this item can be found here:  <a href="https://mycouncil.oxfordshire.gov.uk/documents/s48934/Item%2010%20-%20Trailblazer%20Report%20FINAL.pdf">https://mycouncil.oxfordshire.gov.uk/documents/s48934/Item%2010%20-%20Trailblazer%20Report%20FINAL.pdf</a> .</p>

**c. Reducing Physical Inactivity for people with long term conditions**

<b>Priority</b>	Reduce Physical Inactivity / Promote Physical Activity
<b>Aim or Focus</b>	Provision of a consistent and evidence-based model of Exercise on Referral for people with long term conditions across the county. Some good provision already exists but it was agreed that improved coordination and consistency would be beneficial.
<b>Deliverable</b>	In July 2019, an Exercise Referral summit meeting was held with over 20 organisations represented to review the county's current provision. There was a widespread positive appetite amongst the experts at the meeting to address highlighted areas of concern and maximise the opportunity to review the scheme and work collaboratively to develop an agreed and achievable model for Oxfordshire. One key early objective identified by these experts, was the recognition that the refreshed scheme should be 'tested' and delivered as local delivery pilots to enable a robust evaluation to take place from which the learnings would inform the future county-wide service.
<b>Progress report</b>	<p>The Health Improvement Board agreed that a pilot project to test a county wide approach to a renewed Exercise on Referral Scheme should go ahead, subject to funding being found.</p> <p>The full report that was published for this item can be found here:  <a href="https://mycouncil.oxfordshire.gov.uk/documents/s49011/Addenda%20-%20HIB_Reducing%20Inactivity_AO_21.11.19_.pdf">https://mycouncil.oxfordshire.gov.uk/documents/s49011/Addenda%20-%20HIB_Reducing%20Inactivity_AO_21.11.19_.pdf</a></p>

**The Board also received updates on**

- The **Housing Transformation** workplan. The aim of this work is that, by April 2022, the new commissioning of services related to housing and homelessness will be completed. Work includes researching the evidence of best practice and working with front-line staff and users. The outcome will be a county wide strategy to replace five current district level strategies.
- The **Prevention Framework** – as previously presented to the Health and Wellbeing Board.
- **Mental wellbeing** working group. It was reported that the working group has started mapping what it is already going on and defining the priorities for action. A further report will come back to the HIB in February with the finalised framework.
- **Alcohol and Drug Strategy**. The Board was informed about the process of updating and revising the Alcohol and Drugs Strategy. A final version will be presented in May 2020.

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

The performance framework published for this meeting showed that, of the 11 indicators reported:

- **8 indicators are green**
- **6 indicators are amber**
- **2 indicators are red**

The indicators currently red are:

1. Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity). An update will be requested from Active Oxfordshire.
2. Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5) An action was taken by the Public Health, Health Protection Forum, to discuss this at their next meeting and report back through their Annual Report in February 2020.

In addition a report has been requested on performance in reducing smoking at time of delivery. This will be brought to the meeting in February 2020

## 3. Forward plan for next meeting

14 <sup>th</sup> May 2020	Topics for this meeting might include <ul style="list-style-type: none"><li>• Diabetes Transformation and Prevention data</li><li>• Revised Drugs and Alcohol strategy</li><li>• Director of Public Health Annual Report</li><li>• Healthy Place Shaping – Active and Healthy Travel, School Streets</li><li>• Performance framework proposals for 20-21</li><li>• Access Able – presentation on provision of information on accessibility</li><li>• Social Prescribing and GP referral scheme progress reports</li></ul>
10 <sup>th</sup> September 19 <sup>th</sup> November	

## 4. Other news

Councillor Helen Pighills from Vale of White Horse will be joining the Health Improvement Board in February 2020, replacing Councillor Paul Barrow.

Jackie Wilderspin, January 2020